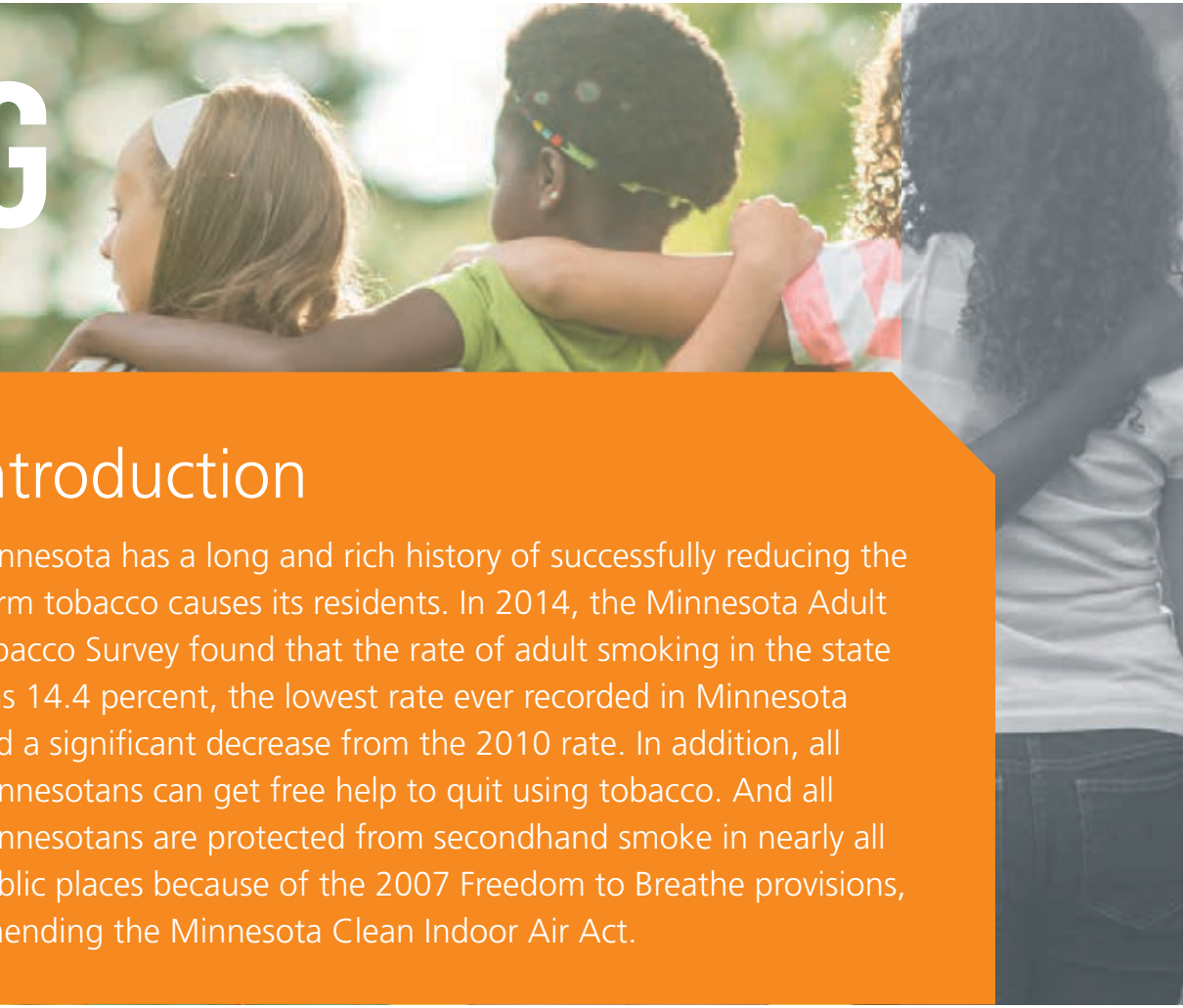
MINNESOTA COMPREHENSIVE

# TOBACCO CONTROL FRAMEWORK 2016-2021

Striving for a Minnesota where all people are free from the harms of tobacco.

