cancer plan minnesota

Developing the Minnesota Cancer Plan
Step 2: Recommend Objectives and Strategies

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

Desired Outcome:

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?

Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
Minnesotans for a Smoke-free Generation (MSFG), MDH	Age 21
MSFG, MDH	Keep the price of tobacco and ENDS high
MDH, CWMN, BCBS, MSFG	Restrict the sale of menthol tobacco
C.E.E, MDH, CWMN, BCBS	Create tobacco free indoor and outdoor settings
MDH, CWMN, and BCBS community funded grantees	Create partnerships with communities
League of MN Cities, MDH, DHS	Continue policy compliance and enforcement
Association for Nonsmokers- MN	Education, Advocacy and Enforcement (Note: much of our activity is grant funded, but ANSR commits unrestricted funds to support this work as well)

Stakeholders for this issue not currently working on it and potential role:

Organization	Potential role (PSE change, education, programmatic)
Others: Religious institutions, Faith-based Community Nurses (Parish Nurses), Labor (SCIU), Education	Education & Policy Advocacy
MMA and local medical societies (Lake Superior, Zumbro Valley, etc.), MPHA, MN Nurses Association, MN Respiratory Therapist Assoc. etc.	Support federal or state legislation, as well as local ordinances
LPHA	Support of Local Ordinances

Strategy #1: *Raise minimum age to 21*

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): *Define model policy, increase the number of stakeholders. Local jurisdictions have conversations and pass policies.*

Rationale:
We know that the90% of current smokers started before the age of 18, and 100% report first use before the age of 26 years old. If we increase the age, hopefully initiation will be delayed past these years.
Other Municipalities have increased the age :

- Hawaii was the first state to raise the age to purchase tobacco to 21 in 2016. At least 80 municipalities in the United States have raised the age to purchase tobacco to 21, including major cities like Boston and Kansas City. Needham, Mass. increased the age to 21 in 2005, and found that tobacco use among high school students fell by nearly half

This is an ____ evidence-based practice __X__ promising practice ____ other. Please explain.
Limited evidence but promising

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.
Yes. The tobacco industry targets youth and young adults for initiation.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.
Rank ___ of __ strategies

Strategy #2: *Keep the price of tobacco and ENDS products high.*

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): *Increase in the excise tax at the federal and/or state level. Restrictions at the local, state or federal level on the use of price discounting at the point of sale.*

Rationale: *keeping the price of tobacco products low is a primary strategy for the tobacco industry; both for initiation of tobacco use, as well as maintaining addiction to tobacco and ENDS products. When we increase price of products; we reduce initiation, access for youth and increase cessation attempts.*
This is an __X__ evidence-based practice ____ promising practice ____ other. Please explain. *Through repeated measurements it has been demonstrated that raising the price of tobacco products not only reduces initiation, but also increases cessation.*
Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. *Yes. The tobacco industry targets lower income populations for its products, and works hard to maintain a price which keeps these products affordable for these population groups.*
Rank this strategy for the greatest potential for traditional and non-traditional partners working together. **Rank ___ of ___ strategies**

Strategy #3: *Restrict the retail sale of menthol and other flavored tobacco and ENDS products*
Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy*): Adoption of local ordinances, state legislation, or federal regulation of these products.*
Rationale*: restrictions on the places where these products can be made available for sale will result in a reduction of marketing for the products, and therefore less use of these projects.*
This is an ____ evidence-based practice __X__ promising practice ____ other. Please explain. *Limited evidence to date, as the number of policies that have been adopted are fairly recent and limited in number.*
Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. *Yes. The tobacco industry markets these products to youth, communities of color, women, and the LGBT community.*
Rank this strategy for the greatest potential for traditional and non-traditional partners working together. **Rank ___ of ___ strategies**

Strategy #4: *Create tobacco free indoor and outdoor environments (including cars and homes)*
Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): *the number of public , organizational, and personal policies adopted to create tobacco-free indoor and outdoor environments*
Rationale: *Tobacco- free environments reduces the breathing of cancer causing chemicals in the air. Tobacco- Environments provides tobacco-free role modeling, and support tobacco users to quit or stay tobacco-free.*
This is an __X__ evidence-based practice ____ promising practice ____ other. Please explain. *There is a body of evidence that clearly demonstrates that tobacco-free environments not only reduces secondhand smoke exposure, but also creates a social norm that does not model tobacco use – thereby reducing initiation and increasing quit attempts.*
Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. *Yes. Those who continue to be exposed to environments where tobacco use is allowed tend to be children, trades and service workers, and those of lower SES.*
Rank this strategy for the greatest potential for traditional and non-traditional partners working together. **Rank ___ of ___ strategies**

Strategy #5: *Create partnerships with communities (alignment and collaboration)*
Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): *the number of engaged stakeholder groups that are new to the movement of reducing tobacco and ENDS use.*
Rationale: *the population groups that continue to experience inequities in tobacco use as demonstrated through persistently high rates are from communities that need to be more authentically engaged in developing and implementing approaches to reduce these rates.*
This is an ____ evidence-based practice_X_ promising practice ____ other. Please explain.
Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain. *Yes. These are the communities experiencing the greatest burden of tobacco use, due to the limited impact of traditional approaches to address the problem, coupled with the targeting of these groups by the tobacco industry. Research has also shown that community engagement and education done through this, is just as important the ordinance being passed. It increases compliance and enforcement (J. Forster)*

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.
Rank ___ of ___ strategies

Strategy #6: *Continue compliance and enforcement of existing policies and laws with dedicated resources.*

Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy): *appropriate actions are being taken by the responsible party to enforce adopted policies (e.g., sign posting, compliance checks, penalty administrations, etc.) and achieve desire compliance.*
It would be very useful to have one authority that required reporting of youth access compliance checks. We have no central place in the state of MN who tracks this important information ***– TEAM, do you want this in here?***

Rationale: *Ensuring that those agencies which have the responsibility to enforce policies and laws, having adequate resources dedicated to enforcement is critical for desired compliance to occur.*

This is an ____ evidence-based practice ___X_ promising practice ____ other. Please explain.
I think this may be evidence based. When there is proper funding for enforcement, it is most likely to be completed.

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes. Not having adequate resources dedicated toward enforcement activities among all responsible agencies can result in inconsistent compliance among some geographies and population groups. Youth definitely benefit from this as well as improving health equity.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.
Rank ___ of ___ strategies