Minnesota Comprehensive

Commercial Tobacco Control Framework

2022–2026

We envision Minnesota as a place where all people, especially priority populations, are free from the harms of commercial tobacco.

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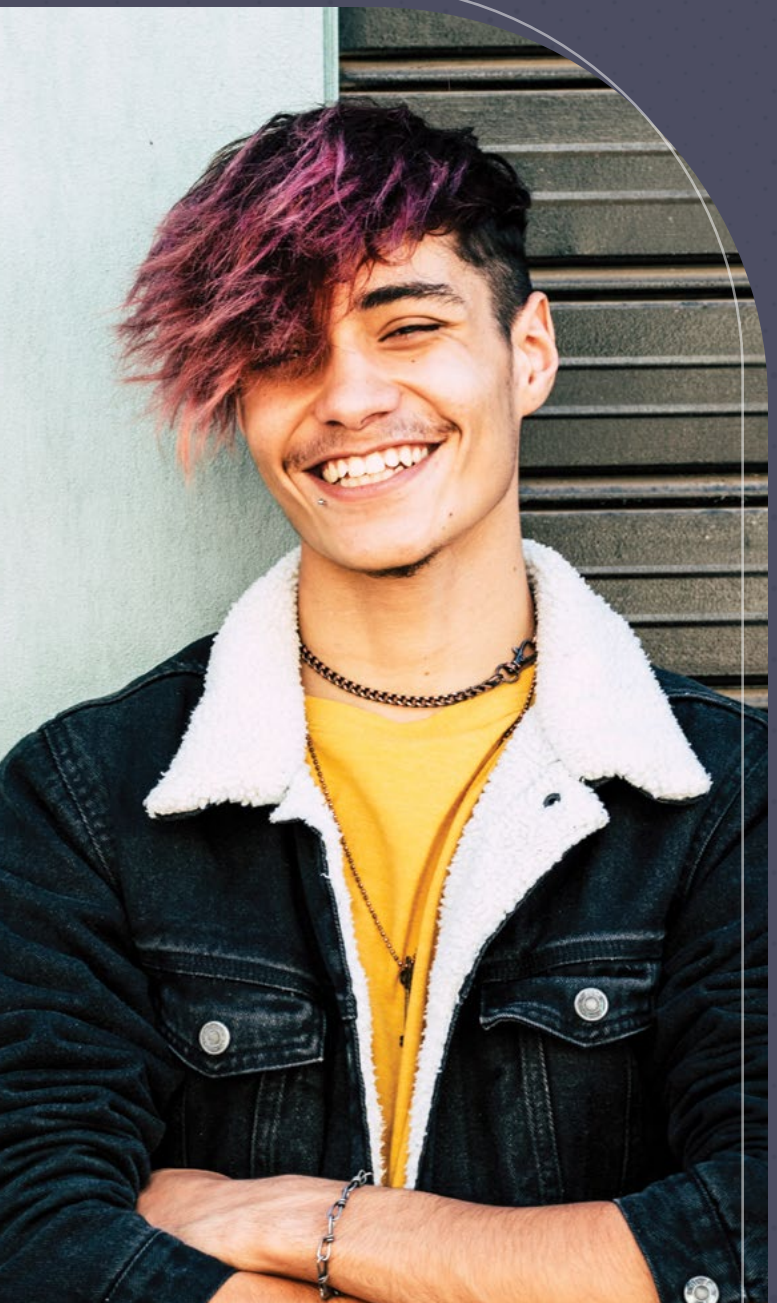
A note on language: Traditional tobacco has been used for spiritual and medicinal purposes by American Indians and Alaska Natives (AI/AN) for generations, and is central to their culture, spirituality and healing. This lifeway was prohibited which led to increases in commercial tobacco use as a replacement for traditional tobacco until the American Indian Religious Freedom Act passed in 1978. Because of these forced cultural shifts, commercial tobacco use is a driver of health inequities among AI populations. For these reasons, the word "commercial" has been added to this Framework to acknowledge and honor the use of traditional tobacco and distinguish between traditional tobacco and commercial tobacco.

Introduction

Minnesota has consistently been a leader in the fight against commercial tobacco, from its first cigarette tax in 1947, to its passage of the first Clean Indoor Air Act in the country in 1975, to its independent settlement with the tobacco companies in 1998.

More recently, Minnesota's commercial tobacco prevention efforts, shepherded by community advocates and local public health, have propelled public health to embrace and adopt innovative policy, systems and environmental changes that lead with health equity. These include (1) local communities passing Tobacco 21 laws (well before federal and state legislation), (2) local policies prohibiting the sale of flavored commercial tobacco products including menthol, beginning in 2017, and (3) the dedication of funding for Tribal Nations to independently determine how to address issues of commercial tobacco use among their Nations, beginning in 2007. Through these efforts and beyond, Minnesota's commercial tobacco control partners collectively work towards a **healthy and vibrant state, where all people, especially priority populations, are free from the harms of commercial tobacco**.



About the Framework

How the Framework Was Created

The framework was created by Minnesota's two remaining primary funders—the Minnesota Department of Health (MDH) and Blue Cross and Blue Shield of Minnesota (Blue Cross)—with guidance and input from 30 partners who support and implement commercial tobacco prevention and control activities in communities across Minnesota. The full set of partners formed the Strategic Plan Team which met five times between February and June 2021. A smaller group made of up of representatives from MDH and Blue Cross provided guidance and direction for the strategic planning process and made final decisions regarding how best to align the Strategic Plan Team's work with the Centers for Disease Control and Prevention's requirements for state tobacco control programs. This Advisory Team met ten times between January and October 2021. A broader group of partners were invited to complete a survey to provide feedback on the bold actions in June 2021. A full list of individuals and organizations that participated in the development of the Framework can be found in the "Contributors" section at the end of the report.

A COMPREHENSIVE COMMERCIAL TOBACCO CONTROL PROGRAM

The Centers for Disease Control and Prevention (CDC) has shown that when states implement an evidence-based comprehensive commercial tobacco prevention and control program that is integrated with other health plans and public health efforts, adequately funded, sustained, and evaluated over time, they can reduce smoking rates and commercial tobacco-related diseases and death.