# ADVANCING HEALTH EQUITY



## Introduction

Minnesota has a long and rich history of successfully reducing the harm tobacco causes its residents. In 2014, the Minnesota Adult Tobacco Survey found that the rate of adult smoking in the state was 14.4 percent, the lowest rate ever recorded in Minnesota and a significant decrease from the 2010 rate. In addition, all Minnesotans can get free help to quit using tobacco. And all Minnesotans are protected from secondhand smoke in nearly all public places because of the 2007 Freedom to Breathe provisions, amending the Minnesota Clean Indoor Air Act.

## MOVE FORWARD

However, the work is not done. Although the state's overall smoking rates are below national averages, some Minnesota communities and populations still suffer disproportionately from tobacco-related death and disease. The Centers for Disease Control and Prevention (CDC) report that every year, 5,900 Minnesotans die from smoking. Meanwhile, the tobacco industry continues to aggressively target young people as replacement smokers.

## OUR VISION

# Striving for a Minnesota where all people are free from the harms of tobacco

The **Minnesota Comprehensive Tobacco Control Framework 2016-2021** lays out an ambitious path to address tobacco use—still the leading cause of preventable death and disease in Minnesota—and counter the tobacco industry, which remains persistent in marketing and selling its products.

With the vision of striving for a Minnesota where all people are free from the harms of tobacco as its foundation, the Framework delivers to health care providers, policymakers, the public health community and other stakeholders a set of six goals consistent with the priorities established by the CDC and 17 bold steps. The bold steps are deliberately expansive and, in many cases, suggest collaborations and coordination across multiple goal areas.

The Framework was designed for partner organizations to use when formulating their own strategic plans and intentionally does not specify the strategies, objectives and tactics that groups will choose to implement. Each organization's strategic plan is its own responsibility but it is hoped that this Framework will influence and inform the planning decisions of every organization in Minnesota that strives to improve the health of Minnesota's citizens.

**10.6%**

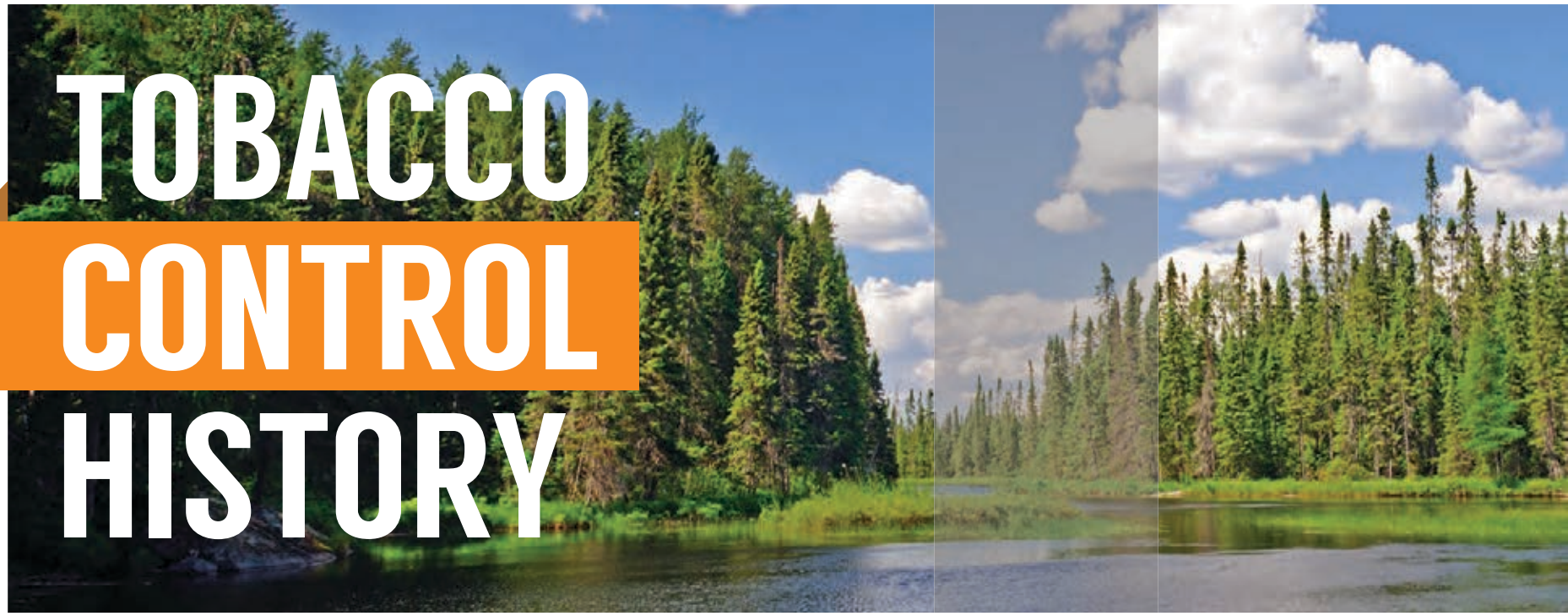
10.6 percent of high school students smoked cigarettes in the past 30 days.

