Report to the Legislature, January 2001

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The Tobacco Use Prevention and Local Public Health Endowment is fueling local community efforts to empower youth to take responsibility for making healthy decisions in their own lives. The Minnesota Legislature created the $590 million endowment from a portion of Minnesota’s tobacco settlement and directed the Minnesota Department of Health (MDH) to spend up to five percent of the fair market value annually to reduce the human and economic consequences of tobacco use and other high-risk behaviors among young people. In the first funding period, the endowment generated $21,529,504 to respond to this legislative mandate.

In order to provide maximum resources with minimal administration expenses, the initial grant cycle covers an 18-month time period. For grant activities from January 2000 to June 2001, MDH has distributed $20,879,504 to community-based organizations, public health agencies, and statewide initiatives to positively influence youth decision-making about tobacco use and other high-risk behaviors. According to the funding guidelines provided by the Legislature, MDH has distributed $18,610,028 to statewide and community-based organizations for youth tobacco use prevention and $2,269,476 to Community Health Services agencies for health promotion and protection activities aimed at high-risk behaviors among youth.

To effectively impart these goals and resources to communities across the state, MDH created two aggressive and comprehensive efforts: the Youth Risk Behavior (YRB) Endowment and the Minnesota Youth Tobacco Prevention Initiative (MYTPI). The Youth Risk Behavior Endowment seeks to reduce youth risk behaviors (other than tobacco use) that contribute most to poor health during adolescence and throughout life. The Minnesota Youth Tobacco Prevention Initiative seeks to empower youth to be tobacco free by creating a statewide environment where tobacco use is viewed as undesirable, unacceptable and inaccessible for young people. The combined efforts focus on public health activities aimed at Minnesota’s youth, particularly focused on ages 12 to 14. These are the ages when prevention can have the biggest impact on teens’ long-term health - and the overall health of the state.

MDH recognizes that reducing the rate of teen tobacco use is a complex social issue that requires a multi-faceted approach. MDH works in collaboration with Blue Cross/Blue Shield of Minnesota and the Minnesota Partnership for Action Against Tobacco (MPAAT), who are also funded by the tobacco settlement, to achieve a significant change in overall tobacco use rates statewide. While the Minnesota Youth Tobacco Prevention Initiative focuses on teen prevention, Blue Cross/Blue Shield provides cessation services to its members (almost half of all Minnesota residents) and MPAAT emphasizes interventions with adults, such as reducing exposure to secondhand smoke and providing cessation resources, such as a Quit Line. In addition to working on separate
pieces of a comprehensive effort, the tobacco settlement partners, along with the Minnesota Smoke Free Coalition, work together to produce research, host conferences, and coordinate other activities to address gaps and avoid duplication of efforts. Together, the partners create a comprehensive program that provides the means necessary to reduce the human and economic consequences of tobacco use among all Minnesotans.

As determined by the Minnesota Legislature, the goal of the Minnesota Youth Tobacco Prevention Initiative is to reduce youth tobacco use by 30 percent by the year 2005. Such a dramatic reduction would constitute one of the most rapid reductions of tobacco use in the history of tobacco control, particularly since tobacco use among teens actually increased from 1992 to 1998.
in Minnesota and continues to remain above the national average. The resources available to work toward this goal from January 2000 to June 2001 are approximately $18.6 million, which according to the Federal Trade Commission, is roughly one-sixth of the estimated $135 million the tobacco industry will spend marketing its products in Minnesota during the same 18-month time period. The Tobacco Endowment Advisory Board, a statewide strategic planning committee appointed by the Commissioner of Health, devised a multi-faceted approach that moves the state toward reducing teen tobacco use, while effectively and efficiently expending these resources.

The approach requires the state to weave together community-based efforts, statewide programs, a youth-led advocacy movement, and a counter-marketing media campaign in an effort to create a new social fabric that will support teenagers in resisting tobacco use. The resulting comprehensive effort includes competitive grant programs supporting:

- Community-based grants with 27 local recipients and 23 population-at-risk grantees;
- Statewide initiatives with six development and support grants, and five prevention programs;
- Youth access enforcement grants, for 31 projects to help enforce local youth-access to-tobacco ordinances;
- A public information and education campaign to counter tobacco industry marketing efforts; and
- Target Market, a youth-led movement standing up against tobacco industry manipulation.

As detailed in the body of this report, grantees spread throughout the state are receiving endowment resources and participating in the statewide campaign to reduce teen tobacco use by 30 percent by 2005.

In order to gauge the progress of the MYTP in reaching this goal, MDH built an extensive evaluation component to measure both short-term and long-term outcomes of the Initiative’s efforts. As the initiative efforts have been underway for less than a year, preliminary outcomes will be reported in the 2002 Report to the Legislature. Additionally, the National Cancer Institute (NCI) is funding the Minnesota Adolescent Community Cohort (MACC) Study at the University of Minnesota to evaluate how the implementation of tobacco control activities in different parts of the state are related to changes in tobacco use by youth throughout Minnesota.

As part of the evaluation component, from January to March 2000, MDH conducted the Minnesota Youth Tobacco Survey (YTS) in collaboration with the Minnesota Department of Children, Families & Learning. The YTS is the most comprehensive survey of youth tobacco use ever done in Minnesota, with over 12,000 teens in grades 6-12 in 103 public schools participating. The survey provided the baseline data for the initiative before any MYTPi activities had started. Since the YTS uses essentially the same methodology as used by the CDC, it allows for direct comparison to national prevalence rates.

The results of the YTS reveal that 38.7 percent of Minnesota high school students are current tobacco users (have used tobacco one or more times in the past 30 days). This rate exceeds the national average of 34.8 percent of high school students. However, Minnesota’s rate of middle school student use of tobacco products (12.6 percent) is essentially equivalent to the national average of 12.8 percent. To meet the state’s aggressive five-year goal of a 30 percent reduction in these rates of teen tobacco use, current tobacco use has to fall from 38.7 to 27.1 percent among high school students and from 12.6 to 8.8 percent among middle school students when the YTS is conducted in 2005.

To achieve these rate decreases, MDH distributed grant
funds to both evidence-based programs that are known to work and innovative programs that are breaking new ground. One of the areas where MDH is creating a new model is the tobacco prevention initiative in communities of color and other “populations at risk” for higher than average tobacco use. In other states, programs identify the minority communities they seek to affect. In the MYTPI, these communities are encouraged to self-identify. This process is positioned to be a model in both statewide and national efforts to eliminate health disparities attributable to tobacco use.

MDH encouraged communities to apply for Population-At-Risk grants if they could demonstrate that they met the following criteria:

- A group of people with significantly higher than average rates of tobacco use;
- A group that experiences more adverse health effects from tobacco use; for example, African Americans have lower smoking prevalence rates, but they suffer greater consequences from tobacco use; or
- A group that is specifically targeted by the tobacco industry; for example, the industry has specific promotions and advertisements aimed at influencing Asian Americans.

In addition, special emphasis is placed on American Indian communities who have the highest smoking prevalence rates in the state, 55 percent of adults and 43.4 percent of high school youth. American Indians face an additional challenge in working to reduce teen smoking. Ceremonial tobacco use is part of American Indians’ beliefs and culture. Tribes are working with their youth to distinguish between traditional uses of ceremonial tobacco and the abuse of commercial tobacco products.

Target Market (TM), both the youth movement and counter-marketing campaign, is another area where MDH is breaking new ground. TM is taking a page from the tobacco industry’s marketing manual in devising strategies to reach out to Minnesota youth. Tobacco marketers sell a desirable image through the use of entertainment, music, sports sponsorships, promotional materials, and high-impact advertising. TM is mimicking these high-visibility public relations efforts in order to support teens in refusing the influence of tobacco in their lives. Through an edgy ad campaign that appeals to an entertainment-savvy generation, TM is exposing the tobacco industry’s deceptive marketing tactics that have targeted and manipulated underage smokers for decades.

In addition to following the lead of the tobacco industry marketing efforts, TM is building on a successful state-funded counter-marketing campaign in Florida. The Florida model reduced middle school smoking rates by a remarkable 40 percent and high school smoking rates by 18 percent in just two years. TM is learning from these successes and strengthening the Florida model in order to achieve similar results.

In the past seven months, the media campaign and youth movement have produced encouraging intermediate outcomes. Of teens that are exposed to the TM message of industry manipulation, 82 percent ‘agree’ or ‘strongly agree’ that TM will affect their decision not to smoke. The strongest evidence of TM’s early success is that membership rates are 500 percent beyond TM’s goal for recruitment. TM’s message of tobacco industry manipulation is not a typical public health message, but as demonstrated by the overwhelming numbers of teens drawn to the movement, the message is resonating with Minnesota youth.
In sum, the Minnesota Youth Tobacco Prevention Initiative is positioned to positively affect teen smoking rates. Less than one year after the endowment funding became available, resources are in the hands of local communities. A statewide youth movement is educating teens about tobacco industry marketing tactics. An award-winning counter-marketing media campaign is amplifying their message. Statewide programs are in place to create a resource network for community-based efforts. An aggressive evaluation component is in place to inform us about our successes and our challenges. Finally, a collaborative effort among the tobacco settlement partners is providing the necessary resources to achieve a significant change in the broader picture of tobacco prevention and cessation statewide. The vision of the Legislature and the Governor to reduce teen tobacco use and improve the future lives and health of Minnesota’s youth and communities is well underway.

Youth Risk Behavior Endowment

As outlined in the following sections of this report, the $2,269,476 available for the 2001 Fiscal Year through the Youth Risk Behavior (YRB) Endowment is blanketed across the state in all 50 Community Health Services (CHS) agencies that serve all counties. A workgroup was formed as a subcommittee of the State Community Health Services Advisory Committee (SCHSAC) to devise a funding structure to distribute the resources across the state. Furthermore, the group developed a framework that guides endowment activities in leveraging existing resources and collaborating with partner organizations, public agencies, and youth within communities to create social and physical environments that support teens in making healthy life decisions.

Based on advice from experts at the University of Minnesota, Department of Human Services, and Department of Children Families & Learning, the YRB work group identified six risk behaviors that contribute to poor health among youth:

- alcohol and other drug use;
- sexual behaviors that result in pregnancy, HIV, or STD;
- violence;
- suicide;
- physical inactivity; and
- unhealthy dietary behaviors.

These risk behaviors are established during youth, persist into adulthood, many are interrelated, and all are preventable. By changing the underlying environmental factors that contribute to teens engaging in these high risk behaviors, YRB endowment activities seek to empower youth to make a range of healthy decisions that can profoundly affect their own futures and the health of the state overall.

In addition to developing the framework, the YRB review group also created the formula that distributes YRB endowment resources, as stipulated by the Legislature, to all Community Health Service agencies on a non-competitive basis. The resulting formula includes the following elements:

- Total Population: 25% of the funds distributed by total population in each CHS area.
- Youth aged 12-18: 75% of funds distributed based on number of youth in each CHS area.
- Floor of $20,000 per CHS: No CHS will
receive less than $20,000 in one year.

- **Multi-county incentive:** Multi-county CHSs receive an additional $5,000 per county.

First-year funding was distributed in July 2000 according to this formula. In the first three months of funding, each CHS agency performed an assessment of community needs and strengths in order to decide which of the six high-risk behaviors they would work on in their communities. Overviews of the focus areas chosen in each region are available on pages 24 through 59 of this report.

In sum, local decision-making guides the direction of the community-based programs funded by the YRB endowment. Resources go to existing organizations and build on current partnerships to increase the level of activity around adolescent health issues and to build capacity in communities. Endowment activities are directed at empowering teens to avoid high-risk behaviors and change social norms so that teens are supported in making healthy decisions. The pieces are in place to positively impact the lives and health of Minnesota’s teens and the future health and well being of the state.

**Integrated Efforts**

The Minnesota Youth Tobacco Prevention Initiative and the Youth Risk Behavior endowment are funding complementary efforts at the local level that empower youth to make healthy decisions. This is demonstrated by the regional overviews of grant activities for both efforts on pages 24 through 59 of this report. In both cases, teenagers are integral to the planning and implementation of prevention efforts. The endowment funds primarily support existing organizations, rather than creating new bureaucracies. The programs are built on scientifically demonstrated best practices and are advised by the experiences of other states in youth prevention work. Collaboration between the two initiatives is essential to avoid duplication of efforts and to create a synergy that results in local communities and youth themselves taking control to improve their lives and health.

In the past, Minnesota has been a leader in tobacco prevention and adolescent health efforts. For a time, the state relied too much on its past successes and did not keep pace with emerging trends. Through the resources made available by the tobacco settlement and the vision provided by the Legislature, Minnesota is regaining national prominence. Additionally, the innovative work with the Populations-At-Risk grantees is positioning our state to be a model in national efforts to eliminate health disparities attributable to tobacco use.

In creating the Tobacco Use Prevention and Local Public Health Endowment, the Legislature made a powerful investment in the current and future health of the state. The endowment resources are invested in local communities that are empowering youth to make healthy decisions in their own lives. The returns on this investment promise to not only reduce the existing human and economic consequences of tobacco use and other high-risk behaviors among young people, but also benefit future generations of Minnesotans.
In 1999, the Minnesota Legislature approved a bill setting aside $968 million of Minnesota’s $6.1 billion tobacco settlement to establish two health-related endowments: the Medical Education and Research Endowment, and the Tobacco Use Prevention and Local Public Health Endowment. The Legislature specifically created endowments with a fraction of the settlement funds, to generate resources for fifteen years of prevention, research, and education, while also guaranteeing that the principal amount will remain available for future efforts when the endowments expire in 2015. As designated by the Legislature, the University of Minnesota manages the $378 million Medical Education and Research Endowment and the Minnesota Department of Health (MDH) administers the $590 million Tobacco Use Prevention and Local Public Health Endowment.

The Legislature directed the use of these funds on the principal according to the following guidelines:

- five percent of fair market value on $395 million (67 percent) is used to fund statewide youth tobacco use prevention initiatives;
- five percent of fair market value on $97 million (16.5 percent) is used to fund community-based youth tobacco-use prevention; and
- five percent of fair market value on $97 million (16.5 percent) to fund Community Health Services (CHS) agencies on a non-competitive basis for health promotion and protection activities aimed at high-risk health behaviors among youth.

Finally, the Legislature directed that MDH should retain a maximum of $150,000 a year for administrative expenses related to implementing the endowment activities and $150,000 every biennium for evaluation.

In order to efficiently and effectively impart the Legislature’s goal and the endowment resources to communities across the state, MDH created two aggressive and comprehensive efforts: the Minnesota Youth Tobacco Prevention Initiative (MYTPI) and the Youth Risk Behavior (YRB) Endowment. The MYTPI seeks to empower youth to be tobacco free by creating a statewide social environment where tobacco use is viewed as undesirable, unacceptable, and inacces-
sible for young people. Less than one year after the creation of the endowments, MDH has distributed approximately $18.6 million to statewide and community-based youth tobacco prevention initiatives. According to the Federal Trade Commission, $18.6 million is roughly one-sixth of the estimated $135 million the tobacco industry will spend marketing its products in Minnesota for the funding period from January 2000 to June 2001. Grant recipients and the activities conducted using these resources are detailed in the following sections of this report.

The purpose of the YRB endowment is to reduce youth risk behaviors (other than tobacco use) that contribute most to poor health during adolescence and throughout life. When fully funded, the $97 million endowment will generate approximately $5 million a year. In the first two years, $2,269,476 was available for FY 2001 and $3,425,614 is available for FY 2002. As stipulated by the Legislature, MDH distributed those resources on a non-competitive basis to CHS agencies to promote improved adolescent health. Regional overviews of grantee activities funded by the YRB endowment are outlined in the body of this report.