The CDC's Best Practices for Comprehensive Tobacco Control Programs—2014 provides guidance for states as they plan and establish statewide programs. Based on the scientific literature, effective state commercial tobacco prevention and control efforts have coordinated approaches and strategies that include:

- State and local level interventions
- Mass reach health communication interventions
- Cessation interventions
- Surveillance and evaluation
- Infrastructure, administration, and management.

The bold goals identified by the Strategic Plan Team are organized and presented within the CDC's best practice categories.

Our Efforts Are Saving Lives and Money

Research shows our collective achievements are making a difference. Statewide commercial tobacco prevention and control efforts over the past 20 years (1998-2017) have resulted in[1]:

4,118
deaths prevented

4,569
cancers prevented

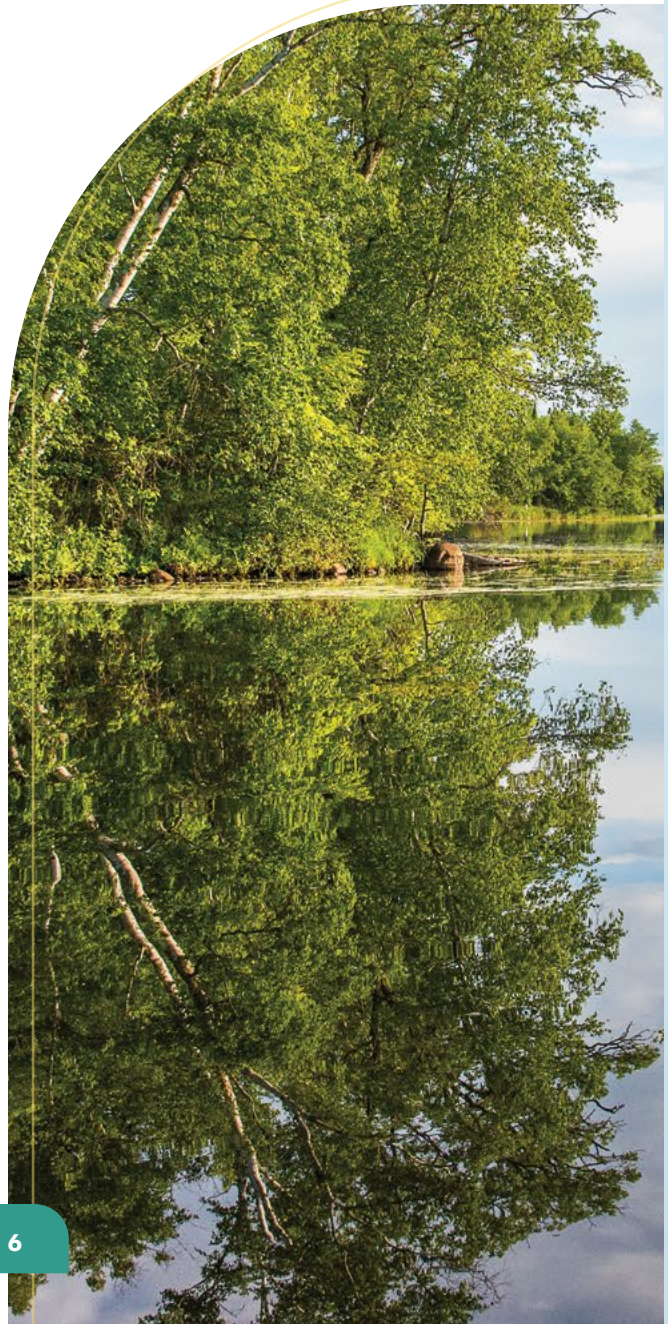
31,691
fewer hospitalizations for cardiovascular disease and diabetes

12,881
fewer hospitalizations for respiratory disease

$2.7 BILLION
in medical cost savings

$2.4 BILLION
gained in worker productivity

Our Achievements



Since the creation of the 2016–2021 Minnesota Comprehensive Tobacco Control Framework we have strengthened local and state policies, secured new funding and developed a statewide infrastructure for cessation and commercial tobacco treatment services, and provided innovative community-level support.

24.5%

of Minnesotans are protected by local laws that prohibit the sale of flavored tobacco

STATE, TRIBAL, AND LOCAL POLICY

- Increased smoke-free multi-unit housing to protect individuals from secondhand smoke exposure.
- Casinos adopted indoor smoke-free policies.
- Minnesota Clean Indoor Air Act amended to include e-cigarettes.
- 81 communities passed a local ordinance raising the minimum sales age for commercial tobacco to 21 years.
- State law raised the minimum sales age for commercial tobacco to 21 years.
- 24.5% of Minnesotans are protected by local laws that prohibit the sale of flavored tobacco.
- $4 million in new funding for the MDH Youth E-cigarette Prevention and Cessation Initiative.

CESSATION RESOURCES

- ClearWay Minnesota's QUITPLAN® Services ended after two decades.
- MDH launched Quit Partner™, a new suite of cessation services including behavioral heath and pregnancy programs.
- The American Indian quitline is staffed by a dedicated team of American Indian coaches who understand native culture and respect traditional uses of tobacco.
- My Life, My Quit™, a new youth cessation program, is available in our state.
- A free accredited continuing education program is available for physicians, nurses and pharmacists.
- A Cessation Advisory Committee was formed to create an opportunity for community members to help guide and inform Quit Partner™ services.

COMMUNITY FUNDING AND SUPPORT

- Collectively, the Minnesota Department of Health (MDH), Blue Cross and Blue Shield Center for Prevention and ClearWay Minnesota℠ provided direct funding to over 100 communities across Minnesota for tailored, community-led PSE change.
- Sustained funding for MDH's Statewide Health Improvement Partnership and Commercial Tobacco-Free Communities grant program.
- Continued dedicated funding for Tribal Nations in Minnesota.
- Leadership training for addressing commercial tobacco prevention and control for members of priority populations.
- Support for schools to address youth e-cigarette use.

Addressing Disparities

Minnesota continues to experience persistent racial and health inequities due to disparities in commercial tobacco use rates as a result of targeting by the tobacco industry and systemic barriers and injustices that remain in our state. Populations and communities experiencing commercial tobacco-related disparities are the focus and priority for our work over the next five years and are referred to throughout this document as "priority populations."