## Tobacco Use by Young People*

Nicotine is addictive and may harm brain development during adolescence. **No amount of nicotine exposure is safe for youth.**

- The percentage of Minnesota high school smokers who prefer menthol has more than doubled since 2000.
- Nearly half of high school smokers usually smoke menthols.
- Nearly 13 percent of high school students have used or tried e-cigarettes in the past 30 days.

**2014 Minnesota Youth Tobacco Survey, Minnesota Department of Health, and June 2015 - Health Advisory: Nicotine Risks for Children and Adolescents, Minnesota Department of Health.*



# TOBACCO CONTROL HISTORY

*From A History of Tobacco Control (ANSR, MDH), the Public Health Law Center, and the Minnesota Department of Human Services.*

**1947** *Minnesota enacts its first cigarette tax at 3 cents per pack.*

**1973** *The Association for Nonsmokers-Minnesota (ANSR) is founded. ANSR is the oldest organization in Minnesota dedicated solely to tobacco control.*

**1974** *D-Day (Don't Smoke Day) starts in Monticello, Minnesota. This led to the annual nationwide "Great American Smokeout," sponsored by the American Cancer Society.*

**1975** *Minnesota passes the Minnesota Clean Indoor Air Act, the first legislation of its kind in the nation. The Act describes where smoking is prohibited, outlines the responsibilities of employers and lists exemptions that affect their workplaces and facilities.*

**1984** *The Minnesota Department of Health (MDH) publishes the nation's first coordinated tobacco control plan.*

**1991** *Minnesota is one of 17 states to receive funding from the National Cancer Institute for the American Stop Smoking Intervention Study for Cancer Prevention, or ASSIST program.*

# MINNESOTANS WORK FOR CHANGE

**1994** *The state of Minnesota and Blue Cross and Blue Shield of Minnesota (Blue Cross) sue tobacco companies for violating Minnesota laws against consumer fraud and deceptive advertising and for failing to disclose the addictive qualities of tobacco.*

**1997** *Minnesota regulates retail tobacco sales and requires compliance checks.*

**1998** *The state of Minnesota and Blue Cross settle with the tobacco companies. In the settlement, $6.1 billion is awarded to the state, with a separate award made to Blue Cross, and the tobacco industry is required to turn over more than 35 million pages of documents, many of them internal communications.*

**1999** *With the settlement, the Minnesota Legislature creates an endowment of about $20 million a year for MDH to use for youth tobacco-use prevention work. The legislature also establishes an independent nonprofit (which became ClearWay Minnesota℠) to oversee 3 percent of the state's settlement.*

**2000** *Moose Lake, Minnesota, is the first city to adopt a local clean indoor air ordinance.*

**2001** *Olmsted County becomes the first county in the state to pass a smoke-free ordinance, prohibiting smoking in restaurants.*

**2003** *The endowment that funds MDH's youth tobacco-use prevention work is eliminated to balance the state budget.*

**2007** *The Freedom to Breathe provisions pass, amending the Minnesota Clean Indoor Air Act to prohibit smoking in nearly all public indoor spaces.*

**2013** *Minnesota raises the per-pack cigarette tax by $1.60 and equalizes taxes on smokeless tobacco products.*

**2014** *Minnesota prohibits the use of electronic cigarettes indoors in government buildings, public schools and other public spaces. It also requires the use of child-resistant packaging for e-liquids.*

**2015** *Minneapolis becomes the first city in Minnesota to restrict the sale of flavored tobacco products to adults-only stores.*

**2016** *Copays for counseling and medications to quit smoking are dropped for Minnesotans insured by Medical Assistance and MinnesotaCare, starting on January 1, 2016.*

# ABOUT THE FRAMEWORK

## HOW THE FRAMEWORK WAS CREATED

The Framework was generated by the state's three primary funders of tobacco control work — the Minnesota Department of Health (MDH), ClearWay Minnesota℠ and Blue Cross and Blue Shield of Minnesota (Blue Cross) — with the advice and support of many partner organizations, both statewide and local, that have contributed in significant ways to reducing tobacco use in the state. The Framework will be submitted by the Minnesota Department of Health to the CDC.

