

JUUL Settlement Community Input Process Report

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Minnesota Department of Health
Commercial Tobacco Prevention and Control
PO Box 64975
St. Paul, MN 55164-0975
651-201-3535
tobacco@state.mn.us
www.health.state.mn.us/tobacco

To obtain this information in a different format, call: 651-201-3535.

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Overview

The Minnesota Department of Health conducted a community input process to engage partners in 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, building on input from the previous year. Participants¹ were able to provide feedback via online survey or by attending in-person or virtual community input sessions. In total, more than 250 people from communities across the state provided valuable input during the second phase of the process.

Based on the parameters in [Minnesota Statute 144.398](https://www.revisor.mn.gov/statutes/cite/144.398) (<https://www.revisor.mn.gov/statutes/cite/144.398>), the [Minnesota Comprehensive Commercial Tobacco Control Framework 2022-2026](https://www.health.state.mn.us/communities/tobacco/initiatives/docs/mnframework2022.pdf) (<https://www.health.state.mn.us/communities/tobacco/initiatives/docs/mnframework2022.pdf>), and [CDC Best Practices for Comprehensive Tobacco Control Programs](https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm) (<https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm>), the department developed questions about culturally appropriate cessation, school-based efforts to prevent and treat youth e-cigarette use, policy changes, and how to build on evidence and promising practices. Feedback on those questions provides recommendations that are synthesized and categorized in this report under the following headings:

- Policy initiatives
- School-based initiatives
- Culturally driven cessation initiatives

The purpose of this document is to provide a summary and synthesis of the community input. This document will be shared with participants, posted on the department's website, and used by the department to inform future funding decisions.

Simultaneously from this feedback process, the Minnesota Department of Health is conducting a separate planning process to consider how settlement funds might most effectively be used for and by American Indian communities in Minnesota.

¹ "Participants" means anyone who provided input in any form.

Participants

A total of 253 individuals participated in JUUL Settlement Community Input sessions, which included in-person and virtual sessions, as well as an online survey. A larger proportion of the participants attended on behalf of their organizations (89.7%), while 10.3% were community residents who had an interest in the process. Input came from several stakeholder groups, a significant proportion representing public health (35%) and K12 education (16%). Other sectors represented include healthcare (6.8%), universities/research (5.7%) and community organizations (3.4%).

Organizations providing input represented the diversity of Minnesota, geographically, and by age and race/ethnicity. While 27.3% of the organizations work in urban settings, suburban, rural, and tribal settings were represented by 25.3%, 34.3% and 13.1% of all organizations respectively.

Most organizations (54.1%) represented serve all youth aged 0-18 years. However, a significant number also serve specific age groups; 41% providing services to 5-17-year-old youth, 50.8% providing services to young adults (18-24yrs), and 49.2% providing services to adults 25yrs and older. Similarly, at least 50% of all participating organization reported serving one or more specific race/ethnicity groups, 79.3% serving white/Caucasians, 72.4% serving black/African/African Americans, 67.2 serving American Indians/Alaska Natives, 60.3% serving Hispanic/Latinx, 55.1% serving Asians and 50.0% serving Native Hawaiian/Pacific Islanders.

A large proportion of the organizations represented address a variety community health equity priorities. Through this process, some of the identified populations served include low-income households (85.2%), individuals with behavioral/mental health needs (79.6%), LGBTQ2+ communities (53.7%), immigrant/refugee communities (50.0%) and people living with disabilities (50.0%).

Input process and questions

The Minnesota Department of Health asked community members to provide feedback on how settlement funds could be used to prevent and reduce youth commercial tobacco use, increase racial and health equity, and build on existing evidence and promising practices around commercial tobacco prevention and control. Nine feedback sessions were held, six in-person and three virtual. People were also invited to respond to an online survey.

