

May 5, 2016 Prevention Workgroup Meeting Summary

Workgroup participants:

Deb Henrikus, University of Minnesota School of Public Health, Co-Chair

Pam Franklin, Parish Nurses of NE Minnesota, Co-Chair

Erin Ghere, Clearway

Kris Rhodes, American Indian Cancer Foundation

Katie Engman, Association for Non-Smokers Rights (ANSWR)

Gabriel Glissmeyer, Association for Non-Smokers Rights (ANSWR)

Ellie Beaver, American Cancer Society Cancer Action Network

Dan Tranter, Minnesota Department of Health Indoor Air Unit

Christina Thill, Minnesota Department of Health Tobacco Unit

Pat Stieg, Blue Cross Blue Shield Center for Prevention

Pat McKone, American Lung Association

The meeting opened with preliminary thoughts about the process and some important considerations in developing objectives for tobacco control.

- Might want to say reduce nicotine addiction rather than reduce tobacco use – Electronic nicotine delivery devices (ENDDs) are not tobacco.
- We are limited to 4-6 objectives for this workgroup (for three topics). There was agreement to choose a high level objective and then add multiple strategies to cover more ground.
- We discussed two approaches – what are priorities for cancer control in Minnesota or alternatively, what are the objectives that the Minnesota Cancer Alliance (MCA) can effectively work on? Pat Stieg, Katie Engman, Dan Tranter and Michelle Strangis described successful MCA policies and projects.

Meeting participants reviewed the current tobacco objectives and strategies from a couple of state tobacco strategic plans. Deb asked if anyone had any other objectives they would like to add for consideration.

Pat Stieg suggested three that are new or reworded objectives:

- 1) Reduce nicotine dependency by preventing initiation of commercial tobacco and ENDDs use among youth and young adults.
- 2) Reduce nicotine dependency by increasing the number of commercial tobacco and ENDDs users who quit.
- 3) Secure sustainable public funding for tobacco prevention and control for allocation towards authentic engagement of communities experiencing disparities in commercial tobacco use rates for the development of community driven solutions.

Some people thought that funding (#3 above) is a strategy. Others felt that the fact that ClearWay funding is sun setting means we need to raise the funding issue to the level of objective. ClearWay research, the Minnesota Adult Tobacco Survey and the quit line are some of the ClearWay programs that are will end or are at risk of ending without new funding. The provider tax that funds the healthcare access fund sunsets in 2019. Also need money for the Rainbow and AICAF survey.

The participants voted to identify the top three objectives:

1. Establish consistent and reliable funding for control in MN at the level recommended by CDC – 9 votes
2. Eliminate inequities in nicotine dependence in Minnesota – 5 votes
3. Reduce nicotine dependency by preventing initiation of commercial tobacco and ENDS use among youth and young adults. – 6 votes

Participants broke into groups to develop strategies and identify partners for each of the three objectives.

Group 1: (Kris R., Gabriel G., Michelle S., Erin G)

Objective 1: Eliminate inequities in nicotine dependence in Minnesota

Strategies:

1. Identify community-driven solutions to eliminate nicotine dependence
2. Engage in authentic partnership with communities disproportionately impacted by nicotine dependence.
3. Secure sustainable funding for meaningful community level-data.

Alignment:

Partners currently working on this objective and type of activity:

Association for non-smokers Rights (PSE, education, programmatic)

AICAF (PSE, education, programmatic)

ClearWay (PSE, education, programmatic)

Leadership Advancing and Mobilizing Minnesota's Priority Populations for Parity (LAMPP) (PSE, education and programmatic)

BCBS Center for Prevention (PSE, education and programmatic)

American Lung Association (PSE, education and programmatic)

ACS

ACS-CAN

MDH

University of Minnesota School of Public Health

U of M Program in Health Disparities Research

Rainbow Health Initiative (PSE, education and programmatic)

Public Health Law Center

FQHCs (to varying degrees)

Stakeholders not working on the issue

Health systems

Community based organizations

Foundations

MN legislature

MPHA

Employers

Group 2: Ellie B. Christina T., Deb H.

Objective: establish consistent dedicated and reliable tobacco control funding

Strategies:

Increase tobacco tax

Constitutional amendment for dedicated tobacco funding

Identify legislative champions

Educate new lawmakers

Media campaign to advocate for funding and increase of tobacco control issues

Build community support for increased funding

Mobilize communities affected by disparities

Ensure adequate funding for rural MN

Maintain MATS and data collection to identify those most affected by loss/lack of funds

Group 3: (Katie E, Pam F, Dan T, Pat S., Pat M)

Objective: Reduce nicotine dependency by preventing initiation of commercial tobacco and ENDDs use among youth and young adults

Strategies: (mix of easy-moderate-difficult) measurable/specific

Raise minimum age to 21

Keep price of tobacco and ENDDs products up

Restrict sale of menthol and other flavored tobacco and ENDDs products

Create tobacco free environments (e.g. cars)

Create partnership with communities (alignment and collaboration)

Continue compliance and enforcement of what we have already (county level funding)

Meeting adjourned at 1:00 p.m.

Next tobacco meeting June 21 9:30 am – 11:30 am at Wellstone Center rom 271C.