

JUUL Settlement Community Input Process Report

EXECUTIVE SUMMARY

The Minnesota Department of Health conducted a community input process to ask how to use funds from Minnesota’s 2023 JUUL Settlement Agreement. In Fall 2023, the input process included meetings with partners, primarily grantees and staff from across the department. In February 2024, input was gathered from individuals and organizations across the state. Participants¹ were asked to provide feedback on how settlement funds could be used to:

- Prevent and reduce youth commercial tobacco use;
- Increase racial and health equity around commercial tobacco use; and
- Advance innovations to address commercial tobacco use.

Participants were able to provide feedback via online survey or by attending in-person or virtual community input sessions. More than 250 people from across the state provided valuable input during the second phase of the process. In 2024, the department is conducting a separate planning process to consider how settlement funds might most effectively be used for and by American Indian communities in Minnesota. Results from that process will be reported separately.

Participant input is categorized into three sections: policy initiatives, school-based initiatives, and culturally driven cessation initiatives. However, some input was overarching or crosscutting. Participants highlighted:

- The growing intersection of commercial tobacco and cannabis use, prevention, and regulation;
- Support for evidence-based best practices in all areas;
- A desire to balance population-based interventions and culturally tailored interventions; and
- The need to embed equity within all initiatives.

Policy interventions

Participants discussed the critical importance of focusing new funding initiatives on proven, population-wide policy strategies. State-wide policies can have the biggest impact on public health commercial tobacco use, especially among youth. Participants noted that policy interventions are even more effective when several are implemented together. Many participants said their top policy priority was ending the sale of all flavored commercial tobacco products, including menthol cigarettes.

Participants identified elements that contribute to successful policy efforts. These included building and strengthening diverse² coalitions to advocate for policy change, working across coalitions, and building new partnerships with groups that have similar goals.

School-based initiatives

Nearly all participants recognized that schools are at the center of the youth vaping crisis. Participants also noted that schools face large staffing and budget pressures, so asking schools to do more may not be realistic. Participants provided input in six categories.

¹ “Participants” mean anyone who provided input in any form.

² “Diverse” refers to organizations serving a wide range of racial and ethnic communities, as well as different types of organizations and individuals.

- **Connection:** Many participants discussed opportunities to connect schools with existing resources and provide external support through technical assistance.
- **Education:** Participants agreed that providing vaping prevention education in schools continues to be a critical priority for the state. There were differing opinions on how early it should be delivered, what should be included, and who should deliver it.
- **Policy:** Participants recognized that school policies vary. They recommended supporting schools to align their policies with best practices, including alternative-to-suspension provisions.
- **Interventions:** Participants discussed the intersection of youth mental health and nicotine use and requested school-based interventions that better address these interrelated issues.
- **Personnel:** Participants recommended providing funding to increase the number of trained personnel to support students before, during and after school.
- **Student empowerment:** Many participants discussed the need for more student-led initiatives.

Cessation and treatment³

In addition to enacting stronger policies and preventing use in the first place, there were two primary areas of feedback: helping youth and young adults quit using commercial tobacco products (specifically e-cigarettes), and ways to provide culturally tailored and culturally appropriate cessation support that would be most effective.

For youth and young adult cessation, participants highlighted the need to:

- Increase support around commercial tobacco for adults who work with young people;
- Provide additional cessation resources in schools; and,
- Reach and serve youth and young adults in specific ways (different from older adults).

For culturally driven cessation and treatment, participants highlighted the need to:

- Provide access to all through translation and accessibility;
- Communicate in ways that reflect, reach, and are respected by, community members;
- Partner with community organizations; and
- Incorporate cultural beliefs, values, and practices into cessation programs.

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³ Two participants mentioned the importance of language and recommended that public health professionals stop calling quit-tobacco support “cessation” and instead call it “treatment.”