Priority populations are those that:

Have higher prevalence of commercial tobacco use

Are disproportionately impacted by the harms from commercial tobacco

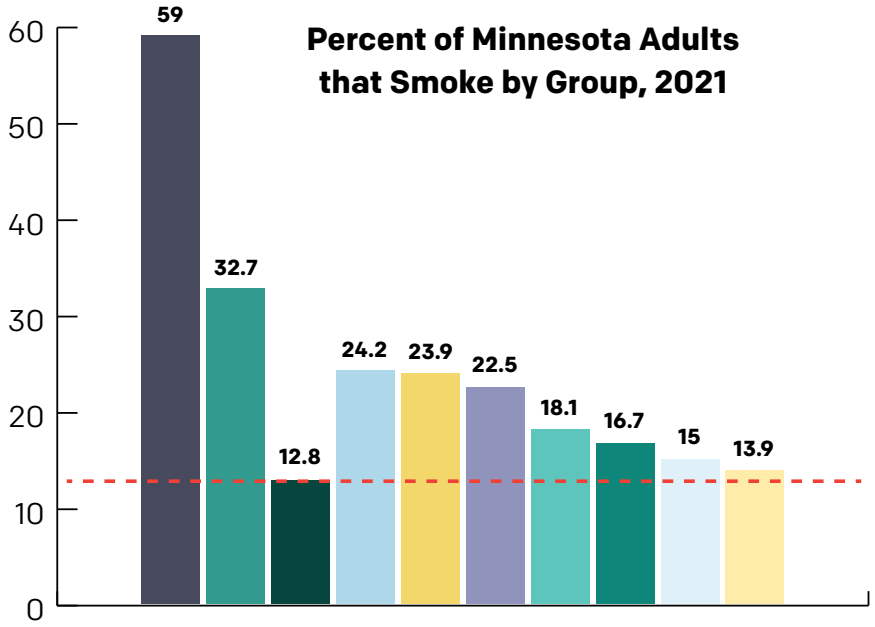
Are less likely to use cessation services

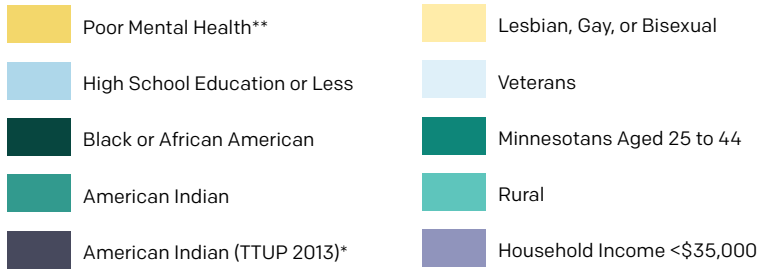
Are targeted by the tobacco industry

KEY LESSONS LEARNED

As we reflected on our achievements over the past five years to determine our path and focus for the next five years, three essential lessons emerged. The Framework emphasizes the need to continue to amplify and apply these lessons in our commercial tobacco control work:

- **The importance of leading with racial and health equity.** As mentioned above, several of the communities experiencing the greatest harms from commercial tobacco experience several factors that contribute to these inequities, such as systemic racism and historic underinvestment. We recognize that several of our communities continue to experience race-based disparities that contribute to commercial tobacco harms, despite our efforts toward health equity. This indicates a need to put more focus and resources into eliminating these barriers.
- **The importance and value of communities being at the leadership table.** From the planning process through design, implementation, and evaluation, authentic community engagement and leadership are critical to our collective success.
- **Local efforts lead to larger impacts.** While statewide policies and protections are desirable in many cases, each community is unique in its history, its needs, and its people. Whether local efforts are addressing e-cigarettes in schools, flavoring restrictions, cessation resources, or effective partnerships, those efforts provide examples for others to follow, and create momentum that makes change everywhere else a little easier.





Individuals may belong to, or identify with, more than one category that places them at increased risk from the harms of commercial tobacco use. There is overlap between these populations, and identity and affiliation can be complex and fluid.

Unless otherwise noted, data are from the 2021 Behavioral Risk Factor Surveillance Survey (BRFSS).

Horizontal line represents the overall percent of Minnesota adults that smoke (13.4%).

*Data are from the 2013 Tribal Tobacco Use Project.

**Defined as participants who reported 14+ poor mental health days during the last 30 days.

Our Changing Environment

The Framework provides an opportunity to assess the challenges to our past achievements and progress so that we can plan to overcome them. The commercial tobacco prevention and cessation landscape continues to evolve and our challenges include:

- The effects of the COVID-19 pandemic have been deeply felt across Minnesota, particularly in communities most impacted by commercial tobacco—Black, American Indian, people living with mental illness or substance misuse, and people experiencing poverty.
- ClearWay Minnesota℠, a funding, policy and research partner in Minnesota's fight against commercial tobacco, sunset in 2021.
- The tobacco industry continues to market products to youth and young adults, the LGBTQ+ community, Black, Indigenous and People of Color (BIPOC) and persons with mental illness.
- While the Federal Drug Administration (FDA) issued a proposed product standard to restrict menthol as a characterizing flavor in cigarettes and prohibit the sale of all characterizing flavors including menthol in cigars it may take years for new FDA regulations to be enacted.
- Despite the FDA's proposed restriction of flavors, including menthol, for commercial **cigarettes**, the FDA has excluded menthol flavored **e-cigarettes** from its proposed regulations. This lack of consistency across all products presents a challenge for commercial tobacco control advocates.
- Social determinants of health (SDOH) have played a pivotal role in creating environments that put individuals and communities at higher risk of using commercial tobacco, yet our public health infrastructure has not been designed to address such root causes.
- Unaddressed systemic racism and injustices in our state have contributed to and exacerbated health inequities, layering on to other SDOH in complicated and insidious ways.
- The tobacco industry has evolved its tactics to maintain its hold on the communities most impacted by commercial tobacco and cultivate new users of its products by targeting our youth and young adults. We must remain vigilant and responsive with funding, policy approaches, and interventions that address a regulatory and commercial environment that continuously evolves and threatens to addict a new generation of users.