The combined effort of both initiatives focuses on public health and prevention for Minnesota’s youth, particularly ages 12-14. As demonstrated in the following regional overviews of grant activities, these efforts are building capacity in our communities and in our youth to support and make healthy life choices at a time when prevention can have the biggest impact on teens’ long-term health - and the future health and well being of the state.

**Minnesota Youth Tobacco Prevention Initiative**

The MYTPI creates an historic opportunity to achieve Minnesota Public Health Goals related to youth tobacco use and to improve the overall health status of young people in Minnesota. In Minnesota and nationally, tobacco use is by far the leading cause of preventable death. Tobacco use kills more than illegal drugs, AIDS, fires, homicides, suicides, and car accidents combined. The issue of tobacco use among Minnesota youth is of particular importance because nearly 90 percent of adult smokers begin smoking before the age of 18.

In addition, while national rates are dropping, the rate of teen tobacco use was on the rise in Minnesota in the 1990’s. According to the 2000 Minnesota Youth Tobacco Survey (YTS), 38.7 percent of high school students in Minnesota regularly use tobacco products, which exceeds the national average of 34.8 percent.

Acknowledging the alarming rate of teen tobacco use, the Minnesota Legislature mandated that the proceeds of the tobacco settlement be directed towards prevention efforts that are focused on youth in order to reduce teen tobacco use by 30 percent by the year 2005. MDH recognizes that, to accomplish this ambitious goal, youth tobacco use cannot be considered in isolation. Young people live in, and are affected by, the norms in their communities. It is important to consider the effect of tobacco use by older siblings, parents, and other adult role models.

To achieve goals set forth in the endowment legislation, MDH is working to change statewide community norms about tobacco use and the factors that are most likely to predict youth tobacco use. Based on the 1994 Surgeon General’s Report, Preventing Tobacco Use Among Young People, the following factors are established as strongly predictive of youth tobacco use and are amenable to change through community-wide health behavior programs.

Young people are more likely to smoke or use other forms of tobacco if:

- Community norms reinforce the perception
that most teens and adults smoke, and that smoking is an acceptable behavior.
- Policies and practices make tobacco products available and affordable through commercial or social sources.
- There are limited opportunities to learn and practice skills to recognize and refute influences to use tobacco.
- Advertising, media and other role models portray tobacco use as a means to have fun, be mature, be accepted, be attractive, and/or to establish an identity.
- There is exposure to friends and family members who use tobacco or who support its use.
- Policies and practices make places where people can smoke available and accessible.

These predictive factors form a critical foundation for all components of the initiative. The Tobacco Endowment Advisory (TEA) workgroup, a statewide strategic planning committee appointed by the Commissioner of Health, used these factors to develop objectives and program activities for the statewide and local components of the tobacco prevention initiative. TEA also devised a multi-faceted approach that moves the state toward reducing teen tobacco use, while effectively and efficiently expending endowment resources.

The approach requires MDH to weave together community-based efforts, statewide programs, a youth-led advocacy movement, and a counter-marketing media campaign in an effort to create a social fabric that will support teenagers in resisting tobacco use in their lives. To create this, MDH distributed grant funds to both evidence-based and innovative programs. MDH is supporting both programs that are known to work and programs that are breaking new ground.

One of the areas where MDH is creating a new model is the tobacco prevention initiative in communities of color and populations targeted by the tobacco industry. In other states, programs identify the at-risk communities they seek to affect. In the MYTPI, these communities are encouraged to self-identify. This process is positioned to be a model in both statewide and national efforts to eliminate health disparities attributable to tobacco use. MDH encouraged communities to apply for Population-At-Risk grants if they could demonstrate that they met the following criteria;
- A group of people with significantly higher rates of smoking;
- A group that experiences more adverse health effects from tobacco use; for example, African Americans have lower smoking prevalence rates, but they suffer greater consequences from tobacco use; and
- A group that is specifically targeted by the tobacco industry; for example Asian Americans are targeted by the industry in advertisements and promotions.

Special emphasis is placed on American Indian grantees, which have the highest smoking prevalence rates in the state. American Indian communities face an extra challenge in working to reduce teen smoking. Ceremonial tobacco use is part of American Indians’ religion and culture. Tribes are working with their youth to distinguish between traditional uses of ceremonial tobacco and the abuse of commercial tobacco products.
Target Market (TM), both the youth movement and counter-marketing campaign, is another area where MDH is breaking new ground. Unlike past public health anti-smoking campaigns that focus on health or cosmetic issues, TM focuses on the tobacco industry’s marketing practices of targeting underage smokers. TM’s message of tobacco industry manipulation is delivered through tactics similar to those used by the industry to addict other generations of youth, such as television advertising, sports sponsorships, high-visibility events, promotional gear, and other high-impact marketing tactics. TM is taking its lead from the success of the tobacco industry in delivering its message. However, counter to tobacco industry marketing, TM supports teens in refusing the influence of tobacco in their lives.

These innovations, combined with statewide and community-based initiatives, create a comprehensive effort that includes the following five major funding components. The grant recipients of each funding category are detailed by funding region in pages 24 through 59 of this report. The categories, funding levels and timeline for the Requests for Proposals (RFP) are as follows:

**Part I. Public Information and Education Campaign: $8,200,000**

In October 1999, MDH distributed the RFP for an agency to conduct a public information campaign to counter the tobacco industry’s marketing practices. In December 1999, a group of communications and marketing professionals from the private sectors recommended that the Commissioner select Campbell Mithun Esty and Shandwick International. The campaign and funding began in March 2000.

**Part II. Statewide Programs: $3,294,335**

RFPs for the statewide programs were divided into the six categories listed below. Applicants for statewide programs submitted proposals in one or more of these categories. All proposals funded in these categories needed to indicate how their project would complement and/or enhance activity at the local level and be coordinated with other statewide projects and the public information and education campaign. Applicants had to demonstrate that they had the capacity for statewide outreach and involvement. RFPs were distributed in April 2000 and funding began for programs in June 2000.

- Evidence-based prevention programs: Programs that incorporate quantitative and/or qualitative research findings into practice.
- Innovative prevention programs: Programs that foster the development of novel approaches to youth tobacco use prevention.
- External evaluation services for community-based prevention programs: Programs that supply a broad scope of evaluation services to local tobacco prevention initiatives.
- Technical assistance and development services for populations-at-risk: An organization that provides support and development services to populations at increased risk of using and being harmed by abusing tobacco products.
- Policy resource services: An organization that coordinates resources and information for grantees of the MYTPI, as it relates to legal aspects of policy and tobacco regulations at the local level.
- Communication and training coordination: An organization that develops and implements communication systems to link projects regionally and statewide, while providing logistical support for trainings.

**Part III. Community-based Prevention Programs: $3,539,043**

In February 2000, MDH distributed an RFP for local and/or population-at-risk programs. MDH requested proposals that focus on (1) evidence-based and innovative projects which develop collaborative efforts at the local level; and/or (2) evidence-based and innovative projects which focus on reducing disparities in the prevalence of tobacco use by populations at increased risk of using tobacco, those with an increased burden of disease related to tobacco use, and/or those targeted by the tobacco industry.
A specific focus is on the American Indian population, which has the highest rates of both youth and adult tobacco abuse in Minnesota. In October 2000, funding for all 50 community-based and populations-at-risk grantees began.

In order to maximize the use of the endowment resources to address the predictive factors identified in the 1994 Surgeon General report, MDH encouraged grant applicants for Part III to focus their youth tobacco prevention activities in one or more of the following areas:

- Reducing exposure to environmental tobacco smoke (secondhand smoke);
- Reducing youth access to tobacco products;
- Promoting comprehensive school-based prevention initiatives;
- Educating about the impact of tobacco price increases on reducing youth tobacco use; and/or
- Providing linkages to cessation resources focusing on youth.

**Part IV. Youth Leadership Project:** $1,100,000

In March 2000, MDH solicited responses to an RFP for the development and implementation of statewide youth leadership activities. In April 2000, MDH funded the American Lung Association of Minnesota to partner with Shandwick International to develop an infrastructure for statewide youth leadership on tobacco prevention activities at the state and local levels; to plan and coordinate youth summits, conferences and workshops; and to provide technical assistance and guidance to adults in the engagement of youth in local efforts.

**Part V. Youth Access Enforcement Projects:** $1,050,000

In September 2000, MDH requested proposals for projects that help enforce local youth-access-to-tobacco ordinances. MDH distributed award letters in November 2000 and grant money will be distributed by January 1, 2001.

The resulting comprehensive effort includes:

- Community-based grants with 27 local recipients and 23 population-at-risk grantees;
- Statewide initiatives with six development and support grants, and five prevention programs;
- Youth access enforcement grants, for 31 projects to help enforce local youth-access-to-tobacco ordinances;
- A public information and education campaign to counter tobacco industry marketing efforts; and
- Target Market, a youth-led movement standing up against tobacco industry manipulation.

These individual efforts are detailed in the following sections of this report, which is divided according to funding regions. As you can see, grantees spread throughout the state are receiving endowment resources and participating in the statewide campaign to reduce teen tobacco use.

In order to gauge the progress of the MYTPI, MDH built an extensive evaluation component to measure the intermediate and long-term outcomes of the initiative’s efforts. All grantees are required to participate in evaluation activities that monitor their progress in meeting their internal goals and the overall statewide goal. A MDH grantee, the University of Minnesota School of Public Health, Division of Epidemiology, is providing evaluation resources to local and population-at-risk grantees to help them establish benchmarks and record their efforts in achieving those goals. As the grantee efforts have been underway for less than a year, these process evaluations and preliminary outcomes will be available in the 2002 Report to the Legislature.

MDH recognizes that reducing the rate of teen tobacco use is a complex social issue that requires a multi-faceted approach. MDH is working with other partners, also funded by the tobacco settlement, to achieve a significant change in the cultural norms around smoking. The MYTPI works in collaboration with Blue Cross/Blue Shield (BC/BS) of Minnesota and Minnesota Partnership for Action Against Tobacco (MPAAT) to address this issue. While MYTPI focuses on teen prevention, BC/BS provides cessation services to its members and MPAAT emphasizes interventions with adults, such as reducing exposure to secondhand smoke and providing cessation resources, such as the Quit Line.
This collaboration continues to work toward implementing the strategic plan for a comprehensive statewide tobacco prevention initiative developed by the Minnesota Health Improvement Partnership Tobacco (MHIP-T) workgroup. Informed by the Centers for Disease Control and Prevention (CDC), the workgroup provided a vision for an initiative that includes nine evidence-based elements that work as a comprehensive program in order to reduce the broad cultural acceptability of tobacco use. The nine elements are:

- Reduction of exposure to secondhand smoke;
- Restriction of tobacco advertising and promotion;
- Economic disincentives for tobacco use (making tobacco products less affordable);
- Counter-marketing campaigns and initiatives;
- Comprehensive school-based prevention initiatives;
- Reduction of youth access to tobacco products;
- Tobacco reduction and cessation (treatment of nicotine addiction);
- Inclusion of assessment, evaluation and research; and
- Product regulation (federal policy initiatives, warning labels on cigarette packages, monitoring ingredients, etc.).

The unique strengths and program focuses of our partners address these elements and create a greater opportunity for the MYTPI activities to succeed and a greater likelihood that teen smoking rates will decrease.

It is important to note that the MYTPI builds on the work of past state efforts in tobacco prevention and control. Resources from national programs, such as American Stop Smoking Intervention Study (ASSIST), and state funding, such as Tobacco Free Communities for Children (TFCC), established a solid foundation for tobacco prevention work in local communities. Twenty years of work in this field readied our state and our local public health agencies for the endowment resources and put Minnesota in the position to be uniquely successful in improving the lives and health of our youth.

The initial pieces are in place to achieve the goal of reducing teen tobacco. Resources are in the hands of local public health officials to empower youth to refuse tobacco use in their lives. Statewide programs are building capacity in our communities. A youth movement and counter-marketing campaign are providing indications of early successes. The MYTPI is engaging partners in local communities and working in collaboration with other organizations funded by the tobacco settlement. The Minnesota Legislature made an investment in the lives and health of Minnesota’s youth and communities. MDH’s grantees around the state are laying the groundwork to ensure that the returns on that investment will grow.

The Youth Risk Behavior endowment is engaging teens around the state to make healthy life decisions.

II. Background

The Minnesota Legislature designated that the Local Public Health portion of the Endowment be distributed via formula to Community Health Services (CHS) agencies to reduce youth risk behaviors (other than tobacco). In July 2000, $2,269,476 was available for the first year’s funding allocation, and $3,425,614 will be available in Fiscal Year 2002. In response to this charge and these resources, MDH developed the Youth Risk Behavior (YRB) Endowment to provide a framework for adolescent health activities and a funding structure for the resources.

The overall goal of the YRB Endowment is to create statewide social and physical environments that reduce risk behaviors among youth and support and improve their health and well-being. The initiative is grounded in the belief that physical health and emotional health are interrelated, and in the value and potential of youth as assets to be nurtured rather than problems to be fixed. The focus of the
endowment is to empower members of local communities, including youth themselves, to improve their health.

A sub-committee of the State Community Health Services Advisory Committee (SCHSAC) provided guidance in preparing the framework for the endowment. The YRB workgroup recognized that there is a dynamic interplay of factors that influence youth health behaviors. There are risk factors that increase the likelihood that young people will engage in risky behaviors, and there are protective factors or developmental assets that intercept risk and support young people in making healthy decisions. Both factors involve young people themselves and the adults, social institutions, and environments that surround them.

To increase the likelihood of healthy outcomes, the YRB endowment takes a dual approach. It focuses on reducing risk factors, while increasing protective factors. Research suggests that this dual focus on the reduction of underlying detrimental influences and on the investment in healthy development is the most effective way to reduce risk behaviors and improve the health of Minnesota youth.

The YRB framework identifies six risk behaviors as outcomes for the YRB endowment:

- alcohol and other drug use;
- sexual behaviors that result in pregnancy, HIV, or STD;
- violence;
- suicide;
- physical inactivity; and
- unhealthy dietary behaviors.

These risk behaviors were chosen as the focus area for action, because they contribute most toward poor health among youth. They are established during youth, persist into adulthood, many are interrelated, and all are preventable. YRB endowment activities focus on these risk areas, and seek to both empower youth to make healthy decisions and change the underlying environmental factors that contribute to teens engaging in these high-risk behaviors.

Although the emphasis of the endowment is to engage teens in making healthy choices for their lives, youth do not make these decisions in isolation. YRB programs equally engage adults in creating the broad conditions necessary for youth to be successful. Adults are encouraged to model and articulate behavior desired in youth, and to create communities and systems to create healthy norms and environments related to risk behaviors. As these conditions are created for and with youth, individual and community capacity to have a positive impact on the health and development of youth is increased.

The YRB workgroup recognized that for youth and their communities to take on the responsibility of making healthy choices and creating an atmosphere that supports those choices, teens themselves need to be involved in program design, planning and implementation. Youth become part of the solution, rather than the focus of the problem.

Furthermore, local decision-making guides the direction of the community-based programs. MDH recognized that each region of the state has different adolescent health concerns and did not prescribe how the YRB endowment should be used in each community. As a result, from July through September 2000, each CHS agency performed an assessment of community needs and strengths in to determine where to concentrate endowment resources for the greatest impact on adolescent health.

Once each community completed its assessment, local public health officials wrote work plans that identified what combination of the six identified Youth Risk Behaviors would be the focus of their adolescent health efforts. Furthermore, the work plans indicated what community partners would be engaged to help increase the protective factors and decrease the risk factors that impact teens’ ability to make healthy life decisions. Since each community has different strengths and challenges, the work plans indicate that across the state various collaborations are coming together to address varying adolescent health priorities.