A Steering Committee composed of senior officials from each of the three funders led the development of the Framework. Representatives from a diverse group of stakeholders, including those whose experience in evidence-based interventions has led to significant progress in tobacco control as well as those whose expertise will fuel future success, were invited to participate on the Advisory Committee.

**59%** **According to the 2013 Tribal Tobacco Use Project survey,*

59% of American Indians in Minnesota smoke*

The Advisory Committee, which met three times between December 2015 and March 2016, held wide-ranging discussions covering the current environment and evidence base as well as emerging issues and promising developments. Understanding that combustible tobacco causes the vast majority of death and disease related to tobacco use, the participants considered both current products and new threats from the tobacco industry, and anticipated agile and versatile answers to such threats. Discussions also reflected the evolving understanding of tobacco addiction as a disease and the changing health care environment as it relates to cessation services.

In addition, participants distinguished between the harmful use of commercial tobacco and the sacred and ceremonial use of traditional tobacco by American Indians. In this document, the word "tobacco" refers to commercial tobacco and includes all types of tobacco products, including electronic nicotine delivery systems.

Members of the Steering Committee participated in the large group discussions and then synthesized the collective wisdom to identify and refine proposed themes and ideas, drawing also from existing best practices and promising practices and strategies.

## Disparities and Progress for American Indian Nations

According to the 2013 Tribal Tobacco Use Project survey, 59 percent of American Indians in Minnesota smoke. This is the highest smoking prevalence in the state and has resulted in epidemic levels of smoking-related disease in this population.

It is necessary to acknowledge "two tobacco ways" in tobacco control efforts in American Indian communities. This means that harmful use of commercial tobacco (manufactured products such as cigarettes) must be distinguished from traditional and ceremonial use based in tribal teachings.

MDH, ClearWay Minnesota℠ and BlueCross have funded tobacco control efforts that are led by American Indian communities. These community-led efforts combine tribal teachings, evidence-based tobacco control strategies and promising practices to address the "two tobacco ways."

# A HEALTH EQUITY LENS

## MDH's Triple Aim of Health Equity

The vision of the Minnesota Department of Health is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy.

The department works toward its vision with the triple aim of health equity:

- Expand our understanding of what creates health.
- Implement a "health in all policies" approach with health equity as the goal.
- Strengthen the capacity of communities to create their own healthy future.

*Minnesota Department of Health.*

## Health Equity

When every person has the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities. Health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health.

*2014 Advancing Health Equity in Minnesota, Minnesota Department of Health.*

Participants affirmed the importance of an ever-present health equity lens, to elevate and make explicit the importance of continuing to reduce health disparities, as a guiding principle in their work. Tobacco-related health disparities and issues particular to priority populations or those communities disparately impacted by tobacco were noted throughout the discussions.

MDH representatives shared with the group preliminary findings from a six-month statewide community input process (Community Voices) to address the disproportionately higher rates of commercial tobacco use and secondhand smoke exposure among communities most harmed by tobacco.

The Community Voices project included input from more than 350 Minnesotans about the harms of tobacco in the community, interventions to decrease tobacco use and exposure, and strategies to address tobacco-related health inequities. This process included group sessions, individual interviews and an on-line survey.

The Advisory Committee further acknowledged that reducing tobacco use and its impact cannot be accomplished without addressing multiple factors that contribute to tobacco addiction. The correlations between high tobacco use and mental illness, chemical dependency and poverty are particularly clear and striking. External factors, including educational and job opportunities, racism, cultural norms and other social determinants of health must be recognized when designing and implementing tobacco prevention and control strategies. Tackling these complex challenges requires systemic and structural solutions.