26.3%
of Minnesotans with mental illness smoke

Purpose of the Framework

The strategic plan framework serves as a guide for all stakeholders and partners in Minnesota's commercial tobacco prevention and control efforts.

To that end, the framework is intended to:

- Embody a commitment to **leading with racial and health equity**.
- Serve as a compass to **ensure the efforts of all organizations** working on commercial tobacco control efforts in Minnesota are complementary.
- Identify guiding principles that **shape our collective approach** to the work.
- Set goals that **inspire bold thinking** and show where the work is most needed.
- **Highlight actions that help achieve our goals** in the short and long term.

$4M

in new funding for the Youth E-cigarette Prevention and Cessation Initiative

Leading with racial and health equity means resources will be dedicated to communities and populations with the greatest need, and in partnership with members of those communities or populations.

This framework embraces goals and actions that lead with racial and health equity and builds upon the previous framework's charge to use a health equity lens.

Historically, the commercial tobacco industry has used predatory marketing practices to target many populations, such as youth, communities of color, Indigenous communities, immigrant and refugee communities, people who identify as LGBTQ+, and people with behavioral health or substance use disorders, resulting in disparate rates of commercial tobacco use, and harms, in these communities and among these populations.

Leading with Racial and Health Equity

Many community organizations have been working in Minnesota to counteract the commercial tobacco industry's influence, change social norms, and promote healthy practices. The impact of this important work is not fully visible since statewide surveillance data often is not able to measure changes at the local level by community group or specific sub-population. Yet, it is important to continue to invest in both programmatic and surveillance/evaluation that continues to make progress toward racial and health equity for commercial tobacco.

15.9%
of Black or African Americans in Minnesota smoke

This framework is organized around a commitment to community engagement and leadership. Historically, community members doing the work have not been included in making funding decisions. These community members have the lived experience and expertise to be able to direct the work in ways that are appropriate for their community. To lead with health equity involves including community members in making decisions on future funding. This framework represents an explicit shift in how decisions are made. This change will not happen overnight and will not come without some discomfort or conflict, but it is a necessary shift.

For this framework, leading with racial and health equity means resources will be dedicated to communities and populations with the greatest need, and in partnership with members of those communities or populations. For the purposes of this framework, "greatest need" can be measured by looking at commercial tobacco use prevalence rates, disease, and death rates, or historic (and continued) targeting by the tobacco industry.

We affirm that health equity is achieved when all Minnesotans are able to fully realize their health potential—the highest level of health possible for that person—without limits imposed by structural inequities[2].

We affirm that effectively addressing persistent health disparities requires holistic approaches led by and tailored to specific communities and populations. Approaches should be focused on eliminating structural and systemic inequities[3].

Through our work, we strive to lead with health equity by affirming:

- Health differences have in part resulted from structural racism—racism that is built into systems and policies.
- Health equity goes beyond targeted grants and access to health care.
- Health disparities can only be addressed through understanding root causes that drive disparities within diverse communities, and investments in social determinants of health, such as housing, transportation, education, food security, economic opportunity, and criminal justice.
- Investment in community-led efforts and organizations increases access to, engagement with and the impact of strategies to address the effects of commercial tobacco.

We affirm that effectively addressing persistent health disparities requires holistic approaches led by and tailored to specific communities and populations.

Youth and Young Adults

Are Still Targeted by the Tobacco Industry

3.2%
of high school students used cigarettes in 2020

Significant progress has been made in reducing commercial tobacco use among youth and young adults. Use of cigarettes, cigars, and smokeless tobacco among Minnesota youth plummeted in 2020. In 2020, current use of cigarettes among high school students was 3.2%, a 67% decrease from 2017 and a 90% decrease from 2000[4].

Despite this progress, youth rates of using e-cigarettes (vaping) continues to be concerningly high. Data from the 2020 Minnesota Youth Tobacco Survey showed that about one in five high school students had vaped in the past 30 days, a proportion essentially unchanged from three years earlier. In addition, students are now vaping more frequently than they had been previously, which can be a sign of dependence or addiction. The majority of students who use e-cigarettes report strong cravings and other signs of nicotine dependence or addiction, such as reaching for their e-cigarette without thinking about it.

The tobacco industry has for decades added flavors to commercial tobacco to make their products more enticing and palatable to new users. In 2020, 78% of Minnesota students who experimented with commercial tobacco reported that the first product they ever tried was flavored with menthol or another flavor. Flavors continue to appeal to youth, and the tobacco industry's continued practice of flavoring commercial tobacco products has been effective: in 2020, nearly 80% of students who currently use commercial tobacco reported having used a flavored commercial tobacco product in the past 30 days.

It is essential that we apply strategies that have proven to be effective at changing social norms and reducing youth commercial tobacco use to address e-cigarettes: increase prices, eliminate flavors including menthol from all commercial tobacco products, implement clean indoor air policies, and provide cessation resources to help youth and young adults quit all forms of commercial tobacco.

1 in 5

high school students surveyed had vaped in the past 30 days

The tobacco industry has for decades added flavors to commercial tobacco to make their products more enticing and palatable to new users.

Commercial Tobacco Efforts in Tribal Nations and Urban American Communities

Many American Indian communities have a unique relationship with traditional tobacco. For some, it is considered a sacred gift. Traditional tobacco has been used for spiritual and medicinal purposes by AI/ANs for generations, and is central to culture, spirituality, and healing. Tribal methods and ingredients differ, but traditional tobacco, called "caŋsasa" (Dakota) or "asemaa" (Anishinaabek) by area tribes, is carefully hand-prepared and offered respectfully for prayer, healing, and ceremony.

While American Indians have a unique history with traditional tobacco, they also have dealt with several distal determinants of American Indian health like historical trauma and several forms of genocide (i.e., cultural genocide)[5]. For example, the United States Government has a long-standing history of policies designed with the intent of cultural genocide of American Indians.[6] The first policy of cultural genocide was the Indian Civilization Fund Act of 1819, which was created to "... 'civilize' Indian peoples in accordance with alien cultural norms imposed on them by a conquering majority"[6]. After this first policy, there were several other laws designed around "killing the Indian and saving the man." However, the most suppressive laws of American Indian religion were known as the Indian Religious Crimes Code of 1883, which

"prohibited Native American ceremonial activity under pain of imprisonment"[6]. During the time of genocidal polices leading up to the American Indian Religious Freedom Act of 1978, American Indians could not use traditional tobacco for ceremonial or spiritual purposes, and only had access to more highly addictive and harmful forms of commercial tobacco—resulting in addiction to commercial tobacco, such as smoking cigarettes. Because of these forced cultural shifts, commercial tobacco use is a driver of health inequities among American Indian populations.