Each one of the determined risk behaviors is receiving relatively similar levels of attention across the state,
although alcohol and drug prevention is a focus in a majority of the work plans. The number of CHS agencies choosing to address underage alcohol use with their YRB funds fills a long-identified gap. A review of the 1996-1999 CHS plans indicates that over three-fourths of CHS agencies prioritized alcohol use as a key risk factor for action in their communities. Regional overviews of the chosen risk behaviors and the partners engaged to address them are detailed in pages 24 through 59 of this report.

Finally, to ensure that YRB endowment resources make a long-term impact on a community’s capacity to improve the lives and health of its youth, the Legislature required that all resources be distributed on a non-competitive basis to every CHS agency. A CHS agency is a Community Health Board that receives state funding to address locally determined public health problems. Community Health Boards across the state, comprised of counties, groups of counties, or individual cities, are using endowment funds to leverage existing resources and build on collaborations of community partners. The goal is to expand existing efforts, identify gaps in current activities, and increase the capacity of youth, adults, communities and systems to effectively support healthy youth development.

In addition to developing the framework for the endowment, the YRB workgroup also created the funding formula to distribute the endowment resources. The group agreed to several principles to guide the development of the distribution formula and to several formula factors that relate to those principles. The principles designated that the formula should be straightforward; based on reliable data elements that are updated regularly; allow that enough funding be available to a CHS agency to improve outcomes of youth-risk behavior; and encourage current CHS agency arrangements to work in collaboration with other partners.

The resulting funding formula includes the following elements:

- **Total Population**: 25% of the funds distributed by total population in each CHS area.
- **Youth aged 12-18**: 75% of funds distributed based on number of youth in each CHS area.
- **Floor of $20,000 per CHS**: No CHS will receive less than $20,000 in one year.
- **Multi-county incentive**: Multi-county CHSs receive an additional $5,000 per county.

The resource distribution, based on estimated funds available in Fiscal Year 2000 and 2001, is available on pages 24 through 59 of this report. Since the total amount available from the endowment increases as it builds interest, the formula amounts are pro-rated over the first two years. By the third year, the endowment is expected to reach its full funding level of approximately $5 million annually. CHS agencies began receiving funds in July 2000.

MDH plans to track local activities that are likely to influence youth behavior. Process evaluation data will be collected via a standardized, computerized tool that will involve a limited number of standardized measures and will be reported back to MDH. The process evaluation tool will not only provide process data for MDH but also allow for local quality improvement feedback. In-depth case studies of selected local initiatives may be conducted by MDH to allow for more detailed description of the impact of these funds locally.

Local agencies will also be encouraged to conduct evaluations of their projects beyond the process data that will be collected by MDH. Additional local data could include a small number of indicators based on locally perceived needs that will provide feedback on how well local initiatives are meeting their own program objectives. Guidance and technical assistance for evaluation activities will be provided by MDH.

The Local Public Health Endowment generates the resources. The Minnesota Legislature provided the vision. The subcommittee of SCHSAC guided the framework and the funding formula. As a result, local communities now have the opportunity and the capacity to empower teenagers to avoid high-risk behaviors and to change social norms in order to support their youth in making these healthy life choices. As the following regional overviews of grant activities of both the Minnesota Youth Tobacco Prevention Initiative and the Youth Risk Behavior Endowment indicate, the groundwork is laid to improve the future life and health of Minnesota’s youth and communities.
The counter-marketing campaign is taking a page from the tobacco industry marketing manual in devising its strategy to reach out to Minnesota youth. Tobacco marketers sell an image that young people want for themselves through use of entertainment, sports sponsorships, promotional materials, and high-impact advertising. Not only is MDH mimicking the industry’s high-visibility public relations efforts, it is also using an edgy ad campaign to appeal to an entertainment-savvy generation.

In addition to following the lead of the tobacco industry marketing efforts, MDH is building on a successful counter-marketing campaign in Florida. The Florida model reduced middle school smoking rates by a remarkable 40 percent and high school smoking rates by 18 percent in just two years. A study in the American Journal of Public Health found that children regularly exposed to public health messages on television were half as likely to start smoking as those who were not exposed.

Furthermore, the counter-marketing campaign is taking direction from the teens at the youth-summit, Kick Ash Bash, who named their movement against the tobacco industry, Target Market (TM). They told organizers that exposing the tobacco industry documents, revealed in Minnesota’s tobacco settlement, was the most effective thing TM could do to prove to young people that the industry intentionally targets and manipulates teens. The teens also said that past media campaigns focusing on the adverse effects smoking has on health and beauty no longer work. They say they already know that information, and it does

“After you understand the mind games these guys are playing, it’s no longer a rebellious thing to smoke and play right into their hands.”

- Matt Novak, 17-year old youth leader from Mounds View High School
not keep them from smoking.

With this input and other in-depth marketing research, the counter-marketing campaign set out to raise awareness of Target Market and tobacco industry manipulation. In addition, the ad campaign seeks to change teenagers’ attitude about tobacco use by giving a voice to teens standing up against tobacco industry manipulation. At an age when teens are beginning to question adult control and rebel against authority figures, many resent adults in the tobacco industry who are singling them out for targeting and manipulation. When they learn about teen targeting from their peers, suddenly smoking does not seem as rebellious and cool.

Television and radio ads make up the largest part of the counter-marketing campaign. Outdoor and in-theater ads constitute a much smaller complimentary portion of the campaign. TV and radio ads are run during programs favored by teens, such as Moesha, Buffy the Vampire Slayer and WWF Smackdown. Purchasing ads during such youth-oriented programming is the most cost-efficient way to reach young people, but this does mean that many adults are not aware of these ads. TM’s TV and radio ads can be viewed and heard at www.TMvoice.com/news/advertising.

Beyond these ads, the youth-to-youth counter-marketing campaign has hit the streets in a big way. To counter tobacco industry sponsorship of youth-oriented events, TM is sponsoring many high-visibility youth music and sporting events. While tobacco industry gear for years made teens into walking billboards glorifying tobacco brands, TM gear is being distributed at youth gatherings across Minnesota to send a very different message. These tactics are being used because studies show that adolescents who were attracted to tobacco ads or owned tobacco company gear items were nearly three times as likely to become regular smokers than those who were not.

The past seven months of the media campaign and youth movement produced encouraging intermediate outcomes. Of those who were exposed to the TM message at one traveling exhibit, an overwhelming 82 percent ‘agree’ or ‘strongly agree’ that TM affects their decision not to smoke. The strongest evidence of TM’s early success is that membership recruitment is 500 percent ahead of its goal. For future evaluation, a marketing survey was done in January 2000 and a follow-up survey will ask the same questions in the spring of 2001 to measure changes in youth awareness, attitudes and behavior.

The counter-marketing campaign is in its infancy and the reality of marketing is that behavior changes take time. However, the ad campaign and the public relations efforts are off to a strong start. These efforts in coordination with the youth-led movement, the local community efforts and the statewide programs have great promise to reduce teen smoking rates.

III. Overview of Statewide Grants

William Mitchell College of Law: $292,709
The Tobacco Law Project assists local communities and community-based organizations with legal and public policy issues related to tobacco regulation. Housed in the Center for Health Law & Policy at the William Mitchell College of Law, the project is a resource for accurate and timely information on laws, policies and regulations relating to environmental tobacco smoke...
and clean indoor air, youth access to tobacco, tobacco advertising and promotion, and other tobacco-related areas of health law. The project does not engage in litigation, nor will its work create an attorney-client relationship with the organizations it serves.

The primary audiences for the project’s services are community-based organizations and local public health officials, local elected officials, and city and county attorneys. The initial focus of the project will be on assisting these audiences in two areas they have identified as their top priorities: legal issues related to environmental tobacco smoke, and effective enforcement of laws against selling tobacco to minors. The project will create a legal resource guide and provide technical assistance consultations to help these audiences in their tobacco prevention and control efforts. Special attention will be given to work that will affect Minnesota youth.

**Minnesota American Indian AIDS Taskforce (MAIATF): $111,704**

In a collaborative effort, MAIATF and Scott Consulting are providing technical assistance and program development services to the MDH grantees who are implementing Tobacco Prevention Initiatives in the American Indian and gay/lesbian/bisexual/transgender (GLBT) populations. MAIATF is creating and disseminating best practice guides, providing telephone support and on-site visits, and developing internet-based networking and resource-sharing opportunities. These technical assistance services are intended to increase MDH Populations-At-Risk grantees’ capacity to successfully implement their individual Tobacco Prevention Initiatives.

**Minnesota Institute of Public Health (MIPH): $449,849**

MIPH is working with MDH and all the grantees of the MVTPI to create and implement a dynamic communication system. The system is coordinating communication activities and linking projects regionally and statewide. In addition, MIPH is organizing trainings, developing an intranet/internet system and website, and distributing monthly newsletters. The communication and events planning system is supporting MDH, its partners, and all the grantees in their efforts to reduce teen tobacco use.

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**From Marna Reed, Posted on www.TMvoice.com**

“I am an adult, and I DO appreciate the focus of the latest billboard campaign. As a psychologist who works with adolescents, and as a parent who worked with the Lung Association and the National Council of Jewish Women to attempt to make the effects of smoking more “real” to the “invincible” ones, I must say that I find it so encouraging to see a program run for and BY the kids themselves.

Who else better knows their thinking process? Who else can better tap into their cynical yet bright approach to the world? I must tell you that the “Cherry Skoal is for somebody who likes the taste of candy...” ad knocked me between the eyes, and infuriated me all over again. These monsters lure our children to cancer wards, while bragging that they support meals on wheels because they care so much about the quality of life of our elders.

Keep up the great work, kids!”

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“Cherry Skoal is for somebody who likes the taste of candy, if you know what I’m saying.”
- Former US Tobacco sales rep, 1994

**Target Market billboard campaign, 2000**
Initiatives. PEAC is offering evaluation consultation services to grantees, including design of evaluation, assistance with the design of data-collection instruments, training in data collection methods, and support for data entry, analysis and report writing. PEAC is working with each MDH grantee to tailor evaluation support to their needs in order to ensure that local tobacco prevention initiatives are reaching their programmatic goals and moving the state toward the overall goal of reducing youth tobacco use.

Calabash: Learning, Evaluation and Assessment Research (CLEAR): $138,330
CLEAR is providing technical assistance in project startup, implementation, and management to the Populations-At-Risk grantees for the MYTP. CLEAR’s efforts are targeting the following communities: Native American, African American/African, Latino/Hispanic, Asian American, as well as the Alternative Learning Centers and Population-At-Risk planning grantees. Technical assistance includes phone consultations, on-site assistance, and targeted community-training sessions to improve grantees’ capacity to effectively reduce tobacco use among youth.

Communities of Color Institute: $5,000
Communities of Color Institute conducted a grant-writing workshop for potential Populations-At-Risk grantees for the MYTP. The workshop increased tobacco prevention and grant writing expertise among individuals working with local at-risk communities.

Illusion Theater & School, Inc.: $255,460
Illusion Theater is developing a peer-education training format and performance that generates awareness of the dangers of tobacco use and the forces that compel youth to use tobacco. The training format involves theater staff working with high school students to prepare the teens to perform in a play that features tobacco prevention messages. The teens then perform the play for younger students ages 12-14 years old. This structure enables teens not only to learn about tobacco prevention, but also to serve as role models for their peers. The play is being developed through a rigorous research and focus group process and is being piloted in five sites that are current Illusion Theater peer-education sites. Creators are gathering input from youth, educators, public health professionals, media watch organizations, Target Market youth representatives, and tobacco prevention and control experts to generate both the training format and the performance.

Part III. Evidence-Based and Innovative Programs

Minnesota Council of Churches: $250,000
The Spirit of Life (SOL) Project is building a coalition of faith communities, both lay and religious leaders, committed to and engaged in achieving the tobacco-related health goals of the Minnesota Department of Health (MDH) and the Minnesota Partnership for Action Against Tobacco (MPAAT). The SOL Project is establishing a leadership group of active, energetic faith leaders from across Minnesota who are bringing their passion and moral leadership to the fight against tobacco. Leadership group members are educating and organizing their peers in the religious community as a leadership base. Those faith leaders are then speaking to their own congregations and the broader community about the adverse health affects and social costs of tobacco use. Finally, the SOL Project is serving as a statewide resource for other Minnesota faith communities and public health advocates that are organizing and building capacity to reduce teen tobacco use in their communities.

Southwest Minnesota teens produce anti-smoking performance for peers.
Allina Health System: $176,000
Allina is implementing tobacco prevention programs through their Communities Organizing Against Tobacco (COAT) project. This project will implement a private-public partnership between Allina Health System (AHS) and Minnesota communities to reduce tobacco use by youth ages 12-17 using strategies that focus on increasing linkages to cessation services and reducing youth social access to tobacco. Surveys regarding these strategies will be administered to youth, parents and community partners. AHS will partner with the intervention communities of Shakopee and Buffalo using a coalition-building model. Two additional communities will be used as comparisons to evaluate the intervention strategies. The overriding goal of the project is to demonstrate the effectiveness of a private-public partnership to decrease youth tobacco use.

Minnesota Department of Children, Families & Learning (DCFL)
Surround: School-based Programs for Tobacco Use Prevention: $294,818
DCFL is surrounding middle school students with opportunities and support in order to develop healthy decision-making skills, social skills, and peer-resistance skills. In six pilot sites, middle school “envoys” have been hired to engage youth in implementing aggressive school-based programs to prevent tobacco use and addiction. DCFL is organizing trainings and facilitating communications to support the envoy’s efforts and share best practices that are generated from each pilot effort.

Minnesota Department of Children, Families & Learning (DCFL)
Health Skills for Life - Teacher Training in Evidence-based Curricula: $299,901
DCFL Coordinated School Health (CSH) program is providing training for teachers and support for implementation of evidenced-based curricula, Life Skills Training and Project Towards No Tobacco Use (TNT), for middle school students. Three levels of training are planned: 1) Introduction to concepts of skills-based education to enable local school district leaders to decide which curriculum best meets their students’ needs; 2) Two-day trainings in the evidence-based curricula; 3) Subsequent booster trainings to ensure the programs are implemented with fidelity. DCFL is tracking school districts’ adoption of curricula and is devising a system to exchange teaching strategies.

“These are at-risk teens that aren’t normally included in DARE and SADD programs. I think they like belonging to something, and they like the attitude of the movement.”

- Josh Derr, Target Market Southeast Minnesota Field Organizer

Association for Nonsmokers - Minnesota: $248,435
The Association for Nonsmokers is undertaking two projects aimed at reducing exposure to secondhand smoke and establishing nonsmoking norms and standards. The Secondhand Smoke Resource Center (SSRC) is providing information about secondhand smoke to statewide grant recipients, local tobacco coalitions, professional organizations, and the media. SSRC is collecting and reviewing existing resources, assessing community needs, developing responsive materials, and promoting the use of the Center.

The Tobacco Free Youth Recreation (TFYR) program is promoting tobacco-free environments and encouraging recreation programs to adopt policies restricting the use and possession of tobacco by coaches, referees, and other adults in such programs. The program is also showing adults how they can be good role models and positive influences on children’s tobacco use. Finally, TFYR is involving youth to promote these changes to a setting that has a strong impact on their lives - community based recreation.

III. Overview of Statewide Grants

“These are at-risk teens that aren’t normally included in DARE and SADD programs. I think they like belonging to something, and they like the attitude of the movement.”