## A COMPREHENSIVE TOBACCO CONTROL PROGRAM

According to the CDC, a comprehensive, statewide tobacco control program is a coordinated effort to establish smoke-free policies and social norms to promote and assist tobacco users to quit, and to prevent the initiation of tobacco use. A comprehensive approach combines educational, clinical, regulatory, economic and social strategies. Programs that are comprehensive, sustained and accountable have reduced smoking rates, as well as tobacco-related diseases and deaths.

The CDC's **Best Practices for Comprehensive Tobacco Control Programs — 2014** is a guide to help states plan and establish such programs. Based on the scientific literature and the experiences of state and local programs, the most effective population-based approaches fall within the following components:

- State and Community Interventions
- Mass-Reach Health Communication Interventions
- Cessation Interventions
- Surveillance and Evaluation
- Infrastructure, Administration, and Management

**BEST PRACTICES**

An appropriate media presence, cutting-edge research and a clear health equity focus are integral to success in all of the five components. In addition, the CDC guidelines note that these components are most effective and produce synergistic results when they are used together.

## PLANNING FOR SUSTAINABILITY

Minnesota has reaped the benefits of a robust statewide tobacco control infrastructure. However, challenges — some known, others not yet discerned — loom.

This Framework begins the vital statewide conversation about strengthening Minnesota's effective tobacco control infrastructure given the realities of current state funding and the approaching end of ClearWay Minnesota℠ in 2023, as required by the settlement agreement.

ClearWay Minnesota℠ has been a unique and significant participant in Minnesota's tobacco control effort since its inception in 1998. After the state of Minnesota settled a four-year lawsuit with the tobacco industry for $6.1 billion, it created the private, nonprofit corporation to administer 3 percent ($202 million) of the funds for a 25-year period.

Throughout its tenure, ClearWay Minnesota℠ has worked to eliminate the harm tobacco causes the people of Minnesota. In 2015, ClearWay Minnesota℠ spent approximately $15 million to help Minnesotans quit smoking, fund tobacco-related research, and on policy, community development and communications activities around the state.

Blue Cross and Blue Shield of Minnesota was a partner of the state's in the lawsuit and received $469 million in settlement funds in 2006. Funded with proceeds from the lawsuit, the Center for Prevention at Blue Cross and Blue Shield of Minnesota delivers on Blue Cross' long-term commitment to improve the health of all Minnesotans by tackling the leading root causes of preventable disease: tobacco use, lack of physical activity and unhealthy eating.

**5.5X** **According to the latest Federal Trade Commission report on tobacco marketing*

The tobacco industry spends $135 million annually promoting its products, that's 5.5 times the funds Minnesota currently spends on tobacco control.

The Center for Prevention collaborates with organizations statewide to increase health equity, transform communities and create a healthier state. To achieve this, it invests in community funding programs, public awareness campaigns and evaluation. It invests approximately $3.2 million in tobacco control each year, and actively advocates for policies that support prevention at both a state and local level, including recent efforts to increase the tobacco tax and incorporate electronic cigarettes into existing Clean Indoor Air laws.

The importance of sustained, adequate funding for tobacco control is eloquently stated in the CDC's *Best Practices for Comprehensive Tobacco Control Programs — 2014*:

Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking. The longer states invest in such programs, the greater and quicker the impact.

The CDC's *Best Practices for Comprehensive Tobacco Control Programs — 2014* recommends that Minnesota spend $52.9 million a year in order to have an effective, comprehensive tobacco control program. Despite the powerful case for funding, the three funders in Minnesota currently spend $24.3 million a year on tobacco control.

That figure stands in stark and worrisome contrast to the $135 million the tobacco industry spends annually in Minnesota to promote its products (according to the latest Federal Trade Commission report on tobacco marketing) and the billions Minnesota spends to address the health problems caused by tobacco use.

Tobacco use causes expensive diseases, such as cancer, heart disease and stroke. And, the 2014 Surgeon General's Report on smoking and health, *The Health Consequences of Smoking: 50 Years of Progress*, notes that even though smokers today smoke fewer cigarettes, they have a greater risk of developing lung cancer than did smokers in 1964.