It is important to consider American Indian health inequities within the context of distal determinants of American Indian health like historical trauma, genocide and assimilation efforts. Looking at commercial tobacco-related health inequities, American Indian communities are specifically targeted by the tobacco industry's marketing tactics (e.g., American Spirit tobacco labeling)[7]; American Indian reservations' exclusion from many of the state and municipal tobacco control policies that have driven the sharp decline in smoking in the general US population (such as clean indoor air, retail practice regulation); and lastly, genocidal policies (like those

59%

of American Indians in Minnesota smoke

Returning to the sacred use of traditional tobacco and restoring American Indian cultural practices is a protective factor in reducing the number of American Indian youth who begin using commercial tobacco[9].

mentioned earlier) that were designed to eliminate American Indian culture and erode resources thereby promoting commercial tobacco use in American Indian communities. Colonization and cultural genocide of Indigenous peoples in the United States devastated traditional systems that naturally fostered physical activity, healthy diet, use of traditional tobacco, and spiritual connection with the land.

Considering all of aforementioned distal determinants, policy failures, and targeted commercial tobacco efforts, data show that American Indians suffer some of the highest rates of smoking, chronic diseases and have the lowest life expectancy in the United States. In Minnesota, 59% of American Indian adults smoke commercial tobacco[8], compared to 13.8% of Minnesota's overall adult population[9]. In addition, 71% of American Indians reported they were exposed to secondhand smoke from commercial tobacco at community locations on a regular basis[8].

71%

of AIs are exposed to secondhand smoke at community locations

Mainstream public health efforts often lack community specific, cultural tailoring to address poor health outcomes in the American Indian population and as a result have been largely unsuccessful. However, promising practices rooted in culture are emerging. The infographic, Sacred Traditional Tobacco for Healthy Communities, on page 19 demonstrates what policy, systems, and environmental changes focused on restoring a balance around sacred/traditional tobacco could look like for American Indians[10]. (Special thanks to American Indian Cancer Foundation (AICAF) for their permission to use this infographic.) For example, any work around commercial tobacco needs to include education on traditional tobacco cultural practices that is created and led by American Indian people.

In Minnesota, partners in commercial tobacco prevention and control have created a variety of dedicated funds for Tribal Nations and urban American Indian communities[12,13,14]. They have used these funds to first and foremost build strong, community-based programs to reclaim Tribal traditions, such as:

- Engaging communities with knowledge of cultural practices around traditional tobacco and the harms of commercial tobacco.
- Increasing access to traditional tobacco by growing and harvesting it for ceremonial use.
- Telling their own history of the origins and purpose of traditional tobacco to continue the tradition among American Indians and to educate non-Natives.
- Leading the development of commercial tobacco treatment and cessation programming designed for American Indians.

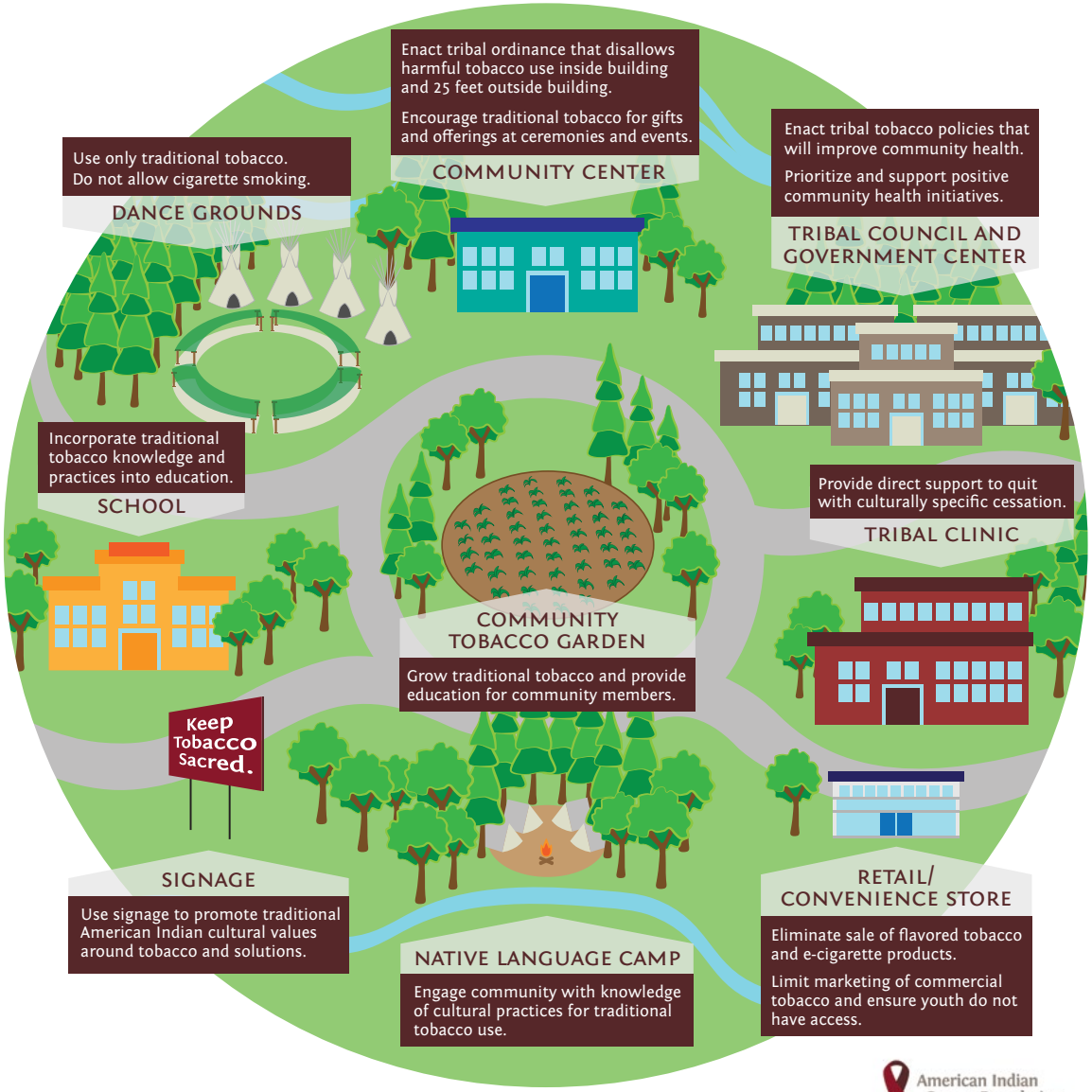
Tribal Nations and urban American Indian communities in Minnesota will continue to determine the focus of their commercial tobacco control efforts.