- Josh Derr, Target Market Southeast Minnesota Field Organizer

Part IV. Youth Leadership Movement

American Lung Association
Target Market Youth Movement: $1,100,000
The American Lung Association is facilitating the statewide youth movement that is working to expose the deceptive ways the tobacco industry targets teenagers to become life-long customers. In April 2000, Minnesota teens named their movement, Target Market (TM), at the youth summit, Kick Ash Bash, in St. Cloud. The name comes from the tobacco industry’s...
continuous references to teens as their “target market” in industry documents, revealed through the Minnesota state tobacco settlement.

Target Market is a youth-led, adult-guided movement that focuses on the tobacco industry’s teen targeting, not the health or cosmetic effects. The messages are delivered teen-to-teen and through tactics the tobacco industry has used to addict other generations of youth - television advertising, high-visibility events, promotional gear, and other high-impact marketing tactics. TM is taking its lead from what has worked for the tobacco industry and using those tactics to deliver its message about tobacco industry manipulation and encourage teens to refuse those influences in their lives.

TM’s approach is based largely on Minnesota marketing research. A baseline survey and focus groups conducted in January 2000 showed teens have a strong knowledge of the health effects of smoking, yet youth smoking rates have still gone up. The research also showed that fewer teens had knowledge of tobacco industry manipulation and marketing tactics. Furthermore, the Minnesota Youth Tobacco Survey showed that over 90 percent of middle and high school students know the health effects of smoking. Knowledge alone, it seems, is clearly not enough to deter young people from tobacco use.

As demonstrated by the overwhelming membership numbers, the tactics are working and teens are responding to the TM message. The original nine-month membership goal from the inception of TM in April 2000 to the end of the year was to recruit 5,000 new members. Instead, in seven months Target Market is 500 percent ahead of that recruitment goal with almost 15,000 members at the end of October 2000.

Teens are responding to the TM message and attitude, because they are at an age when they are beginning to question adult control and rebel against authority figures. Members of TM resent that adults in the tobacco industry are singling them out, targeting, and manipulating them. Additionally, the messages are delivered by other teens, not adults, and the attitude is everything teens are - sarcastic, irreverent, funny, off-the-wall, smart, and brutally honest. When youth learn about the teen targeting by the tobacco industry from their peers, suddenly smoking does not seem as rebellious and cool.

As detailed in the regional overviews in the body of this report, TM organizers, at the direction of the youth leaders, have planned recruitment and

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**From Josh Derr, Target Market Field Organizer in Southeast Minnesota**

“One of my crews in Southeast Minnesota consists of about ten teens. Nine are smokers and the one who is not, is pregnant. They joined Target Market at the Freeborn County Fair. They just signed up for the free t-shirts and then reverted to camping behind our TM Living Room and smoking. We ended up getting them to come into our booth and play video games. Eventually, we did a lot of videotaping of them sending nasty messages to Big Tobacco about marketing tobacco products to teens. In other words, we converted them in a matter of one night into thinking that TM is cool and questioning the tobacco industry’s marketing tactics. At the end of the night, we had a great rapport with them and they were really sad to see us go.

I have stayed in contact with these teens over the summer making sure that they know that they are involved and included in everything we do. I had a meeting with them a couple of weeks ago, and three of them had called the Mayo Quit Line because they are finally serious about stopping smoking. I see this attitude filtering through the rest of the group and hopefully they will all follow. These are at-risk teens that aren’t normally included in DARE and SADD programs. I think they like belonging to something, and they like the attitude of the movement.”

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**III. Overview of Statewide Grants**

From Josh Derr, Target Market Field Organizer in Southeast Minnesota

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educational events across the state. Through activities like the Minnesota State Fair Booth, the KDWB Last Chance Summer Dance, the Mall of America Back to School Lounge, and the Battle of the Bands, teens are generating visibility and recruiting members for their fight against the tobacco industry. In addition, the TM Cruiser and Document Tour are examples of educational components that travel around the state carrying the message and evidence of tobacco industry manipulation. Finally, the website, www.TMvoice.com is the place where young people from all corners of MN can go to lend their voice to the movement and hear about the latest events and activities.

Once teens become members of Target Market, adult advisors help them establish “TM crews,” groups that localize the statewide movement against the tobacco industry. Crews provide opportunities and resources that give teens an outlet to take action with their newfound knowledge and motivation. Teens have other leadership opportunities in Target Market, such as being on the Executive Board, the Statewide Youth Board or the various board committees, such as the Ad Committee or the Advocacy Committee.

Whether at the local or the statewide level, teens drive the youth movement. They make decisions involving the ad campaign; they direct the recruitment and education activities; and they carry the message to other teens to rebel against the tobacco industry and refuse the influence of tobacco marketing in their lives.
Endowment Activities in Northwest Minnesota

Quin County Community Health Services: $73,750
Kittson, Roseau, Marshall, Pennington, and Red Lake counties are working together to address youth access to and consumption of tobacco products. The CHS agency is focusing the local tobacco prevention resources on compliance activities and school-based prevention initiatives. In addition, Quin County CHS will collaborate with the other counties in the region to convene a regional youth tobacco prevention summit. The purpose of the summit will be to aid coalition building and networking within the region.

The timing of the endowment resources is fortuitous for tobacco prevention work in these counties. In the 2000 - 2003 CHS Plan, the Quin CHS Board made addressing tobacco use in the area a high priority. This support from the board, along with the increased resources from the MYTPI, creates an exciting opportunity to successfully reduce teen tobacco use in the area.

Multi-County Board of Health: $76,100
The Multi-County Board of Health MYTPI is a collaborative effort of the Multi-County Nursing Services and the Polk County CHS agency. This CHS agency includes four counties: Becker, Mahnomen, Norman and Polk. The grantee plans to promote and implement an evidence-based tobacco prevention curriculum in the 7th grade of 14 school districts in the area. In eight of these school districts, the grantee will assess school policies and curriculums to evaluate engagement in tobacco prevention and control efforts. Finally, the project coordinators are convening Tobacco Free Youth Coalitions and Youth Action Committees to plan, implement and evaluate the overall initiative.

North Country Community Health Services: $75,150
The North Country CHS agency serves the counties of Beltrami, Clearwater, Hubbard, and Lake of the Woods and plans to reduce youth access to tobacco products and promote school-based initiatives. North Country is conducting youth access compliance checks and working with existing diversion programs to develop similar initiatives in Beltrami and Clearwater counties. Also, each individual county is implementing an evidence-based curricula that promotes tobacco prevention.

White Earth Reservation Tribal Council: $32,000
As mentioned earlier in this report, American Indian communities face a different set of challenges in addressing tobacco prevention and control issues. Because of the historical ceremonial use of tobacco, American Indians have cultural norms that do not necessarily stigmatize youth use of tobacco. However, the need for prevention efforts on the White Earth Reservation is high. While being mindful of cultural norms, the MYTPI is making strides to educate both teenagers and adults on the abuse of tobacco, and to increase community pressure to eliminate the use of commercial tobacco in public places. The Tribal Health Education Office is working with teens to create anti-smoking information, present workshops, and develop a teen court in the schools to deal with teens that are caught smoking.

Red Lake Band of Chippewa Indians: $32,000
The Red Lake Tribal Council is concerned about the alarming rates of Red Lake students who are abusing commercial tobacco products. In order to prevent tobacco abuse in American Indian youth, the Red
Lake Tribal Council is providing linkages to cessation resources for youth, training youth to develop improvisational skits on tobacco abuse prevention and the traditional use of tobacco, and educating health care providers regarding effective interventions to tobacco abuse.

**Target Market Regional Activity**

An important component in ensuring the success of the Target Market (TM) youth movement and counter-marketing campaign is branding. As the tobacco industry spends billions on a marketing budget to establish its brands of tobacco products, TM is spending a fraction of that amount to similarly brand its movement against the tobacco industry. “Big Tobacco” sells an image that young people want for themselves through the use of entertainment, sport sponsorships, promotional materials and high-impact advertising. These marketing tactics are succeeding: 86 percent of teens that smoke choose the top three most advertised and promoted brands.

TM is following the lead of the tobacco industry in their effort to brand their youth movement. In Region 1, TM members are using a number of tactics from the industry to build awareness and name recognition for Target Market. During the summer, teens in Northwest Minnesota distributed beach balls with the TM logo to several hotels with pools and other outdoor swimming facilities. TM members organized picnics and beach parties where teens shared the message of tobacco industry manipulation with their peers and gave away TM t-shirts, frisbees and other gear.

Finally, among other activities, teens engaged in street marketing. TM members placed the TM logo in various areas in their communities, where other teens would see the logo and establish a connection between that and the youth movement against the tobacco industry. The logo appeared in teen recreation areas, at sporting events, and even on a cooperative cow. Through branding activities such as these, the youth anti-tobacco brand becomes almost as easily identifiable in Region 1 as pro-tobacco brands.

**Youth Risk Behavior Endowment Grants**

<table>
<thead>
<tr>
<th>CHS agency</th>
<th>Funding Levels by CHS agency for combined FYs 2001 and 2002:</th>
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<tbody>
<tr>
<td>Quin County CHS:</td>
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</tr>
<tr>
<td>Multi County CHS:</td>
<td>$68,528</td>
</tr>
<tr>
<td>North Country CHS:</td>
<td>$106,364</td>
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<tr>
<td>Polk County CHS:</td>
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**Regional Overview:**

The four CHS agencies in Region 1 represent multi-county coalitions that are working together to promote improved adolescent health. After receiving funding in July 2000, county health officials spent the first three months conducting an assessment to identify the factors that are either a detriment or an asset to healthy teen behaviors in local communities. Guided by these assessments, public health officials determined what combination of Youth Risk Behavior focus areas most needed attention in their communities and what community partners could best address these concerns.

In Region 1, YRB endowment activities are primarily focused on preventing adolescent sexual behaviors that result in pregnancy or HIV/STDs. Work plans also indicate that public health offi-
cials will focus on preventing violence in teens’ lives, and alcohol and drug abuse, while promoting physical activity and healthy dietary behaviors.

From Nancy Bauer, Becker/Menomen/Norman CHS
“The focus of our YRB endowment resources is on preventing teen sexual behaviors that result in pregnancy, HIV, and STD’s. Since we are trying not to reinvent the wheel with these resources, we are building off of what our agency is doing with local tobacco prevention grants and TANF home visiting grants.

Our target population is pregnant and parenting teens. Public health, schools, county human services, Head Start, county extension and Partners in Parenting are working in collaboration to address the needs of this group. Instead of forming a whole new organization in order to get youth input to guide our efforts, we’ve asked the pregnant and parenting teens we are working with to give us input on how to prevent high-risk sexual behaviors.

Additionally, the local tobacco prevention efforts organized a steering committee with community partners and teens. We are using the members of that group to advise our efforts on developing and integrating a curriculum in the school system regarding preventing high-risk sexual behaviors. We are starting the curriculum in the 5th and 6th grades and hope to extend it through high school, so that teens will have five years of exposure to positive messages about asset building, decision-making, and peer pressure.

We are focusing our efforts on tying the pieces of other grants all together and building on existing community relationships to address the needs of pregnant and parenting teens. We are relying on the teens themselves to guide our program, so that we can truly make an impact on the lives of our youth. The program is directed by teens who have “been there, done that” in hope that others may not have to focus on a pregnancy and raising a child while still a child themselves!”
Endowment Activities in Northeast Minnesota

MYTPI Local Community Grants

Aitkin-Itasca-Koochiching Community Health Board: $85,706
The Tri-County Community Health Board and the county public health departments are collaborating to reduce youth tobacco use with a special emphasis on ages 12-14. The project is empowering communities, youth and the general population to reduce exposure to environmental tobacco smoke, reduce youth access to tobacco products, and implement school-based prevention initiatives.

Carlton-Cook-Lake-St. Louis County Community Health Board: $189,182
Recognizing that tobacco use is a complex behavior, the coalition of Carlton, Cook, Lake, and St. Louis counties are implementing a comprehensive area-wide approach to encourage teens to remain tobacco-free. Counties are working to institute compliance checks, develop school-based programs, educate communities on the impact of secondhand smoke, and create uniform school policies.

Carlton County is taking an innovative approach to incorporating existing youth groups in community efforts to reduce both exposure to secondhand smoke and teen use of tobacco. The county is issuing youth mini-grants of $500 per year to selected youth groups to plan and develop tobacco prevention projects. Youth grant recipients will attend leadership trainings, will collaborate with other grant recipients, will be encouraged to raise additional funds from other sources, and will be required to fulfill evaluation requirements. Through these youth mini-grants, endowment resources are providing teens of Carlton County with a tremendous learning experience, in addition to teaching teens the skills to refuse tobacco use and make healthy decisions.

MYTPI Populations-At-Risk Grants

Grand Portage Reservation Tribal Council: $32,000
The Grand Portage Tribal Council is instituting a two-pronged approach to address teen tobacco abuse. The council plans to work directly with teens, while also communicating with the broader community regarding secondhand smoke and smoking cessation programs. A youth tobacco group is being formed to make presentations and create a poster series. Simultaneously, the council is working to create smoke-free work environments and assess levels of tobacco abuse in the community.

Fond du Lac Reservation Business Community: $32,000
Fond du Lac Reservation developed the “Asema is Sacred Program” to prevent the non-traditional use/abuse of tobacco by Indian youth and increase the quit rate for the youth who are currently abusing/using tobacco in a non-traditional fashion. Program coordinators are working to change the community norm by training Indian youth to serve as peer educators; developing and implementing an age-specific and culturally appropriate smoking cessation for teens program; and working with the Fond du Lac Tribal Council, Law Enforcement and Education Division to develop and implement a diversion program.

Bois Forte Reservation Tribal Council: $27,500
The Bois Forte Tribal Council is working with teens to provide information to all community members on both the harmful health effects of tobacco abuse and how to resist and/or quit non-traditional tobacco use. Students are advocating for the adoption and enforcement of tobacco codes regarding underage non-trad-
tional tobacco use within the Bois Forte Tribal Codes. Teens are also developing peer support groups to help other youth in resisting and/or quitting tobacco abuse. In addition, the Tribal Council is having an Ojibwe artist develop a tobacco abuse prevention logo that will be used in promotional products at local pow-wows, health fairs, and other community events.

**Target Market Regional Activity**

In order to counter the tobacco industry’s aggressive marketing practices of associating their brand with sporting events popular with young people, Target Market is sponsoring a sporting event of its own. The “Target Market Upper Midwest Snowboard Point Series” runs from December 2000 to March 2001. During that time, TM will hold over 15 USASA sanctioned snowboarding competitions throughout the Northeast Region of Minnesota. Local youth will participate in and staff the events in order to associate Target Market with one of the hottest youth sporting trends around.

In addition to the visibility at the snowboard competition itself, dozens of local promotional spots for the event will generate attention for the Target Market teens in Region 2 who are battling big tobacco. Tobacco companies currently spend much of their $5.7 billion marketing budget sponsoring such sporting events. TM does not have the resources to compete with this level of saturation. Instead, TM uses publicity-generating events, like the snowboarding series, to spread the message of industry manipulation and recruit members to the youth movement against big tobacco.

**Youth Risk Behavior Endowment Grants**

**Funding Levels by CHS agency for combined FYs 2001 and 2002:**

Aitkin, Itasca, Koochiching: $104,979
Carlton, Cook, Lake, St. Louis: $295,664

**Regional Overview:**

The CHS agencies in Region 2 are focusing the YRB endowment activities primarily on preventing teen alcohol and drug abuse. The five other focus areas are all receiving relatively similar levels of attention and are engaging a wide variety of community partners to address this issue.

*From Randy Rehnstrand, in Aitkin, Itasca, Koochiching CHS*

“Our counties are in the early stages of implementing the Youth Risk Endowment program. However, I can tell you that public health officials are excited about the opportunity to finally have resources to address youth risks that are a high priority in our communities. I have been working with community health for over 23 years and have seen our communities struggle trying to address the needs of our youth. This is the first time we have had resources dedicated to addressing youth issues.