**The Minnesota Department of Health reports that each year, tobacco use costs Minnesota more than $2.5 billion in excess health care expenses.**

Many of Minnesota's achievements in tobacco control have been driven by policy changes that have made it easier for people to live tobacco-free lives. Policy interventions — such as laws, ordinances, regulations and rules — create long-lasting changes because fewer children start smoking and more smokers quit. For example, the 2014 Minnesota Adult Tobacco Survey found that a 2013 increase in the tobacco tax reduced the state's smoking rate.

Policy changes can also refer to enhanced enforcement or implementation of existing policies. Policy changes also drive changes within systems and organizations. One example is the increased availability of cessation services as a result of the Affordable Care Act.

# $2.5 BILLION

The Minnesota Department of Health reports that each year, tobacco use costs Minnesota more than $2.5 billion in excess health care expenses.

Throughout Minnesota's tobacco control history, those policy changes often began with concerned individuals who came together in small groups. This movement grew to form coalitions that spurred action to protect people, neighborhoods and communities from secondhand smoke and tobacco addiction. The tobacco control movement continues today with a majority of Minnesotans supporting even more action to reduce the harm tobacco causes the people of Minnesota. Many of the organizations and people involved in these efforts, as well as newly interested organizations, are represented on the Advisory Committee to this Framework.

As important as dedicated individuals and grassroots organizations are, significant gains in tobacco control also require a well-funded state infrastructure with professional expertise to lead coordinated and sophisticated efforts to counter the clever, highly motivated tobacco industry.

However, simply having a state infrastructure will not be sufficient. Minnesota will have to make wise and bold decisions about how to use the assets of its tobacco control infrastructure in proven — and innovative — ways to benefit all of its people.

Those who developed this Framework believe it is the first step to responding to that challenge.

# OUR GOALS

# The Minnesota Comprehensive Tobacco Control Framework outlines six ambitious goals that align with and build on the goals established by the Centers for Disease Control and Prevention:

- **PREVENT** initiation of tobacco use among youth and young adults.
- **ELIMINATE** exposure to secondhand smoke.
- **PROMOTE** tobacco use cessation among adults and youth.
- **PARTNER** with those communities most affected by tobacco-related inequities to identify and eliminate those disparities.
- **SUSTAIN** a robust state tobacco control infrastructure that fosters effective collaboration throughout the state.
- **ENGAGE** the strengths of individuals and communities throughout Minnesota to reduce tobacco use and improve health.

# BOLD STEPS

Making significant and lasting improvements in the health of Minnesotans will require bold leadership and adequate infrastructure.

- **ESTABLISH SUSTAINED STATE TOBACCO CONTROL FUNDING** that meets or exceeds the CDC's recommended levels through cigarette and tobacco taxes, tobacco settlement dollars, other means or a combination of dedicated sources.

- **SUPPORT AND SUSTAIN NEW AND EXISTING COMMUNITY LEADERSHIP** for tobacco control work, particularly in communities with high rates of tobacco use and challenged by poverty.