Mainstream public health efforts often lack community specific, cultural tailoring to address poor health outcomes in the American Indian population and as a result have been largely unsuccessful.

Sacred Traditional Tobacco for Healthy Native Communities

A Balanced Community for Health

- Tribal leadership support & engagement
- Cultural connectedness & healing
- Community engagement
- Youth leadership & youth-led advocacy



American Indian Cancer Foundation.

Planning for Sustainability

Minnesota has been privileged to have multiple commercial tobacco prevention and control partners that have created a strong statewide infrastructure. Sustained and increased funding is one important concept, but it is not the only issue involved. Sustainability of our efforts requires diverse partnerships, strong leadership, and renewed commitment to our common goals. However, changes in our state's commercial tobacco prevention and control landscape present great challenges for our continued work.

Since its inception in 1998, ClearWay Minnesota℠ has been a significant participant in Minnesota's commercial tobacco prevention and control efforts. After the State of Minnesota settled a four-year lawsuit with the commercial tobacco industry for $6.1 billion, it created this private, nonprofit corporation to administer 3 percent of the funds over a 25-year period. In the past 23 years, ClearWay Minnesota℠ has spent $280 million working to eliminate the harms of commercial tobacco in Minnesota. ClearWay Minnesota's efforts have had a profound impact at reducing commercial tobacco use in our state. They helped Minnesota residents quit smoking; funded tobacco-related research; and led policy, community development and communications activities around the state.

Blue Cross and Blue Shield of Minnesota (Blue Cross) was a partner in Minnesota's tobacco lawsuit and received $469 million in settlement funds in 2006.

They used the funds to establish the Center for Prevention building on their long-term commitment to improve the health of all Minnesotans by tackling the leading root causes of preventable disease. Over the past 15 years, the Center for Prevention has provided approximately $48 million to support Minnesota communities addressing commercial tobacco, as well as key research, surveillance, policy, and coalition activities.

As was forecasted in the previous Framework, ClearWay Minnesota℠ sunset in 2022. ClearWay Minnesota's absence is challenging Minnesota's ability to adequately fund and sustain our commercial tobacco control efforts over the coming five years.

The CDC's *Best Practices for Comprehensive Tobacco Control Programs*—2014 recommends that Minnesota spend $52.9 million per year in order to have an effective and comprehensive commercial tobacco control program. CDC makes a clear case for funding, and Minnesota's commercial tobacco prevention and control efforts have demonstrated success reducing morbidity and mortality and saving $5.5 billion in health care costs and improved worker productivity. Yet, Minnesota faces a challenge replacing the funding lost with ClearWay Minnesota's sunset.

Minnesota's spending in FY2021 was just 23% of what the CDC recommends, despite the state of Minnesota collecting more than $750 million in tobacco taxes and settlement fees. In FY2021, Minnesota spent $12.4 million on commercial tobacco prevention and control efforts—compared to the $98.6 million the tobacco industry spends annually in Minnesota to promote its products[15].

Commercial tobacco use remains the leading cause of preventable disease and death for Minnesota residents. The Minnesota Department of Health reports that each year, commercial tobacco use costs Minnesota more than $3.19 billion in excess health care expenses—and results in many individuals and families continuing to bear the burden of commercial tobacco's detrimental impacts on physical, mental, social, and economic well-being[16].

Minnesota's partners have begun the hard work of filling the funding void left by the sunset of ClearWay Minnesota℠ and are working to bridge the long-standing gap between CDC's recommended funding level and the actual amount dedicated in Minnesota's state budget. In partnership with other organizations, MDH obtained additional funding during the 2021 Legislative Session for commercial tobacco work, which will be critical to the collective success of efforts occurring in a constantly evolving landscape.

While these are importance achievements, the work to adequately sustain Minnesota's commercial tobacco prevention and control funding is far from over. The next five years will require:

- Innovation to maximize the reach and impact of available funding, including new partnerships with other public health programs to leverage existing resources.
- Strategies to ensure those communities and populations most impacted are prioritized and sustain the progress made in our State.
- Continued partnership with public and private organizations to educate on and advocate for increased and protected commercial tobacco prevention and control funding.
- Innovative public and private partnerships to expand the availability of cessation services and reduce barriers to access.

$12.4M

Minnesota spent on commercial tobacco prevention in 2021

Our Vision

Minnesota is a place where all people, especially priority populations, are free from the harms of commercial tobacco.

Commercial tobacco use remains the leading cause of preventable death and disease in Minnesota. **The Minnesota Comprehensive Tobacco Control Framework 2021–2026** builds upon the previous strategic framework. It presents an ambitious path to address commercial tobacco use and achieve health equity by centering the communities and populations most impacted by commercial tobacco.

The framework includes seven guiding principles, four bold goals and 40 bold actions that build on best practices established by the CDC.

The framework is intended to guide Minnesota's commercial tobacco prevention and control stakeholders and partners. It provides policymakers, public and private public health organizations, healthcare professionals and health systems, and other stakeholders with seven guiding principles, four bold goals and 40 bold actions that build on best practices established by the CDC. The ability of stakeholders and partners to make strides towards the framework's bold goals will require our collective collaboration and coordination.

The framework is designed as a guide for partners and stakeholders to use when developing their own organizational strategic plan, and therefore intentionally does not specify strategies, objectives, tactics or measures that partners and stakeholders may choose to implement. The 2021 – 2026 Minnesota Comprehensive Tobacco Control Framework will inform and guide the planning decisions of every organization in Minnesota that strives to improve the health of Minnesota's residents.