The Legislature and Governor should be complimented on having the courage and insight to create the necessary legislation to make the Youth Risk Endowment possible. The Minnesota Department of Health should be recognized for its work in designing an innovative model that allows communities the opportunity to utilize resources where they can do the most good. Unlike very narrow competitive categorical grants, the Youth Risk Endowment provides the flexibility to allow communities to customize their programs to address differing priorities.

In our three-county area, as an example, Itasca County has decided to focus most of their efforts in addressing the problems of alcohol and youth. Aitkin and Koochiching Counties are working with schools and other community partners to address problems of nutrition and physical inactivity. I hope this is a model that will be used for future funding.”
Endowment Activities in West Central Minnesota

**MYTPi Local Community Grants**

**Mid-State Community Health Services: $50,000**
The Mid-State Tobacco Prevention Initiative is a collaborative effort including three local public health departments: Grant County Public Health, Pope County Public Health, and Stevens Traverse Public Health. The collaboration is guided by the principle that engaging youth will provide the foundation upon which all future change is built. As a result, the first year of this project is focusing on getting the youth involved and empowering them to take an active part in building the anti-tobacco movement, thus creating opportunities for youth leadership. Through youth-led initiatives, Mid-State is promoting peer education, projects to reduce exposure to secondhand smoke, and community awareness around tobacco use and youth.

**Clay-Wilkin Community Health Services: $50,000**
The Clay-Wilkin CHS project is establishing a youth board comprised of teen and adult advisors who represent both tobacco users and non-users. The intent is to have one adult advisor from each of the following areas: public health, law enforcement, schools and parents. In addition to the youth board, additional teens are being recruited to implement identified strategies in local communities, such as: a speaker’s bureau for the purpose of educating other teen and adult groups regarding youth tobacco policies and prevention efforts; a tobacco diversion program; youth access compliance checks; and a campaign to expose and counter tobacco influences.

**Douglas County Public Health Nursing Service: $50,000**
In order to address the multi-faceted issue of youth tobacco prevention, Douglas County is pulling together the strengths and the resources of a wide variety of community members. Through various partnerships, project coordinators are implementing school-based programs, reducing youth access to tobacco products and providing linkages to cessation resources focusing on youth. Through a youth-led movement using community organizing, the initiative is attempting to enhance existing peer-influence groups and promote comprehensive faith-based prevention efforts.

**Otter Tail County Human Service Board: $50,000**
The Collaborative Youth Tobacco Prevention Project is promoting comprehensive school-based prevention initiatives in order to provide teens an opportunity to learn and practice skills to refuse tobacco and make healthy choices. The project is guided by a Youth Mentoring Council, which is comprised of teens in grades 7-12 from the eight school district areas in the county. As an adjunct to teacher-led instruction, the Youth Mentoring Council will train peer educator/leaders to motivate other students to become involved in tobacco-free activities.

“If kids are coming to us about smoke free policy enforcement, we (the school board) should take an active stand on this. Kids shouldn’t have to enforce adults.”

- School Board member in Stevens County

“I If kids are coming to us about smoke free policy enforcement, we (the school board) should take an active stand on this. Kids shouldn’t have to enforce adults.”

- School Board member in Stevens County

IV. Region 3 - West Central Minnesota

“If kids are coming to us about smoke free policy enforcement, we (the school board) should take an active stand on this. Kids shouldn’t have to enforce adults.”

- School Board member in Stevens County

“Tobacco Use Prevention and...”

- School Board member in Stevens County
Youth Risk Behavior Endowment Grants

Funding Levels by CHS agency for combined FYs 2001 and 2002
Clay-Wilkin: $80,572
Douglas: $36,530
Mid-State: $56,452
Otter Tail: $62,861

Regional Overview:
The CHS agencies in Region 3 are adopting a youth development emphasis and are focusing on overlapping multi-risk behaviors, in addition to prevention of alcohol and drug abuse. YRB activities are also being directed at reducing high-risk sexual behaviors and teen violence.

From Sandy Tubbs, Stevens County CHS
“...I wanted to share with you a few brief highlights from our work with the YRB Endowment. Youth in three different school districts have successfully brought the school’s tobacco policy to the attention of their respective school boards requesting stronger enforcement of existing policy. Youth have brought forth their ideas and offered to assist in strengthening the enforcement of existing policies. One of the area school board members commented, ‘If kids are coming to us about policy enforcement, we (the school board) should take an active stand on this. Kids shouldn’t have to enforce adults.’

Also, in an effort to gather the perspective of the parents of adolescents in the Wheaton community regarding youth risk behaviors, a ‘Chili Bowl Chatter’ event is being sponsored by YRB, Minnesota Education Now and Babies Later (ENABL), and violence prevention representatives. During the sometimes long waits associated with parent teacher conferences, parents are offered a bowl of chili and a chance for informal conversations with other parents and program staff. The idea is to take advantage of an opportunity where parents are already gathered to get their input on how the community can support their efforts in preventing teens from engaging in high-risk behaviors.

And one last highlight, more community partners than ever have come to the table to talk. The energy from the youth has been contagious. There seems to be a very significant shift in adult attitude toward youth. Youth are being recognized for their legitimate concerns and their creative ideas for solutions. People are realizing youth are important members of our community.”

IV. Region 3 - West Central

“We decided TM needed to take a road trip to connect with teens one-on-one and deliver the message of tobacco industry manipulation.”
- Andy Berndt, Mounds View High School

Target Market Regional Activity

In order to reach teens during summer vacation, Target Market brought the youth movement against big tobacco to places where teenagers hang out in the summer - the beach, concerts, sporting events, fairs and community festivals. Using the TM Cruiser, a 16-foot panel truck emblazoned...
with the Target Market logo, teen leaders reached out to other youth to raise youth awareness about the tobacco industry’s manipulative marketing practices.

All summer long, the cruiser traveled throughout the state including a swing through Region 3. The cruisers set up teen events at more than 150 destinations. The set up included the essentials of teen leisure - couches, televisions, stereos, computers and video games. In addition, the events featured interactive kiosks where teens could email or videotape messages to tobacco executives and surf the Target Market website, www.TMvoice.com.

The TM Cruiser was the most successful component of Target Market’s effort to recruit teens to join the youth movement. In April 2000, at the Kick Ash Bash, where teens themselves came up with the cruiser idea, TM leaders hoped to recruit 2,000 members by the end of the summer. As of November 2000, Target Market membership exceeds 15,000.

INDEX
- TM Cruiser
- Document Tour
- * Includes Minneapolis, St. Paul, Roseville, Burnsville, Hopkins, Coon Rapids, Brooklyn Park and Blaine
- ** Includes Minneapolis, St. Paul, Roseville, Eagen, Woodbury and White Bear Lake
Endowment Activities in East Central Minnesota

**MYTPI Local Community Grants**

**Stearns County Human Services Department:** $77,850
In 1998, Stearns County identified that youth tobacco use was on the rise in the region. In order to address the trend, the Stearns County Human Services Department, Public Health Division assembled a task force comprised of representatives from law enforcement, the community, educational systems, public health, and the medical community. The group determined that schools in their community provide the greatest potential for reaching the target population of teenagers. However, results of a research survey conducted with all the school districts in Stearns County revealed that schools varied widely in the amount of resources and emphasis each committed to tobacco prevention efforts.

Guided by this previous assessment, Stearns County is now focusing the MYTPI on eliminating the disparity among school-based tobacco use prevention programs. The county provides support to each school to customize a program based on the school’s current needs so that all schools will have tobacco prevention activities integrated into their systems. In addition, program coordinators are working to reduce youth access to tobacco.

**North Central Services Cooperative:** $124,081
Tobacco prevention activities of the North Central Services Cooperative are taking place in Cass, Crow Wing, Morrison, Todd, and Wadena Counties. The MYTPI in this region is directed by a steering committee composed of several youth and other representatives from public health, schools, law enforcement, and county project staff. The initiative focuses on youth access compliance checks, school-based curriculums, and diversion programs.

**Chisago County Public Health Department:** $150,000
Counties, Chisago, Pine, Isanti, Kanabec and Mille Lacs, located in East Central Minnesota, are implementing locally unique and coordinated activities that send a clear, concise and consistent message to youth that tobacco use is not the norm. These counties will strengthen already existing partnerships with schools, public health organizations and law enforcement through planning, training and co-sponsored projects. Also, through promoting school-based prevention programs, the counties will help youth internalize information and change youth risk behavior patterns. Finally, counties will raise awareness about secondhand smoke, reduce youth access to tobacco products, and provide linkages to cessation resources. Activities, when appropriate, will be youth-led and adult-guided.

**Sherburne County Public Health:** $68,376
The Sherburne County initiative, titled “Empowering the Capacity for Change,” is designed to strengthen youth tobacco use prevention efforts in schools, and among health care providers and law enforcement agencies. The initiative intends to enable these partners to both meet best practice standards and create innovative strategies by empowering youth to interact and work with these partner organizations. The collaborations will focus on reducing youth access to tobacco products, implementing school-based curriculums, and providing linkages to cessation.

**Wright County Human Services Agency:** $39,000
Wright County created a 29-member cross-system action team called the “Adolescent Health Committee” to address the disturbing trend of increased youth use of tobacco products. The committee includes representatives from public health, the county’s nine school districts, law enforcement, pros-

Local Public Health Endowment
ecution, court administration, retailers, health, and other community agencies. This coalition identified four focus areas for the MYTPI: 1) reducing exposure to secondhand smoke; 2) reducing youth access to tobacco products; 3) promoting comprehensive school-based prevention; and 4) providing linkages to cessation resources. The activities planned for each focus area involve youth as planners, community activists, peer educators, and event organizers.

**MYTPI Populations-At-Risk Grants**

**Leech Lake Indian Reservation:** $29,736

The primary goal of the MYTPI on the Leech Lake Reservation is to change the social environment at the community level to make non-traditional tobacco use unacceptable and undesirable. As a result, the tribe is coordinating Ojibwe cultural programs to educate youth on the traditional uses of tobacco and the harmful effects of tobacco abuse. The teenagers are incorporating that knowledge into a poster design that focuses on the effects of secondhand smoke, tobacco industry manipulation, and youth access to tobacco. The posters will be distributed throughout the community. In addition, the Tribal Council is reviewing current tribal policies regarding non-traditional tobacco use and intends to strengthen at least one tobacco prevention policy.

**"Big tobacco hasn't been scared by health leaders; they haven't been scared by politicians at all. But I think they're very scared of you."**

- Governor Ventura to Target Market youth leaders, 4/4/00

**Target Market Regional Activity**

On April 2, 2000, four hundred teens representing 74 Minnesota counties convened in St. Cloud, Minnesota for two days of teen-led training on ways the tobacco industry manipulates teenagers through its deceptive marketing practices. From this summit, the youth movement, Target Market, was born. Through peer-to-peer education, teens learned tobacco use prevention messages and advocacy tactics that might be used to combat the tobacco industry in their own lives and communities. They named their movement, chose the first year’s advocacy activities, and made a commitment to make a difference in the fight against Big Tobacco.

Youth and adult organizers of the event strove to make the Bash a destination for young people and different from traditional youth summits. As a result, in addition to the training sessions, youth enjoyed musical entertainment, appearances by MTV stars, and writing and performing raps, songs, dances, and cheers that bring fun into the fight against the tobacco industry. Governor Ventura joined in battling big tobacco by attending the summit and recording a voice mail message for the CEO of Brown and Williamson, one of the largest U.S. tobacco companies.

At the end of the summit, teens identified a number of goals and next steps for the youth movement. They planned recruitment activities for the summer where they would educate their peers about the marketing tactics of the tobacco industry and motivate other teens to join Target Market. They identified the website, as the place where young people can go to lend their voice to the movement and hear about the latest events and activities. Finally, they participated in the filming of the first two Target Market television ads. Bashers, as they have come to call themselves, returned home educated and motivated to combat teen tobacco use by spreading
the word about the tobacco industry’s practice of targeting and manipulating teenagers.

**Youth Risk Behavior Endowment Grants**

Funding by CHS agency for combined FYs 2001 and 2002:
- Benton/Sherburne: $129,324
- Cass, Todd, Wadena, Morrison: $139,634
- Chisago: $53,027
- Crow Wing: $60,242
- Isanti, Mille Lacs: $75,987
- Kanabec, Pine: $58,570
- Stearns: $161,554
- Wright: $110,667

**Regional Overview:**
The CHS agencies in East Central Minnesota are primarily focusing YRB endowment resources on preventing teen alcohol and drug abuse. Communities are also addressing the other five risk focus areas with the help of an extensive collaboration of community partners.

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*Brainerd Daily Dispatch*
**Tuesday, October 24, 2000**

**Making Health Care Choices Not Just for the Elderly**
Message of health fair is that eighth-graders also have to think about things like diet and exercise

By: Renee Richardson
Senior Reporter

Making health choices begins early in life.

That was the message at the health fair conducted during parent conferences at Franklin Junior High School in Brainerd earlier this month. Eighth-grade students had the opportunity to have their blood pressure checked along with a blood sample taken to determine cholesterol levels. For health care professionals, the idea was to plant a seed about healthy choices in diet and exercise at a young age.

“I think it will help kids maybe make some good lifestyle choices – what they are doing now will affect their later life,” said Joyce Mueller, Crow Wing County public health nurse. “The younger you can reach them, the better off you’ll be in the long run.”

The county is using a youth risk behavior grant to take a peek at students and health risks. The plan is to take another measurement of those same students in a health check next spring. One factor is predicting health risks youths may face into adulthood that could be affected by body weight.
Looking at body mass measurements, Mueller said there was concern about adding to pressures teens feel about body image and weight. For the health fair the emphasis was taken away from looking at body fat and instead focused on the index taken from a blood sample to look at health risks that may affect youths or follow them into adult life.

Being overweight can mean greater risk for high blood pressure, heart disease and diabetes. It is no secret that Americans are more sedentary and heavier in a society that appears to exercise less and eat more fast food.

Mueller said the old adage about everything in moderation is best.

Looking at the body index measurement, Mueller said the effort is also to remind teenagers to eat fruit, continue to exercise, and watch their fat intake. Obesity is more likely to persist into adulthood if it is present during the adolescent years. And while there are other factors, heredity and genetics are in the mix; Mueller said people need to think about lifestyles and food choices.

“We need families to recognize the components that they have control over,” Mueller said after the health fair. “Physical education and health education classes can help us educate and involve young people. School lunch programs may need to be scrutinized a bit more closely. What we want to do is to make some kind of impression on today’s youth.”

Mueller said public health already knows that nutrition and physical activity are associated with test scores and doing well in school.

“All we want is for families to think about their choices to begin with,” Mueller said. “Sitting down to dinner in the evening is a good way to start good eating patterns within families... The parents that came to the health fair may begin to look at their dietary choices and physical activity patterns more critically than before.”
Endowment Activities in Southwest Minnesota

MYTPI Local Community Grants

Affiliated Community Health Foundation: $50,390
Youth are instrumental in the design and implementation of the Kandiyohi County Tobacco Coalition. Teens are participating in their own youth tobacco prevention groups, which are facilitated by adult “coaches” in five schools. Youth are also involved in conducting compliance checks and will be partnering with adults to educate merchants and parents in order to reduce teen access to tobacco products. Finally, teens are providing peer-to-peer education as a part of the school-based prevention project.

Countryside Public Health Service: $50,000
The counties of Big Stone, Chippewa, Lac Qui Parle, Swift and Yellow Medicine are working together on a tobacco prevention project that has three main components. Initially, the project involves completing an assessment of previous prevention activities in order to guide planning for future projects. Secondly, project coordinators are implementing a school-based prevention project. Finally, the coalition is developing a local youth tobacco prevention coalition.