The online survey consisted of several questions aligned with the funding initiative content areas (policy, culturally tailored cessation, school-based initiatives, and innovative strategies). Participants could answer any or all questions. The questions included:

- **Culturally driven/culturally appropriate cessation**
 - What approaches would you recommend for culturally appropriate cessation?
 - What approaches would you recommend for youth and young adult cessation?
- **Youth and young adult vaping**
 - What approaches would you recommend for addressing vaping prevention in schools?
 - What approaches would you recommend for addressing cessation in schools?
- **Policy**
 - What approaches would you recommend for addressing community-level policy efforts?
 - What approaches would you recommend for engaging youth in community policy efforts?
 - What approaches would you recommend for implementing and sustaining policy efforts?
- **Building on evidence and promising practices**
 - What innovative ideas do you have to reach young adults?
 - What innovative ideas do you have to address racial and health equity?
 - What other ideas do you have to reach youth in communities most impacted by commercial tobacco use.
 - What approaches would you recommend for changing community and social norms around e-cigarette use?

In-person and virtual sessions were guided by a facilitator. Each facilitator used the list of survey questions as a guide to ensure participants had the opportunity to provide feedback around each of the funding initiative content areas.

At the beginning of each in-person and virtual session, department staff provided an overview of the settlement, a description of the input process, and a summary of activities already underway. Session attendees then participated in facilitated discussions. Note takers captured the input from the sessions. After all sessions were completed and the online survey ended, a consultant consolidated and sorted all input and conducted analysis using standard qualitative methods to identify themes.

While discussion during input sessions typically included time focused on innovations, or ways to build on existing evidence and promising practices, ideas provided in response to those questions have been incorporated into other funding initiative content areas (policies, school-based initiatives, and culturally driven cessation) summarized in this report.

This report is a high-level summary of all input received, which synthesizes feedback provided from in-person and virtual sessions, as well as the online survey. Specific illustrative quotes are included to

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elevate individual voices and highlight the ways participants spoke about different issues. Quotes are called out in blue italics.

Input synthesis

Most input provided by participants is categorized into three major sections: policy initiatives, school-based initiatives, and culturally driven cessation initiatives. However, some of the input is overarching or crosscutting.

Many participants discussed the growing intersection of the commercial tobacco and cannabis markets as Minnesota moves forward with legalization. For example, participants perceive that more people are using multiple commercial tobacco products (known as dual or poly use) and that many people who use commercial tobacco are also using cannabis. This was especially true around the topic of vaping. With that backdrop, there was concern among participants that existing policy solutions and treatment options are not sufficient. Participants discussed the implications and importance of working across these issues and identified challenges and opportunities for policy, youth prevention, and cessation. There was support expressed for addressing cannabis alongside, and simultaneous to, commercial tobacco, as well as concerns about delays to cannabis education, prevention, treatment, or policy.

Many participants expressed support for focusing funding initiatives on evidence-based interventions and best practices. In addition, participants underscored the need for population-based interventions that benefit all communities, especially communities that experience higher burdens from commercial tobacco use, as well as culturally tailored interventions focused on communities with higher use rates or a history of tobacco industry targeting.

There was also recognition that structural inequities and systemic racism are fundamental drivers of commercial tobacco-related health disparities. Therefore, embedding equity within all initiatives should be a priority.

Most of the topics discussed below are interconnected. For example, participants highlighted the importance of promoting and providing robust commercial tobacco treatment options in concert with policy campaigns that drive quit attempts, like ending the sale of flavored commercial tobacco products.

Participants supported a mix of funding opportunities, including competitive funding opportunities, as well as non-competitive, population-specific opportunities that could be offered through existing grants or contracts. A mix of short- and long-term funding opportunities was recommended to allow for sustained efforts, as well as flexibility for grant programs and outcomes. Ensuring funds reach community-based organizations was suggested as an important component of funding, and one that participants suggested might be used to develop funding initiatives, regardless of organization size.

Participants talked about the need for ongoing, statewide media campaigns that reach and reflect different target audiences. For example, using social media platforms, messengers, and messages that appeal to youth.