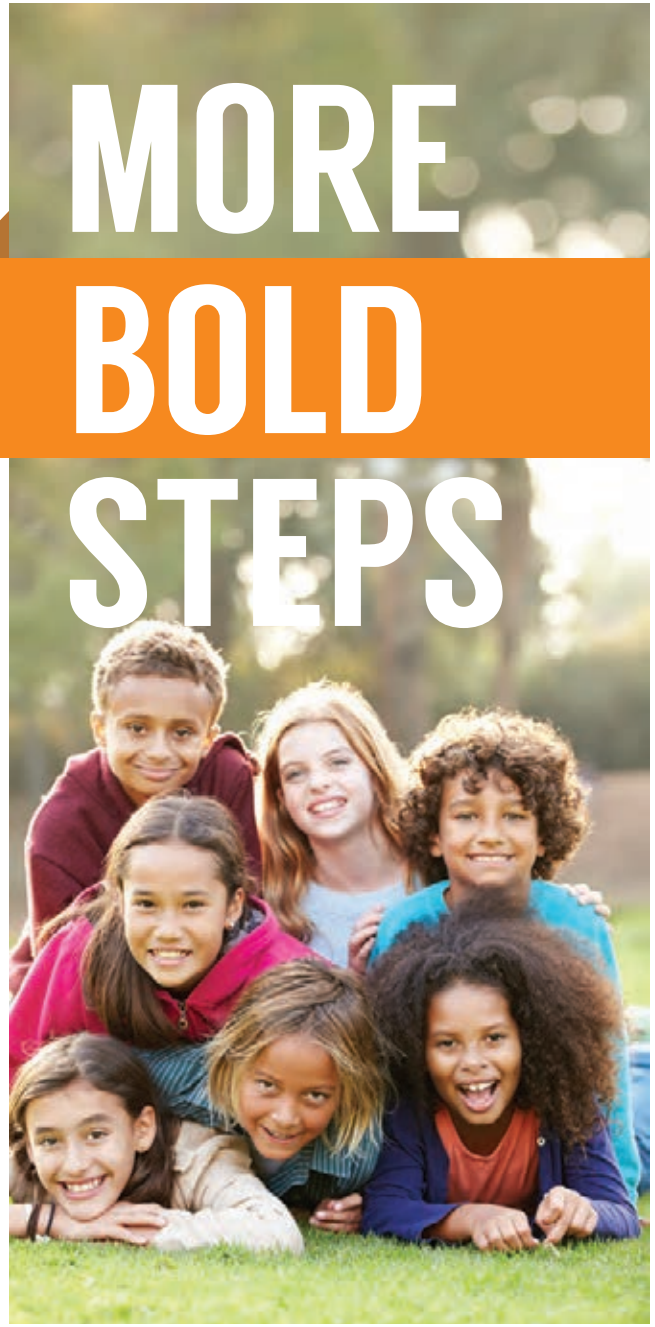
## LASTING CHANGE

Legislation and policies effectively create tobacco-free environments that promote healthy living. Lasting change results from shifts in the social environment across communities.

- **INCREASE THE PRICE OF ALL TOBACCO PRODUCTS** through taxation policies and restrictions on discounts.
- **RESTRICT SALES** of menthol-flavored tobacco products to adults-only tobacco stores.
- **RESTRICT SALES** of flavored tobacco products to adults-only tobacco stores.
- **MAKE 21 THE MINIMUM** legal age to purchase tobacco products.
- **RESTRICT SALES** of higher nicotine cigarettes.
- **EXTEND THE PROTECTIONS** of the Minnesota Clean Indoor Air Act by including electronic cigarettes in restricted products and expanding the locations covered to include cars with children, lodging, treatment facilities and other places used by the public.
- **ADOPT SMOKE-FREE HOUSING** policies in all multi-unit housing.

TOWARD A HEALTHIER TOMORROW

# MORE BOLD STEPS



Knowledge informs positive change and reinforces accountability when addressing the current landscape as well as coming challenges.

- **COLLECT AND ANALYZE** accurate tobacco-related data by race, ethnicity, language preference, sexual orientation, gender identity and other factors that can inform increasing the effectiveness of prevention strategies and cessation treatments for all Minnesotans.
- **IDENTIFY THE POPULATIONS** that are most disparately impacted by the harms of tobacco, and engage the wisdom, strengths and expertise of those communities when investing in culturally specific approaches to prevention and cessation.
- **ACKNOWLEDGE AND ADDRESS** the linkage between tobacco use and the social determinants of health, and integrate this into tobacco control work.
- **ACKNOWLEDGE AND RESPECT** tribal practices and tribal sovereignty with support for community-driven initiatives such as policies and programs to reduce youth and adult use of commercial tobacco and secondhand smoke exposure among American Indians living on the reservation and in urban areas.

## Helping individuals break free from tobacco addiction requires multiple levels of intervention.

- **CREATE NEW STRATEGIES** to integrate treatment and ensure comprehensive benefits across government-funded health care programs, insurance plans and health care systems to improve access to cessation services, with a focus on those most disparately impacted by tobacco's harms.

- **EXPAND THE TYPE OF HEALTH WORKERS WHO PROVIDE TOBACCO DEPENDENCE TREATMENT.** Enhance the training of these providers to enable them to offer effective, culturally responsive cessation and prevention support.

- **UPDATE THE REIMBURSEMENT SYSTEM** by expanding the types of health workers who can receive reimbursement for delivering tobacco dependence treatment, increasing the amount of reimbursement itself, and ensuring all best-practices services (counseling and medications) are covered as health insurance benefits.