Lincoln, Lyon, Murray & Pipestone Public Health Services: $75,000
The Lincoln, Lyon, Murray, Pipestone, Nobles, and Rock County Tobacco Coalition is committed to empowering youth through the region’s tobacco prevention efforts. Teens are establishing a Youth Leadership Network and the coalition is providing student leadership scholarships to fund youth as facilitators for the network. Teens are publishing a monthly newsletter, educating businesses and the community about the hazards of secondhand smoke, and working with law enforcement officials to reduce teen access to tobacco.

Cottonwood-Jackson Community Health Services: $55,000
Cottonwood-Jackson-Redwood-Renville Youth Tobacco Prevention Project is focusing on three primary areas. Project coordinators are assessing school-based tobacco programs for all of the schools in the four county region. They are empowering youth to become leaders and mentors in the tobacco prevention movement. Finally, the project includes increasing law enforcement’s involvement in prevention and enforcement measures.
Upper Sioux Community: $27,500
The Upper Sioux Community is working to develop a Junior and Senior High School Dakota Youth Leadership Council to focus on preventing non-traditional tobacco use. The youth council will develop culturally appropriate materials, such as a website and a banner, to promote the difference between the traditional use of tobacco and the abuse of commercial tobacco. In addition, the schools will implement a tobacco abuse prevention curriculum and project coordinators will refer youth to the Yellow Medicine Public Health cessation program.

Target Market Regional Activity
Target Market radio and television ads feature dozens of Minnesota teens exposing tobacco industry manipulation and providing their opinions on big tobacco’s deceptive marketing tactics. Teens at the youth summit, Kick Ash Bash, told organizers that Minnesota teenagers would listen to tobacco prevention messages if they were delivered by their peers - not adults. Target Market adult organizers and youth leaders took that advice literally and cast real Minnesota teens, not professional actors, in the TM counter-marketing campaign.

One TM activist, Peter Middleton, is from Wilmar in Region 5 and is prominently featured in a television advertisement. Peter is one of more than 60 Minnesota youth who have appeared in ads and is on the TM committee controlling the content of the ads. He is also one of 40 youth serving on TM’s youth board, which is charged with making major decisions about TM’s direction.

Regional Overview:
The CHS agencies in Region 5 represent multi-county coalitions that are working together to promote improved adolescent health. After receiving funding in July 2000, county health officials spent the first three months conducting an assessment to identify the factors that are either a detriment or
an asset to healthy teen behaviors in local communities. Guided by these assessments, public health officials determined what combination of Youth Risk Behavior focus areas most needed attention in their communities and what community partners could best address these concerns. The CHS agencies in Region 5 are focusing most of the YRB endowment activities on preventing youth alcohol and drug abuse.

From Bonnie Frederickson, Nobles-Rock CHS

“Generating the YRB coalition in Nobles has created excitement and the energy to begin looking at preventing alcohol abuse among teens. There had not been a countywide committee looking at chemical health in general - or specifically at alcohol before. We noted that agencies were not aware of what is already occurring, and have learned from each other. There appears to be general consensus that what has been tried before hasn’t worked.

Involving youth in the coalition has been started and will be built on. The YRB funds have allowed us to expand our capacity to work with communities to address youth risk behaviors. This probably would not have happened without this funding. There appears to be “little pots” of money out there for alcohol, but nothing is coordinated in prevention, until now.

I believe our communities have a tremendous opportunity to work together to reduce alcohol use. In the meantime, members of our coalition will be exposed to concepts of healthy youth development, best practices, and youth involvement. There will be a consistent base to build our strategies with the help of MDH and local partners.”
Endowment Activities in South Central Minnesota

MYTPI Local Community Grants

Meeker, McLeod, Sibley Community Health Services: $67,987
The Meeker-McLeod-Sibley Youth Tobacco Use Prevention Project is combining the insights and creativity of youth with the maturity and experience of adults to reduce youth tobacco use rates. The project is focusing on reducing youth access to tobacco products, reducing exposure to secondhand smoke, and promoting comprehensive school-based prevention activities. To accomplish these goals, the project includes funding for schools, joint activities between youth and local law enforcement, and a part-time youth coordinator in each county.

Watonwan County Human Services: $182,013
The counties of Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Waseca, and Watonwan are working collaboratively to address the rise in teen tobacco use in Region 6. In order to combat this trend, the “Big 8 Prevention Pack” is working on three focus areas. First, the collaboration is promoting a school-based initiative by implementing a peer-to-peer model curriculum so that teens can gain knowledge and have opportunities for leadership roles. The second focus area is reducing teen access to tobacco by developing and tailoring a diversion and education program to meet the needs of each individual county. The final focus includes reducing exposure to secondhand smoke by encouraging restaurants to adopt smoke-free policies. Youth are instrumental in all aspects of these strategies and in creating their own youth movement in the region.

“I think the knowledge that teens have 15,000 Minnesota Target Market members behind them in their effort to quit smoking is helping a lot.”
- Josh Derr, Target Market Southeast Minnesota Field Organizer

MYTPI Populations-At-Risk Grants

Region Nine Development Commission: $100,000
The Chicano Latino Youth Tobacco Prevention Project encompasses the schools and communities that have Chicano Latino youth in the south central region of Minnesota. Saludando Salud (Greeting Health) and the Chicano Latino Youth Leadership Institute, two existing programs in the Region Nine Development Commission, are collaborating to plan and implement the tobacco prevention initiative. The grant activities will take place in the following counties: Blue Earth, Brown, Faribault, Le Sueur, Martin, McLeod, Meeker, Nicollet, Sibley, Waseca, and Watonwan.

Project coordinators are incorporating culturally appropriate tobacco prevention materials into school curriculum throughout the region. Middle school and high school students are a part of a bilingual alcohol,
tobacco and other drug use prevention curriculum titled Mirame (Look at Me). Coordinators are also working with Chicano/Latino teens to organize community-based prevention activities.

Target Market Regional Activity

Target Market’s message of tobacco industry manipulation is effective because it is delivered youth-to-youth. Teens talk to teens about refusing big tobacco’s influence on their lives. One way TM is gathering teens to share this message and recruit members is to host regional concerts called Battle of the Bands.

Region 6 was host to a Battle of the Bands in Austin, Minnesota in November. This event brought together youth bands popular in South Central Minnesota to compete against one another and entertain local teens. Local Target Market members judged the bands and invited their friends to hang out with them and learn more about tobacco industry manipulation and the youth movement. Like other popular TM events, the Battle of the Bands creates visibility for teens in Region 6 who are standing up against tobacco industry manipulation.

One glance at music magazines and entertainment publications shows how tobacco companies spend a good deal of their $5.7 billion marketing budget associating tobacco brands with musicians popular with youth. The Region 6 Battle of the Bands is one example of how youth in South Central Minnesota are battling back against this kind of tobacco industry marketing.

Youth Risk Behavior Endowment Grant

Funding by CHS agency for combined FYs 2001 and 2002:
Watonwan: $20,000
Meeker, McLeod, Sibley: $101,909
Le Sueur, Waseca: $63,555
Brown, Nicollet: $76,600
Blue Earth: $60,310
Faribault, Martin: $53,966

Regional Overview:
The CHS agencies in Region 6 are working together to promote improved adolescent health. After receiving funding in July 2000, county health officials spent the first three months conducting an assessment to identify the factors that are either a detriment or an asset to healthy teen behaviors in local communities. Guided by these assessments, public health officials determined what combination of Youth Risk Behavior focus areas most needed attention in their communities and what community partners could best address these concerns. The CHS agencies in Region 6 are adopting a youth development emphasis and are focusing on overlapping multi-risk behaviors, in addition to prevention of teen alcohol and drug abuse.

From Monica Neubauer, Meeker-McLeod-Sibley Community Health Services

“The YRB Endowment activities are leveraging existing resources and using local family service collaborative infrastructures. These groups are already formed and have a pro-youth development agenda. In addition, many school-based programs can be leveraged to promote youth development.

One such project exists at the Glencoe Silver Lake School, where there is an after school class for at-risk teenage women. This class is offering automotive skills, self-defense skills, self-esteem, and sexuality education. The YRB coordinator has been asked to work with these young women on self-esteem and positive sexuality issues. This class is an excellent opportunity for YRB staff to build on existing youth development work to engage teens in avoiding youth risk behaviors.”
Endowment Activities in the Twin Cities Metro Area

MYTPI Local Community Grants

Hennepin County Community Health Department (HCCHD): $610,200
The vision of the Hennepin County Tobacco Prevention Initiative is for the county to lead and engage community partnerships to reduce youth tobacco use. The county will reduce exposure to secondhand smoke, promote school-based tobacco prevention, eliminate youth access to tobacco, and support teens in their effort to prevent peers from beginning to use tobacco. Furthermore, a cornerstone of the county plan is to localize the Target Market movement. Hennepin County envisions a diverse community organized to promote healthy youth development.

To accomplish the necessary scope and geographic balance for the MYTPI in Hennepin County, HCCHD formed a four-agency partnership. This collaboration is pursuing a community-based approach that divides Hennepin County into four regions: Minneapolis, represented by the Minneapolis Department of Health and Family Support; Northwest Hennepin, represented by the Northwest Hennepin Human Services Council; West Hennepin, represented by the HCCHD itself; and South Hennepin, represented by the Bloomington Health Division. In these regions, existing community networks are building a powerful coalition of diverse individuals and organizations around the goal of preventing youth tobacco use.

Scott County Human Services Department: $96,000
Carver and Scott Counties are working collaboratively to develop a comprehensive youth tobacco use prevention program for the next five to ten years. The first year of the program is focused on integrating existing tobacco prevention/control coalitions, and strengthening youth involvement in the following areas: 1) reducing exposure to secondhand smoke; 2) policy advocacy and enforcement of tobacco ordinances; and 3) implementation of school-based prevention initiatives. The initiative is employing a full-time director and a half-time youth coordinator to develop, implement, evaluate, and incorporate youth in the program.

Dakota County Public Health Department: $225,077
The Dakota County MYTPI has a strong emphasis on youth participation in addressing three primary focus areas: 1) reducing youth access to tobacco; 2) reducing exposure to secondhand smoke; and 3) promoting comprehensive school-based prevention initiatives. The Tobacco Action Team, a diverse community group of youth and adults, provides oversight and guidance for implementation of the grant. Community partners include schools, law enforcement, voluntary health agencies, healthcare facilities, HMOs, youth including Target Market representatives, and others. Working committees exist for each focus area and include active youth involvement. Progressive movement toward effective policy and practice in the three focus areas will be achieved through use of education, media, and financial and technical support.

Lakeview Memorial Hospital: $130,000
To address increasing rates of teen tobacco use in Washington County, Lakeview Memorial Hospital formed the Tobacco Free Future Coalition (TFFC). TFFC is organized into four strategy teams of youth and adults. Each strategy team is responsible for implementing one of the following activities: reducing youth access; promoting school-based initiatives; linking youth with cessation services; and reducing expo-
Tobacco Use Prevention and Local Public Health Endowment

The coalition is building on previous tobacco prevention efforts, involving parents, and empowering youth in order to reduce teen tobacco use.

Anoka County Community Health and Environmental Services Department: $195,818

The Anoka County project is a saturation campaign which initially focuses on students in five middle schools in the following four school districts: Anoka-Hennepin, Centennial, Spring Lake Park, and St. Francis. The project also encompasses the families, neighborhoods, businesses, churches, youth organizations, law enforcement, cities, and other groups and organizations that impact those students. The saturation campaign involves integrated and multi-layered activities in six strategies: 1) reduce exposure to secondhand smoke; 2) restrict advertising of tobacco products; 3) promote media initiatives; 4) reduce youth access; 5) and participate in school-based initiatives. The activities will affect individual, peer, family, school, community, and environmental domains surrounding the youth in the five middle schools in order to saturate them with tobacco prevention messages.

American Lung Association: $267,363

In Ramsey County, public health, community organizations, school districts, and law enforcement agencies are working together as the Ramsey Tobacco Coalition to reduce teen tobacco use. The MYTPI is focused on conducting youth-directed programs within schools and community agencies. Youth access compliance checks are conducted throughout the county. In St. Paul (a pilot project directed to extra curricular school events), special law enforcement officers ticket smoking teens who are then given the option to attend diversion classes on tobacco use and prevention. Other communities are also ticketing and using diversion classes.

Ramsey County has also distributed 17 mini-grants to implement youth tobacco prevention programming within individual agencies and schools. In order to coordinate efforts among grantees, Ramsey County hired one staff person for the agency portion of the MYTPI and will hire another staff person to facilitate the school program. St. Paul-Ramsey County Public Health staff will coordinate the overall program and will implement the evaluation of the grant.

African American Family Services: $150,000

African American Family Services, working in partnership with the Center for Communication and Development (CCD) - KMOJ Radio, is developing a project to increase awareness among youth in the African American community regarding the dangers of tobacco use. Together, the organizations are providing media messages that will positively influence youth who do not smoke and persuade youth who do smoke to quit. KMOJ radio will work with teens to produce public service announcements and at least eight one-half hour teen programs. In addition, the initiative is implementing an evidence-based tobacco prevention curriculum in schools with high proportions of African American students.

Ain Dah Yung Center: $56,177

The Ain Dah Yung (Our Home) Center, in collaboration with two other American Indian youth service agencies, is hiring a full-time health educator to facilitate tobacco abuse prevention activities. The health educator is responsible for implementing a youth-directed community awareness campaign targeting St. Paul’s American Indian community. The center is also conducting culturally specific health education activities for the American Indian Youth directing the campaign.

Asian Media Access: $40,000

Asian Media Access (AMA) is a collaboration of Asian/Pacific Islander (API) media organizations...
and community-based organizations. The coalition is conducting a series of culturally specific activities that are designed to educate API youth and families about the adverse health effects of tobacco use. The activities include producing a culturally appropriate educational video with instructional curriculum. The video will be produced in English and several Asian languages for use in the classroom. Also, AMA is conducting a four-day media training camp for teens to create a tobacco prevention video vignette to be cablecast locally. Finally, teens will write articles for publication in three API newspapers focusing on the prevention of youth tobacco use.

As a member of the Asian Pacific Tobacco-Free Coalition of Minnesota, the Asian Business & Community Foundation is developing projects to deliver culturally-specific tobacco cessation and prevention messages. Youth training and projects focus on health education, creating smoke-free homes and businesses; youth access issues, and illuminating the impact of tobacco on the Asian community. The coalition is producing brochures, developing a website, placing inserts in the Asian American Press, training youth in multi-media communication skills, and making community presentations.

Asian Business & Community Foundation: $27,500

As a member of the Asian Pacific Tobacco-Free Coalition of Minnesota, the Asian Business & Community Foundation is developing projects to deliver culturally-specific tobacco cessation and prevention messages. Youth training and projects focus on health education, creating smoke-free homes and businesses; youth access issues, and illuminating the impact of tobacco on the Asian community. The coalition is producing brochures, developing a website, placing inserts in the Asian American Press, training youth in multi-media communication skills, and making community presentations.

Association for the Advancement of Hmong Women in Minnesota, Inc.: $150,000

To direct its tobacco prevention effort, the Southeast Asian Youth Tobacco Prevention Project created a leadership team of teens representing the four Southeast Asian ethnic groups: Cambodian, Hmong, Lao, and Vietnamese. This Youth Coordinating Council is conducting a two-day training on youth leadership, tobacco prevention and advocacy. From that training, four youth advocacy teams are being created to plan and implement tobacco prevention initiatives. The project is supported by a collaboration of six Southeast Asian Mutual Assistance Associations: Association for the Advancement of Hmong Women; Center for Asians and Pacific Islanders; Lao Assistance Center; Lao Family Community; Lao Parents and Teachers Association; and the Southeast Asian Community Council.