Policy initiatives

Participants discussed the critical importance of focusing new funding initiatives on proven, population-wide policy strategies that research and experience shows improve public health and reduce commercial tobacco use, especially among youth. Participants discussed the importance of equitable implementation and enforcement. In other words, to reduce commercial tobacco-related health disparities and to advance health equity, commercial tobacco prevention policies must be fully implemented to reach everyone. Careful attention must be given to ensure enforcement practices do not have unintended consequences or impact some population groups more negatively than others.

Participants also talked about investing in local policy activities to continue Minnesota's success building support for statewide policy change by passing local ordinances like with smoke-free air laws, e-cigarette regulations, and Tobacco 21 policies.

Participants noted that policy interventions are known to be effective especially when several are implemented together so many policies can be pursued simultaneously. Many participants said their top policy priority is ending the sale of all flavored commercial tobacco products, including menthol cigarettes. Menthol cigarettes are the only flavored cigarette left on the market and are a major driver of commercial tobacco-related health disparities.

"I believe the powerhouse option would be to eliminate the sale of flavored commercial tobacco products."

Participants provided policy recommendations to pursue at the local, state, and Tribal level as well as funding recommendations for specific activities to support meaningful policy change.

Policy recommendations

Policy recommendations made by feedback session participants included:

- Eliminate the sale of all flavored commercial tobacco products, including menthol cigarettes. As noted above, this policy recommendation was a top priority for many participants.
- Increase the price of commercial tobacco products through tax and non-tax approaches such as restricting price discounts. Participants also recommended dedicating revenue to fund commercial tobacco control including cessation and prevention programs.
- Limit commercial tobacco product availability through retail license and zoning policies, such as reducing the number of commercial tobacco licenses in a specific jurisdiction and restricting commercial tobacco retailer proximity and distance.
- Implement point-of-sale policies such as restricting commercial tobacco advertising, restricting product placement and price promotions, and requiring commercial tobacco retailers to post cessation resources.
- Increase the annual commercial tobacco license fee and increase fines on municipal license holders who fail to comply with laws.
- Enact comprehensive commercial tobacco-free policies in a variety of spaces including school grounds, health care and business campuses, and public outdoor spaces.
- Close loopholes on online sales.
- In conjunction with local policy changes, repeal remaining purchase, use, or possession (PUP) penalties in local ordinances.
- Move communities closer to being completely commercial tobacco-free. Policy recommendations included enacting nicotine-free generation policies, and other endgame² policies.
- Preserve local control. Anticipate, defeat, and repeal preemptive legislation.
- Continue to reduce barriers to comprehensive tobacco treatment.
- Explore policies that reduce the environmental impacts of commercial tobacco production and waste such as requiring manufacturers to pay for the cost of disposal, especially for e-cigarettes.

² Endgame" is a strategy to move toward the end of commercial tobacco and nicotine use, except for FDA-approved nicotine replacement therapies.

- Revisit the state law requiring vaping education in schools to ensure it reflects current best practices.
- Support efforts to strengthen federal commercial tobacco prevention policies such as reducing exposure to commercial tobacco use and tobacco marketing on television, movies, and social media.

“Also, if a law could be passed that restricts the display of these tobacco products, that would also be helpful. One only has to walk into certain gas stations for a moment before being bombarded by the “wall of tobacco”, which of course looks glorified with its flashy colors and packaging. My young children see that and are drawn to it; they want to know what it is because it is meant to be appealing to young children.”

In addition to commercial tobacco-focused policies, participants discussed the importance of policies that address the social determinants of health and root causes of health inequities such as improving access to health care, childcare, and education.

Ways to increase the success of policy efforts

Participants identified elements that contribute to successful policy efforts, noting new funding initiatives could support any combination of these activities.