Our Guiding Principles

To lead with racial and health equity and maintain and build on our achievements over the next five years, our collective efforts must be guided by the following principles:

Lead with racial and health equity.

Prioritize and dedicate resources first to geographical and cultural communities and priority populations that have been and continue to be most impacted by commercial tobacco.

Acknowledge and address social determinants of health and health disparities, within commercial tobacco control work.

Actively work to break down silos between those working on commercial tobacco control efforts and those who are working to address root causes of health inequities and systems that have historically worked in favor of some groups over others. For example, addressing SDOH includes providing increased access to healthy foods, safe physical activity spaces, health care, education, housing, safe transportation routes, internet access, and supportive government and financial institutions.

Respect and uphold tribal sovereignty and the inherent right of Tribal Nations in Minnesota to govern themselves.

Support community driven initiatives that are focused on healing from the determined and deliberate efforts of the United States federal, state and local governments to uproot the American Indian people from their land, eradicate their language, and destroy their way of life, and that will reduce youth and adult use of commercial tobacco and secondhand smoke exposure among American Indians living in Minnesota.

Create trusting, respectful and authentic partnerships between and among community organizations, funders of commercial tobacco control work, health systems, and researchers.

- Show mutual trust and respect for partners and recognize the strengths and contributions of all partners.
- Create and maintain safe environments for clear and open communication that values feedback from all partners.
- Understand that trusting, respectful and authentic partnerships take time to build and be maintained.

Partners work with the community, but community will lead and guide the work.

Ensure organizations led by community members have leadership, decision-making power, and resources for any efforts related to addressing commercial tobacco prevention and control within the community the organization serves.

Value community experience, expertise, and ability to identify culturally-specific best practices along with, or prioritized above, commercial tobacco prevention and control best and promising practices.

This framework is informed by both the community experience and expertise and CDC's Best Practices for Comprehensive Tobacco Prevention and Control. We recognize that the application of best and promising practices will vary by community, and that people with lived experience are in the best position to determine what works to reduce and eliminate commercial tobacco use and harms in their community. Innovation often comes from adaptation to local needs.

Structure our work according to CDC's Best Practices for Commercial Tobacco Control and Prevention.

We acknowledge that the application of CDC's best practices may look different in different situations depending on history, context, community readiness, and available resources.

Equitably compensate community experience and expertise for commercial tobacco control work.

Provide funding to pay any community member not actively employed in public health, or a related field, to provide their perspectives and contribute to the work.

Our Goals

To move forward and continue building on our previous accomplishments, while shifting direction to meet the evolving needs of the state, we have created four goals:

Eliminate

the harms caused by commercial tobacco use and exposure to secondhand smoke in Minnesota's communities.

Strengthen and Sustain

robust funding and infrastructure for statewide commercial tobacco prevention and control efforts that supports effective collaboration with, and funding to, communities.

Community Leads

the design and implementation of community-level commercial tobacco prevention and control work. Community provides direction and collaboration to identify and implement policy priorities including those which address root (upstream) causes of commercial tobacco use.

Partner

with youth, young adults, and youth-serving organizations to support prevention and cessation of commercial tobacco use and support youth and young adults as the next generation of advocates.

Our Actions

To further guide our individual and collective efforts we have identified 40 bold actions.

These actions are high-level actions that are both aspirational and strategic. Any stakeholder or partner in commercial tobacco prevention and control could incorporate these actions into an annual workplan by further defining specific activities or strategies.

State and Local Level Interventions

Policy change is a corner stone for achieving population-level change. Local policy changes often drive changes at the state (and federal) level because local efforts reflect the needs and readiness of individual municipalities to address specific issues.

CLEAN INDOOR AIR POLICIES

- Strengthen and expand local and state level clean indoor air policies to include new and emerging commercial tobacco products and other products (for example, marijuana) that emit smoke or aerosol.
- Prohibit smoking in all forms (including e-cigarette use and marijuana) in multi-unit housing with no exemptions for type of multi-unit housing (i.e., public and private) and no exemptions for any type of commercial tobacco products.
- Require commercial tobacco-free grounds for all behavioral health facilities. (Note: this pairs with the bold action under cessation to ensure cessation services are integrated into treatment efforts for behavioral health and substance use facilities.)

PRICE-RELATED POLICIES

- Increase the price of all commercial tobacco products by amounts that deter youth use and encourage existing users to quit.
- Increase the cigarette tax.
- Increase tax parity among all commercial tobacco products.
- Establish a minimum price for commercial tobacco products and prohibit price discounts including couponing.

COMMERCIAL TOBACCO RETAIL SALES RESTRICTIONS

- Support the FDA in prohibiting menthol as a characterizing flavor.
- Restrict the amount and/or placement of commercial tobacco point-of-sale marketing.
- Partner with Minnesota Department of Revenue, Minnesota Department of Human Services, and local licensing authorities to support retailer and distributor enforcement and compliance checks.
- Protect existing state laws from any legislation that would threaten the authority of cities and counties to protect their communities against the dangers of commercial tobacco.

END GAME POLICIES

(policies that result in ending the sale of commercial tobacco products by making it harder to buy or sell such products)

- Develop a Minnesota End Game Roadmap/Strategy that provides stakeholders a place for input and direction for the next five years.
- End the sale of menthol and all other flavored commercial tobacco products.
- Restrict the location, number, and proximity of commercial tobacco retail outlets through attrition or by reducing the number of licensed commercial tobacco outlets in cities or counties over time.
- End the sale of commercial tobacco products.

Non-Policy Interventions

It is essential that communities be engaged in supporting both policy change efforts and non-policy work, including social norm change, integrating commercial tobacco education and cessation activities into work related to social determinants of health, and coalition building. Our bold goals around non-policy interventions focus on leading with health equity, and prioritizing resources for geographic areas and communities most impacted by commercial tobacco, or where there is the biggest opportunity for movement and change. This involves funders spending time with community members, learning about community needs and strengths from the community directly.

ESTABLISH EQUITABLE, FLEXIBLE, AND SUSTAINABLE FUNDING

for communities most impacted by commercial tobacco. This should include funding to hire staff from the community to do the work the community determines will address commercial tobacco.