Chicanos Latinos Unidos En Servicio, Inc.(CLUES): $100,000

CLUES is providing a bilingual and culturally competent tobacco prevention program to Chicano Latino youth. The program involves members of the community in making presentations, promoting a school-based prevention program, and conducting youth leadership conferences. The goal is to connect teens with anti-tobacco role models, educate them about the harms of tobacco, provide them with the skills needed to combat pressures to use tobacco, and offer them leadership opportunities in order to reduce the use of tobacco products among Chicano Latino youth.

Hispanos en Minnesota: $27,500

Proyecto No Fume is a culturally specific and language-appropriate tobacco education and cessation program established by Hispanos en Minnesota. The goal of the program is to educate Hispanics/Latinos about the dangers of tobacco use and to help them select a healthier lifestyle. The program entails implementing a school-based prevention program in four area schools with high Latino student populations. In addition, Proyecto No Fume is working with teens to develop youth specific tobacco prevention projects.

Target Market at the Great Minnesota Get Together, State Fair 2000
Metropolitan Federation of Alternative Schools (MFAS): $86,000
MFAS is an affiliation of 20 alternative schools and 11 Area Learning Centers. The member schools of MFAS specialize in working with at-risk students and creating highly individualized curricula. The affiliation is coordinating a comprehensive school-based prevention program and projects aimed at reducing youth access to tobacco products. Program coordinators are providing training for school staff, students, merchants, and parents to address community norms and the availability of tobacco products.

Minneapolis Urban League: $75,000
The Urban League is implementing a small-scale test of approved prevention strategies for African American sixth and seventh graders with multiple risk factors. The project coordinator is working with schools that have high African American student populations to adapt and test the use of the school-based program, Life Skills Training Curriculum. Also, teens are working with adult mentors to conduct community forums on tobacco use prevention.

Regents of the University of Minnesota, Youth and AIDS Project: $110,000
The University of Minnesota Youth and AIDS Project in collaboration with District 202, and the Minneapolis Youth Diversion’s Project OffStreets, is working to prevent tobacco initiation or regular use among young Gay/Lesbian/BiSexual/Transgender (GLBT) Minnesotans. The project is establishing a community health advisory committee of GLBT youth and concerned adults to develop a comprehensive prevention initiative. Also, the project is training teens as community health advisors to positively influence other GLBT youth and promote their inclusion in other tobacco prevention initiatives.

Minneapolis American Indian Center: $50,352
Five American Indian agencies in Minneapolis, which provide services to Indian youth ages 12-17, are collaborating to change community norms concerning tobacco. The collaboration is centered around the theme, “Traditional Use - Not Abuse.” Project coordinators are developing a culturally specific youth advocacy group to educate the community and prevent non-traditional tobacco use and addiction. Furthermore the project incorporates a school-based prevention curriculum, reducing youth access to commercial tobacco, and connecting youth to cessation programs.

Sabathani Community Center, Inc.: $27,500
Life Skills Center of the Sabathani Community Center, in collaboration with Breaking Free Inc., and the Oromo Community of Minnesota, is planning to eliminate exposure to secondhand smoke in the African immigrant/refugee community, the prostitution community, and the African American community in the Metro area. The project is working through churches and mosques to encourage youth members to remain smoke-free and adult members to adopt smoke-free policies in
the family home. Also, project coordinators are encouraging ethnic restaurants and public places to ban smoking and, as a result, reduce exposure to secondhand smoke not only among youth, but all community members.

**MYTPI Population At Risk Planning Grants**

**Fairview Foundation: $5,000**
Members of the deaf and hard-of-hearing communities sense that tobacco use is more prevalent among the teens in their communities than it is among hearing teens. However, evidence does not exist to demonstrate that these communities are particularly at-risk. Fairview Foundation, in collaboration with the Minnesota State Academy for the Deaf, is exploring this issue through conducting a literature search, surveying deaf students, and compiling results from other surveys in order to ascertain if deaf and hard-of-hearing teenagers have higher rates of tobacco use than hearing youth. They will also develop a strategic plan to address youth tobacco prevention in the deaf and hard-of-hearing community.

**Centennial Alternative Learning Center: $5,000**
In order to plan future tobacco prevention activities for Alternative Learning Centers (ALC), Centennial ALC is building a collaboration and researching tobacco prevention strategies. The ALC is exploring coordinating with the Centennial High School and Middle School, Anoka County Tobacco Endowment Coalition, and area Police Departments.

**Target Market Regional Activities**

**Mall of America Back-to-School Lounge**
Teenagers shopping the back-to-school sales at the Mall of American got more than they bargained for this past Fall. Target Market was highly visible, creating a teenage oasis at the Mall, complete with retro living room and big screen television. While the Back-to-School Lounge drew teens to TM, the message of industry manipulation held their attention. Over 1,000 youth completed recruitment cards and joined the youth movement against Big Tobacco.

**Minnesota State Fair Booth**
Target Market teens were an active part of the Great Minnesota Get Together. TM had a prominent booth, near the Grandstand at the State Fair, where TM teens educated their peers about industry manipulation and recruited new members for the youth movement against Big Tobacco. Youth from all over the state swarmed the TM booth, filling out questionnaires, taking TM materials, and sending email messages to tobacco industry executives. In the 12-day run of the Fair, TM recruited 2,500 teens.

**Last Chance Summer Dance**
One glance at music magazines and entertainment publications shows how tobacco companies spend a good deal of their $5.7 billion marketing budget associating tobacco brands with musicians popular with youth. Taking a page from these industry marketing tactics, Target Market sponsored its own concert, Last Chance Summer Dance, in conjunction with KDWB.
radio station, on September 10 at Canterbury Park.

More than 28,000 teens attended the concert and overwhelmed the Target Market cruiser on site. Over 1,200 members were recruited in one day. Recruitment was so high at the event that organizers ran out of membership cards and had teens signing up on scraps of notebook paper. In addition to the high visibility and high recruitment at the event, more than 100 radio promotional spots mentioning TM sponsorship ran prior to the event. The additional coverage of the event helped widely disseminate the message of industry manipulation and the TM youth movement.

**Youth Risk Behavior Endowment Grants**

**Funding by CHS agency for combined FYs 2001 and 2002:**
- Anoka: $356,067
- Bloomington: $60,310
- Carver: $74,865
- Dakota: $70,182
- Edina: $44,399
- Hennepin: $564,016
- Minneapolis: $325,502
- Richfield: $31,193
- St. Paul, Ramsey: $498,320
- Scott: $95,955
- Washington: $243,864

**Regional Overview:**
The CHS agencies in Region 7 are working together to promote improved adolescent health. After receiving funding in July 2000, county health officials spent the first three months conducting an assessment to identify the factors that are either a detriment or an asset to healthy teen behaviors in local communities. Guided by these assessments, public health officials determined what combination of Youth Risk Behavior focus areas most needed attention in their communities and what community partners could best address these concerns. In the metro area CHS agencies, preventing teen violence is the highest priority youth risk behavior. However, all of the other focus areas are being addressed with the help of a wide variety of community partners.

From Jo Tollefson, Anoka County CHS

“Youth risk behavior funding has brought together a full cross section of a single city to plan and coordinate efforts on how to address youth and alcohol use in their community. Representatives are involved from: the city council, the city manager’s office, parks and recreation, police department, schools, youth organizations, church youth workers, businesses selling alcohol, parents, and youth. The county’s health promotion staff supports this group. They are excited about the opportunity to work together on this community issue. As they develop the community strategies, they are doing so in the framework of being able to identify real and meaningful outcomes and the ability to measure them to know whether these efforts have an impact in the choices their young people are making.

Also, the YRB funding has provided a unique opportunity to bring all of the disparate parts of grant funded youth at-risk programming together and look at our community issues in a broader and inter-related framework. We have been able to link the YRB grant planning activities with staff and activities of the local tobacco initiative efforts and the violence prevention grant activities through the Department of Public Safety to expand and enhance youth-led initiatives that already have parental and community support.”
Endowment Activities in Southeast Minnesota

MYTPI Local Community Grants

Goodhue County Public Health Service Board: $350,000
Unlike other regions, the Southeast Minnesota Tobacco Coalition is a collaborative effort between the nine Community Health Service Agencies in southeast Minnesota, covering an 11 county area. The public health agencies are Dodge-Steele, Fillmore-Houston, Freeborn, Goodhue, Mower, Olmsted, Rice, Wabasha, and Winona. Goodhue County Public Health is the lead fiscal and management agency.

The counties are working together as a coordinated prevention project; however, each has individually developed their own county-based work plans. All counties are addressing three strategies: 1) reducing exposure to secondhand smoke; 2) promoting school-based prevention initiatives; and 3) reducing youth access to tobacco products. Each county, however, is implementing different activities to achieve each strategy. Individual counties are choosing prevention activities based on the current status of tobacco use in their specific geographic area. As a result, the Southeast Minnesota Tobacco Coalition is undertaking a comprehensive 11 county program that simultaneously addresses the individual needs of each area in the region.

MYTPI Populations-At-Risk Grants

Prairie Island Indian Community: $27,500
The Prairie Island Indian Community plans to work with spiritual leaders and elders to educate teens on the reservation on both the difference between traditional and non-traditional uses of tobacco, and the adverse health effects that are a result of tobacco abuse. The tribe is convening a Tobacco Prevention Youth Group, which is planning and implementing the tobacco abuse prevention projects. In addition, the youth group will hear from community members who suffer from emphysema and will visit the Mayo Clinic in Rochester to talk with professionals who treat similar patients. Through such education, the tribal members hope to inform teens about the harmful and devastating effects that commercial tobacco use has on their lives.

Somali Community Resettlement & Service: $5,000
The Somali Community is initiating planning activities to develop a tobacco prevention plan for Somali refugees and immigrants in Rochester, Owatonna, and Mankato. They are also conducting tobacco prevention workshops.

82 percent of the students who took the tour ‘agreed’ or ‘strongly agreed’ with the statement: “What I learned at the Document Tour trailer will impact my decision not to smoke.”

Target Market Regional Activity

One of the many ways teens in Region 8 talk to other teens about tobacco industry marketing tactics is the Target Market Document Tour 2000. The statewide tour was launched in September 2000 and traveled to Region 8 on October 26th when the document truck stopped at Willow Creek Middle School in Rochester.
The document truck is a 48-foot semi trailer filled with a variety of interactive and educational displays focusing on actual documents written in secret by tobacco company officials.

The document tour is designed to educate students on how tobacco manufacturers aim their advertising at youth. The tour features a 20-minute assembly presentation about deceptive industry marketing tactics. Following the assembly, groups of teens walk through the document truck viewing industry documents and recording their reactions to the evidence of big tobacco manipulation.

The approach of using the industry’s own documents to educate teens was originally recommended by the teens who attended Kick Ash Bash, the youth summit in April 2000. Youth leaders of Target Market encouraged organizers to widely distribute information on industry manipulation because that would be the most effective message to persuade teens not to smoke. The teens were right. In addition to recruiting new Target Market members, evaluations show that 82 percent of the students who took the tour ‘agreed’ or ‘strongly agreed’ with the statement: “What I learned at the Document Tour trailer will impact my decision not to smoke.”

2002
Dodge/Steele: $70,182
Fillmore/Houston: $58,067
Freeborne: $35,358
Goodhue: $51,458
Mower: $325,502
Olmsted: $127,588
Rice: $66,182
Wabasha: $24,908
Winona: $57,519

Regional Overview
The CHS agencies in Southeast Minnesota are primarily focusing YRB endowment resources on preventing teen alcohol and drug abuse. Communities in Region 8 are also addressing the other five risk focus areas with the help of a wide variety of community partners.

From Amy Marshall, Olmsted County CHS
“A portion of the Youth Risk Behavior Grant for Olmsted County will be used to initiate an innovative program known as Safe Wheels. The program will address real life driving issues that youth encounter, such as the danger of drunk driving and how to recognize and avoid being a passenger in such situations. The Safe Wheels program will be accomplished by working with various community partners, including car dealerships, private driving schools, youth, Minnesota Department of Transportation, local law enforcement, and insurance companies.

In November 2000, the Olmsted County Coordinated School Health Council held a conference that was attended by Olmsted County educators, students, school administrators, public health staff and others. The outcome of this conference was the development of an action plan by each school district in Olmsted County addressing mental health issues in their respective schools. A portion of the Youth Risk Behavior Grant will be used to work with the school districts to further develop and implement the action plan created at the conference.”

Funding by CHS agency for combined FYs 2001 and
Assessment and evaluation of the endowment is critical for the Minnesota Department Health to measure program effectiveness, identify opportunities for improvement, demonstrate accountability, and monitor progress.

Both the Minnesota Youth Tobacco Prevention Initiative and the Youth Risk Behavior Endowment grantees focus their programs on goals and specific target behaviors. The grantees are encouraged to focus on evidence-based and promising strategies to address the behaviors. These strategies have shown potential in changing short-term and long-term outcomes. All grantees are developing evaluation plans to document their activities, the implementation of activities, and the impact of their project on short-term and long-term outcomes.

**Minnesota Youth Tobacco Prevention Initiative**

1. **Legislative Mandates around Evaluation**

   The Legislature established the following goals and guidelines for the evaluation of the youth tobacco prevention initiative. It also allocated a one-time expenditure of $200,000 for the development and implementation of a youth tobacco survey. There is also a $150,000 allocation every other year for evaluation.

   **Goal:**
   Reduce tobacco use among youth by 30 percent by the year 2005.

   **Measurable Outcomes:**
   Establish measurable outcomes to determine the effectiveness of the grants receiving endowment funds in reducing the use of tobacco among youth.

   **Evaluation:**
   Using the outcome measures, conduct a biennial evaluation of the statewide and local tobacco use prevention projects. The evaluation must include:

   1. the effect of these activities on the amount of tobacco use by youth and rates at which youth start to use tobacco products; and
   2. a longitudinal tracking of outcomes for youth.

2. **Measurable Outcomes**

   Tobacco prevention and control experts from a variety of organizations, including MDH, managed care, health care providers, other state agencies, and nonprofit organizations met to develop a list of outcome measures and identified potential data sources for those measures. The committee identified ten measurable outcomes that will be monitored at the statewide level. These measures rely on already existing databases, including the Minnesota Youth Tobacco Survey, Minnesota Student Survey, and SYNAR compliance checks. The first Minnesota Youth Tobacco survey, administered during the winter of 2000, will serve as the baseline for the goal and measurable outcomes.

3. **Evaluation of Statewide and Community-based Grants**

   The statewide grantees are required to demonstrate expertise and capacity to develop and implement an evaluation of their program. They can use in-house evaluators or hire a subcontractor. MDH staff is providing oversight for the evaluation of the statewide grants.

   A statewide technical assistance grant was awarded to University of Minnesota, Division of Epidemiology, to build evaluation capacity and provide assistance in the design and implementation of program evaluation activities for the community-based grantees. The Community-based grantees are working with the University of Minnesota to develop program evaluation plans, collect and analyze their own data, and write reports of their findings.

   Both the statewide grantees and the community-based grantees are required to submit quarterly activity reports, and midterm and year-end evaluation reports. The community-based grantees will be documenting their projects= activities using a standardized, com-
puterized system developed the University of Minnesota and MDH.

4. Minnesota Adolescent Community Cohort (MACC) Study
This University of Minnesota longitudinal study will use a combination of cohort, cross-sectional, and time-series designs to measure adolescent tobacco-use patterns and tobacco-related attitudes and perceptions over time at the community and individual level. The purpose of this study is to sort out how the implementation of tobacco control activities in different parts of the state are related to changes in tobacco use by youth throughout the state.