- **DEVELOP AND IMPLEMENT STRATEGIES** to integrate tobacco dependence treatment within mental illness and substance use disorder treatment.

# TOGETHER WE CAN CHANGE OUR FUTURE

# MEMBERS OF THE STEERING COMMITTEE

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**Andrea Mowery**
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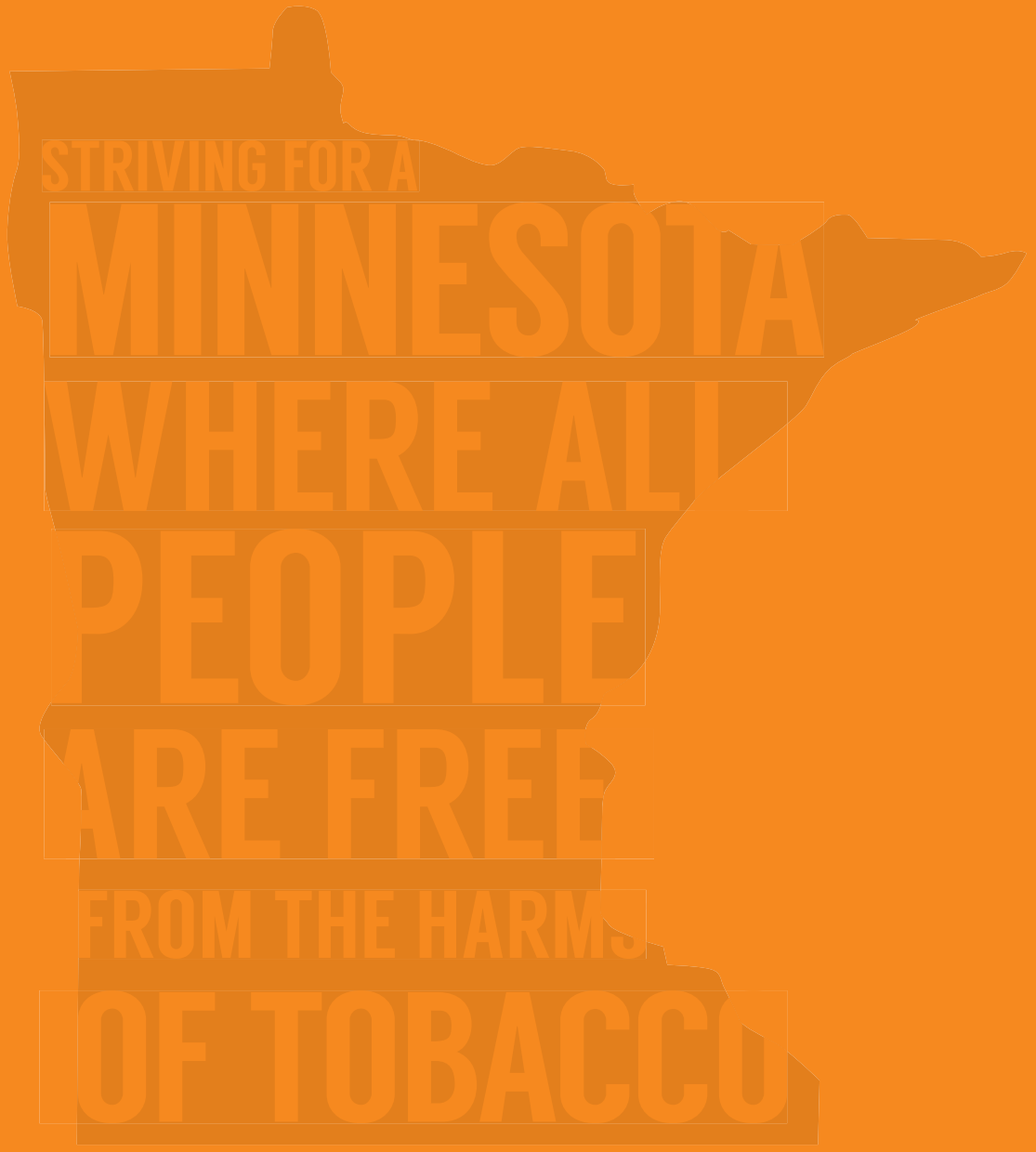
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