ESTABLISH EQUITABLE FUNDING PROCESSES AND APPLICATIONS

for communities most impacted by commercial tobacco and ensure those communities are leading the development of each funding application.

HONOR THE RELATIONSHIP TRIBAL NATIONS AND AMERICAN INDIANS HAVE WITH TRADITIONAL TOBACCO

by supporting community-driven initiatives that are focused on healing from the determined and deliberate efforts of federal, state and local governments to uproot the American Indian people from their land, eradicate their languages and destroy their way of life[2] in order to reduce youth and adult use of commercial tobacco and secondhand smoke exposure among American Indians living in Minnesota.

FUND AND INTEGRATE EFFORTS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

into commercial tobacco prevention and control efforts to eliminate health disparities.

Youth and Young Adult Prevention and Cessation

Youth use of commercial tobacco products has been reduced over the past five years with the sole exception of e-cigarette use (vaping). Current youth e-cigarette use rates among youth and young adults remains high and requires focused and sustained attention and resources.

INCREASE THE LEVEL OF ENGAGEMENT

with youth and young adults, particularly youth from priority populations, in local policy and advocacy efforts.

DEVELOP AND IMPLEMENT A STATEWIDE COUNTER-MARKETING CAMPAIGN

tailored to youth and young adults.

ENSURE ALL YOUTH AND YOUNG ADULTS HAVE ACCESS

to tailored and culturally relevant cessation support that addresses the use of all commercial tobacco products.

PARTNER WITH SCHOOLS, SCHOOL DISTRICTS, AND THE MINNESOTA DEPARTMENT OF EDUCATION

to address commercial tobacco use systematically through education, advocacy, youth engagement, and the provision of culturally appropriate prevention and cessation services.

CONTINUE A STRONG FOCUS ON EDUCATION

related to the difference between commercial and traditional tobacco and cultural uses of traditional tobacco in Tribal and urban American Indian communities.

Commercial Tobacco Cessation Interventions

Providing and promoting cessation resources is a core component of a comprehensive state commercial tobacco control program's efforts to reduce commercial tobacco use[17]. Encouraging and helping people who use commercial tobacco to quit is an effective approach to reducing commercial tobacco-related disease, death, and health care costs. Cessation programs and resources must be easily accessible, culturally responsive, and integrated into programs and systems that address all aspects of health and well-being in addition to commercial tobacco use. This is critical to the continued success and expanded reach of cessation services to all Minnesota residents.

USE HEALTH SYSTEM DATA

to identify all people who use commercial tobacco and proactively offer multi-modal cessation treatment and support. People who use commercial tobacco products should be offered medication and/or services every time they visit a health care professional, including primary care, oral health, pharmacy, mental health, and chemical treatment professionals.

PARTNER WITH COMMUNITIES MOST IMPACTED

by commercial tobacco to develop/establish evidence–based or promising practice-based cessation services within those communities.

For example, working with researchers and youth to update clinical-practice guidelines to allow health care professional to prescribe nicotine replacement therapy for youth.

ENSURE BARRIER-FREE ACCESS

for all Minnesota residents to tailored and culturally responsive commercial tobacco cessation and treatment services.

Outreach messaging and images should be culturally responsive and designed by representatives of the priority populations.

ENSURE CESSATION SERVICES ARE INTEGRATED INTO TREATMENT EFFORTS

for facilities that serve people living with mental illness and/or substance use disorders.

Surveillance and Evaluation

A robust infrastructure for surveillance and evaluation is critical for assessing needs and measuring progress of our commercial tobacco control efforts over time. To date, much of the work addressing commercial tobacco in specific communities and sub-populations is not measurable, since statewide surveillance and evaluation work is not granular enough to show differences over time within and among smaller population groups. The work proposed under this framework includes providing resources for data collection, making data easily available for researchers and practitioners alike, using Indigenous and other culturally appropriate data collection and research methods, and ensuring data provide representation of all priority populations.

- Create a network to support the gathering and dissemination of disaggregated data (quantitative and qualitative) including the Behavioral Risk Factor Surveillance Survey, Minnesota Youth Tobacco Survey, and Minnesota Student Survey as well as regional surveys.
- Support the data collection of the FDA and Synar Compliance Programs and point-of-sale store audits and disseminate the findings to the community.
- Monitor emerging commercial tobacco products and the impact on populations and commercial tobacco prevention and control efforts.
- Partner with communities that are impacted by commercial tobacco to gather qualitative and quantitative data.
- In American Indian communities, use Indigenous evaluation processes that will define the community's needs for equitable and barrier-free access to cessation services, and how cessation services should be tailored to meet and respect community and cultural needs and preferences.
- Conduct other research and evaluation activities that support achievement of the bold goals.
- Recognize and honor data sovereignty—data collected by or about Tribal Nations is owned by those nations and must be led by Tribal representatives in all aspects of research planning and design, as well as data collection, interpretation, and use. Similarly, data collection efforts by or about other priority populations should involve those populations in all aspects of research planning and design, as well as data collection, interpretation, and use. All data collection efforts should meet an identified need of the community.

Infrastructure, Administration, and Engagement

One of the strengths in commercial tobacco prevention and control infrastructure is also one of its weaknesses: commercial tobacco efforts have emerged and evolved in relative isolation from other public health efforts. A priority of this framework is to highlight pathways toward embedding commercial tobacco control work with the work of other agencies, organizations, and initiatives.

INTEGRATE

commercial tobacco prevention and control work within new and established community-based organizations and local and state agencies to break down silos and address social determinants of health.

ESTABLISH SUSTAINED AND TRUSTING CONNECTIONS AND RELATIONSHIPS

between commercial tobacco control leaders and the individuals and populations they serve, including those most impacted by commercial tobacco.

SECURE AND MAINTAIN

sustainable funding for statewide commercial tobacco prevention and control efforts at CDC recommended levels.

$98.6M

Tobacco industry's annual spend in Minnesota to promote products

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Thank you to the members of the advisory and planning teams for contributing their time, leadership, experience, and expertise to the development of this framework.

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We envision Minnesota as a place where all people, especially priority populations, are free from the harms of commercial tobacco.