Youth Risk Behavior Endowment

Youth Tobacco Use Reduction
Measurable Outcomes
Assessment

The 1999 Legislature mandated the creation of measurable outcomes which are intended to track progress toward the goal of reducing youth tobacco use in Minnesota. The following indicators will be tracked at the statewide level, but may also be measured for program evaluation.

<table>
<thead>
<tr>
<th>Measurable Outcome</th>
<th>Measurement Construct</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Proportion of youth who use tobacco (cigarette smoking, smokeless tobacco use, cigar use, pipe use, bidi use, kretek or clove cigarette use)</td>
<td>Number of days tobacco used in the past 30 days</td>
<td>Youth Tobacco Survey, Minnesota Student Survey</td>
</tr>
<tr>
<td>2. Youth self-reported cigarette consumption</td>
<td>Cigarettes/day smoked in the past 30 days</td>
<td>Youth Tobacco Survey, Minnesota Student Survey</td>
</tr>
<tr>
<td>3. Initiation of smoking among youth</td>
<td>Age at which youth smoked a whole cigarette for the first time</td>
<td>Youth Tobacco Survey</td>
</tr>
<tr>
<td>4. Source of tobacco products for youth</td>
<td>Commercial (retail)</td>
<td>Youth Tobacco Survey, Minnesota Student Survey</td>
</tr>
<tr>
<td>5. Youth attitudes and beliefs toward tobacco use</td>
<td>Attitude toward those who smoke</td>
<td>Youth Tobacco Survey</td>
</tr>
<tr>
<td>6. Youth perception of the prevalence of smoking</td>
<td>Youth perceived prevalence among various age groups</td>
<td>Youth Tobacco Survey</td>
</tr>
<tr>
<td>7. Youth desire to begin smoking</td>
<td>In next year</td>
<td>Youth Tobacco Survey</td>
</tr>
<tr>
<td>8. Proportion of retailers selling tobacco to minors</td>
<td>Non-compliance rate</td>
<td>SYNAR, FDA*</td>
</tr>
<tr>
<td>9. Exposure to secondhand smoke/environmental tobacco smoke (ETS)</td>
<td>Percentage of youth reporting exposure to ETS in their home</td>
<td>Youth Tobacco Survey</td>
</tr>
<tr>
<td>10. Lack of ability to refuse influences to use tobacco</td>
<td>Percentage of youth who would smoke a cigarette if it were offered by one of their best friends</td>
<td>Youth Tobacco Survey</td>
</tr>
</tbody>
</table>

*Federal programs that track the proportion of retailers who sell tobacco to minors

1. Legislative Mandates around Evaluation
The legislature established a mandate to conduct a biennial evaluation of the community health board activities of the Youth Risk Behavior Endowment.

2. Progress Reports
Community Health Boards will be required to submit quarterly progress reports using a standardized, computerized system similar to the project activity reporting system used with community-based tobacco grantees. This computerized system is being developed by MDH in conjunction with the University of Minnesota. This instrument will allow agencies to record the activities that have occurred throughout the work plan period.

3. Evaluation Plans
Each Community Health Board will develop their own evaluation plan to evaluate local activities.

Their evaluation plan will identify who is responsible for conducting the evaluation, what specific evaluation activities will be conducted, and what resources will be dedicated to evaluation.

Resources at the state level do not exist to hire an external evaluator or to collect baseline data from grantees. However, MDH will use existing resources to provide support to Community Health Boards in conducting local evaluation activities.
Appendices

Endowment Legislation
Article 11, Section 1
144.395 [TOBACCO USE PREVENTION AND LOCAL PUBLIC HEALTH ENDOWMENT FUND]

Subdivision 1. Creation.
The tobacco use prevention and local public health endowment fund is created in the state treasury. The state board of investment shall invest the fund under section 11A.24. All earnings of the fund must be credited to the fund. The principal of the fund must be maintained inviolate, except that the principal may be used to make expenditures from the fund for the purposes specified in this section when the market value of the fund falls below 105 percent of the cumulative total of the tobacco settlement payments received by the state and credited to the tobacco settlement fund under section 16A.87, subdivision 2. For purposes of this section, “principal” means an amount equal to the cumulative total of the tobacco settlement payments received by the state and credited to the tobacco settlement fund under section 16A.87, subdivision 2.

Subdivision 2. Expenditures.
(a) Up to five percent of the fair market value of the fund on the preceding July 1, must be spent to reduce the human and economic consequences of tobacco use among the youth of this state through state and local tobacco prevention measures and efforts, and for other public health initiatives.

(b) Notwithstanding paragraph (a), on January 1, 2000, up to five percent of the fair market value of the fund is appropriated to the commissioner of health to distribute as grants under section 144.396, subdivisions 5 and 6, in accordance with allocations in paragraph (c), clauses (1) and (2). Up to $200,000 of this appropriation is available to the commissioner to conduct the statewide assessments described in section 144.396, subdivision 3.

(c) Beginning July 1, 2000, and on July 1 of each year thereafter, the money in paragraph (a) is appropriated as follows, except as provided in paragraphs (d) and (e):
(1) 67 percent to the commissioner of health to distribute as grants under section 144.396, subdivision 5, to fund statewide tobacco use prevention initiatives aimed at youth;
(2) 16.5 percent to the commissioner of health to distribute as grants under section 144.396, subdivision 6, to fund local public health initiatives aimed at tobacco use prevention in coordination with other local health-related efforts to achieve measurable improvements in health among youth; and
(3) 16.5 percent to the commissioner of health to distribute in accordance with section 144.396, subdivision 7.

(d) A maximum of $150,000 of each annual appropriation to the commissioner of health in paragraphs (b) and (c) may be used by the commissioner for administrative expenses associated with implementing this section.

(e) Beginning July 1, 2001, $1,100,000 of each annual appropriation to the commissioner under paragraph (c), clause (1), may be used to provide base level funding for the commissioner’s tobacco prevention and control programs and activities. This appropriation must occur before any other appropriation under this subdivision.

Subdivision 3. Sunset. The tobacco use prevention and local public health endowment fund expires June 30, 2015. Upon expiration, the commissioner of finance shall transfer the principal and any remaining interest to the general fund.

HIST: 1999 c 245 art 11 s 4; 2000 c 392 s 6,7; 2000 c 488 art 11 s 4

144.396 [TOBACCO USE PREVENTION]

Subdivision 1. Purpose.
The legislature finds that it is important to reduce the prevalence of tobacco use among the youth of this state. It is a goal of the state to reduce tobacco use among youth by 30 percent by the year 2005, and to promote statewide and local tobacco use prevention activities to achieve this goal.

Subdivision 2. Measurable outcomes.
The commissioner, in consultation with other public, private, or nonprofit organizations involved in tobacco use prevention efforts, shall establish measurable outcomes to determine the effectiveness of the grants receiving funds under this section in reducing the use of tobacco among youth.
The commissioner of health shall conduct a statewide assessment of tobacco-related behaviors and attitudes among youth to establish a baseline to measure the statewide effect of tobacco use prevention activities.  The commissioner of children, families, and learning must provide any information requested by the commissioner of health as part of conducting the assessment.  To the extent feasible, the commissioner of health should conduct the assessment so that the results may be compared to nationwide data.

(a) The commissioner shall develop the criteria and procedures to allocate the grants under this section.  In developing the criteria, the commissioner shall establish an administrative cost limit for grant recipients.  The outcomes established under subdivision 2 must be specified to the grant recipients receiving grants under this section at the time the grant is awarded.

(b) A recipient of a grant under this section must coordinate its tobacco use prevention activities with other entities performing tobacco use prevention activities within the recipient’s service area.

Subdivision 5. Statewide tobacco prevention grants.  
(a) The commissioner of health shall award competitive grants to eligible applicants for projects and initiatives directed at the prevention of tobacco use.  The project areas for grants include:

1. Statewide public education and information campaigns which include implementation at the local level; and
2. Coordinated special projects, including training and technical assistance, a resource clearinghouse, and contracts with ethnic and minority communities.

(b) Eligible applicants may include, but are not limited to, nonprofit organizations, colleges and universities, professional health associations, community health boards, and other health care organizations.  Applicants must submit proposals to the commissioner.  The proposals must specify the strategies to be implemented to target tobacco use among youth, and must take into account the need for a coordinated statewide tobacco prevention effort.

(c) The commissioner must give priority to applicants who demonstrate that the 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 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 behaviors.

(d) The commissioner shall divide the state into specific geographic regions and allocate a percentage of the money available for distribution to projects or education messages related to other health initiatives; (3) utilizes and enhances existing prevention activities and resources; or (4) involves innovative approaches preventing tobacco use among youth.

Subdivision 6. Local tobacco prevention grants.  
(a) The commissioner shall award grants to eligible applicants for local and regional projects and initiatives directed at tobacco prevention in coordination with other health areas aimed at reducing high-risk behaviors in youth that lead to adverse health-related problems.  The project areas for grants include:

1. School-based tobacco prevention programs aimed at youth and parents;
2. Local public awareness and education projects aimed at tobacco prevention in coordination with locally assessed community public health needs pursuant to chapter 145A; or
3. Local initiatives aimed at reducing high-risk behavior in youth associated with tobacco use and the health consequences of these behaviors.

(b) Eligible applicants may include, but are not limited to, community health boards, school districts, community clinics, Indian tribes, nonprofit organizations, and other health care organizations.  Applicants must submit proposals to the commissioner.  The proposals must specify the strategies to be implemented to target tobacco use among youth, and must be targeted to achieve the outcomes established in subdivision 2.

(c) The commissioner must give priority to applicants who demonstrate that the 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 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 behaviors.

(d) The commissioner shall divide the state into specific geographic regions and allocate a percentage of the money available for distribution to projects or
initiatives aimed at that geographic region. If the commissioner does not receive a sufficient number of grant proposals from applicants that serve a particular region or the proposals submitted do not meet the criteria developed by the commissioner, the commissioner shall provide technical assistance and expertise to ensure the development of adequate proposals aimed at addressing the public health needs of that region. In awarding the grants, the commissioner shall consider locally assessed community public health needs pursuant to chapter 145A.

Subdivision 7. Local public health promotion and protection.
The commissioner shall distribute the funds available under section 144.395, subdivision 2, paragraph (c), clause (3) to community health boards for local health promotion and protection activities for local health initiatives other than tobacco prevention aimed at high risk health behaviors among youth. The commissioner shall distribute these funds to the community health boards based on demographics and other need-based factors relating to health.

Subdivision 8. Coordination.
The commissioner shall coordinate the projects and initiatives funded under this section with the tobacco use prevention efforts of the Minnesota partnership for action against tobacco, community health boards, and other public, private, and nonprofit organizations and the tobacco prevention efforts that are being conducted on the national level.

(a) Using the outcome measures established in subdivision 2, the commissioner of health shall conduct a biennial evaluation of the statewide and local tobacco use prevention projects and community health board activities funded under this section. The evaluation must include:
(1) the effect of these activities on the amount of tobacco use by youth and rates at which youth start to use tobacco products; and
(2) a longitudinal tracking of outcomes for youth.

Grant recipients and community health boards shall cooperate with the commissioner in the evaluation and provide the commissioner with the information necessary to conduct the evaluation. Beginning January 15, 2003, the results of each evaluation must be submitted to the chairs and members of the house health and human services finance committee and the senate health and family security budget division.

(b) A maximum of $150,000 of the annual appropriation described in section 144.395, subdivision 2, paragraph (c), that is appropriated on July 1, 2000, and in every odd-numbered year thereafter, may be used by the commissioner to establish and maintain tobacco use monitoring systems and to conduct the evaluations. This appropriation is in addition to the appropriation in section 144.395, subdivision 2, paragraph (d).

The commissioner of health shall submit an annual report to the chairs and members of the house health and human services finance committee and the senate health and family security budget division on the statewide and local projects and community health board prevention activities funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, and evaluation data and outcome measures, if available. These reports are due by January 15 of each year, beginning in 2001.

Subdivision 11. Audits required.
The legislative auditor shall audit tobacco use prevention and local public health endowment fund expenditures to ensure that the money is spent for tobacco use prevention measures and public health initiatives.

Subdivision 12. Endowment fund not to supplant existing funding.
Appropriations from the tobacco use prevention and local public health endowment fund must not be used as a substitute for traditional sources of funding tobacco use prevention activities or public health initiatives. Any local unit of government receiving money under this section must ensure that existing local financial efforts remain in place.

Subdivision 13. Repealed, 2000 c 488 art 11 s 12

HIST: 1999 c 245 art 11 s 5; 2000 c 488 art 11 s 5,6
Gayle Hallin (Co-chair)  
*Minnesota Department of Health*

Arla Johnson (Co-chair)  
*American Cancer Society*

Andy Berndt  
*Student Consumer Member*

Bob Meeks  
*Minnesota School Boards Association*

Neil Bracht  
*Consumer Member*

Cheryl Perry  
*University of Minnesota School of Public Health*

Carolyn Link Carlson  
*Blue Cross Blue Shield of Minnesota*

Mary Robillard  
*Minnesota Council of Foundations*

Jane Croeker  
*Community Coalition Representative*

Pat Stieg  
*American Heart Association*

Jean Harris  
*League of Minnesota Cities*

Mary Thissen-Milder  
*Minnesota Department of Children, Families and Learning*

Patricia Harrison  
*Minnesota Department of Human Services*

Chris Tholkes  
*American Lung Association*

Richard D. Hurt  
*Minnesota Partnership for Action Against Tobacco*

Katie Tilley  
*Student Consumer Member*

George Isham  
*Minnesota Council of Health Plans*

Jeanne Weigum  
*Association of Nonsmokers-Minnesota*

Robert J. Jeddeloh  
*Physician/Provider*

Mary Wellik  
*Local Public Health Association*

Daniel Johnson  
*Blue Cross Blue Shield Foundation*

Laura Waterman Wittstock  
*Minority Health Advisory Committee*

Judy Knapp  
*Minnesota Smoke-Free Coalition*

Alternate Member  
Ellie Garrett  
*Minnesota Council of Health Plans*

Sharon MacDonald  
*Local Public Schools*

MDH Staff Members  
Mary Sheehan  
Gretchen Griffin  
Paul Martinez  
Cindy Borgen

Dean Massett  
*State Community Health Services Advisory Committee*
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<tr>
<th>Name</th>
<th>Organization</th>
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<tr>
<td>Donna Anderson</td>
<td>Dakota County Public Health Department</td>
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<td>David Doth</td>
<td>Commissioner, Minneapolis Department of Health and Family Support</td>
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<td>Sue Ewy</td>
<td>Otter Tail County Public Health</td>
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<td>Bonnie Frederickson</td>
<td>Nobles-Rock Public Health Service</td>
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<td>Donna Lappe</td>
<td>Cottonwood-Jackson CHS/PHN Service</td>
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<td>Harlan Madsen</td>
<td>Kandiyohi County Commissioner</td>
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<td>Karen Nelson</td>
<td>Wadena County Public Health Department</td>
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<td>Randy Rehnstrand</td>
<td>Aitkin-Itasca-Koochiching CHS Board</td>
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<td>Audrey Richardson</td>
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<td>Mary Tambornino</td>
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<td>Mary Wellik</td>
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<td>Grit Youngquist</td>
<td>St. Paul-Ramsey County Department of Public Health</td>
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<tr>
<td>Karen Zeleznak</td>
<td>Bloomington Division of Health</td>
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<td>MDH Staff Members</td>
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<td>Hanna Cooper</td>
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<td>Nancy Kern</td>
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<td>Pat Lind</td>
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