- Building and strengthening diverse ³ coalitions to advocate for policy change.
- Educating and engaging elected officials as policy champions.
- Providing advocacy skills training to local public health and Statewide Health Improvement Partnership (SHIP) grantees.
- Ensuring robust implementation and enforcement efforts to improve compliance rates and maximize the benefits of the policies.
- Provide Cultural Intelligence training for policymakers, advocates, and enforcement personnel to ensure a deep understanding of the diverse cultural nuances and issues involved with enactment and enforcement of commercial tobacco policies.
- Developing policy-related messages and materials that reach target audiences.
- Cultivating new partnerships and relationships.
- Providing access to quality technical assistance to support all phases of policy campaigns.
- Organizing and tracking statewide policy resources such as “a comprehensive list of all local tobacco ordinances including the capability to compare and sort the data.”
- Encourage young people to participate in policy change and identify and address barriers that might prevent young people from participating, such as transportation, timing of meetings, and the need for a supportive environment that welcomes diverse perspectives. Compensate youth for their time and expertise to further remove barriers to their participation.

³ “Diverse” refers to organizations serving a wide range of racial and ethnic communities, as well as different types of organizations and individuals.

- Contributing to the evidence base for new, emerging policies like supporting evaluation efforts and research projects focused on endgame strategies.

“If a using youth (like myself) were to speak to a city council on how appealing, accessible and addicting the vapes and other tobacco are, it might convince them that spending money on prevention is a big money saver in the future.”

In combination with efforts to advance policy, participants underscored the need for ongoing, well-funded communications campaigns to educate the public, counter tobacco industry messages and create environments supportive of policy change. In addition, participants discussed the importance of providing free and accessible cessation resources and nicotine treatment options available to Minnesotans who will look for quitting support because of or in anticipation of a policy change.

Coalitions and partnerships

Participants also discussed the importance of working across coalitions and building new partnerships with groups that have similar goals. While there was strong insistence on preserving these funds for commercial tobacco prevention, there was interest in looking for ways the commercial tobacco control community can support and partner with other prevention coalitions such as drug-free community coalitions, environmental groups, or organizations and agencies addressing chronic conditions.

“The improper disposal of vape products, particularly in school settings, results in Tobacco Product Waste (TPW) ending up on streets and entering waterways, disproportionately affecting the health of historically marginalized and vulnerable populations. Allocating resources towards fighting the vaping epidemic through addressing TPW and environmental justice could be an effective step towards ensuring the health and well-being of our youth. Youth are attracted to and inspired to advocate for environmental justice issues and will be more likely to be receptive to TPW campaigns than adults talking at them about what's best for their health. By supporting grantees in implementing supportive disciplinary policies, along with TPW campaigns surrounding proper waste disposal, we can make a significant impact in preventing and reducing commercial tobacco use among young individuals.”

Finally, some participants pointed out that political engagement is not desirable or possible for everyone.

“We can promote positive change through culturally responsive messages, health awareness campaigns, and community building are instrumental in creating a vibrant and healthy community... Our community's strength lies not only in political engagement but also in the myriad ways individuals contribute to cultural preservation, health education, and social cohesion.”

School-based initiatives

Many of the ideas and recommendations provided by participants around school-based initiatives are predicated on increased, intentional, and sustained collaboration between statewide and macro-level partners including but not limited to the Minnesota Department of Health, the Minnesota Department of Education, the Minnesota School Board Association, and the Local Public Health Association.

There was near-universal recognition that schools are at the center of the youth vaping crisis. At the same time, participants were cognizant of the significant infrastructure challenges and budget pressures schools face and were mindful of not adding more to their plates. Participants acknowledged the dramatic differences in schools' abilities, interests, and readiness to address student commercial tobacco use. And participants were conscious of how challenges and opportunities are different for schools and districts depending on factors including funding, size, population served, and geography.

One challenge recognized by participants is the changing product market. It is hard for schools to stay updated on latest trends and industry marketing strategies. For example, oral nicotine pouches like Zyn are quickly becoming more popular with young people.

Another challenge voiced by participants is a concern about the state's ability to conduct surveillance in schools. Some schools have opted out of in-school data collection, like the Minnesota Student Survey.⁴ Without data, all parties will struggle to understand trends and how to best support young people.

Connections, collaboration, and capacity

Many participants discussed opportunities to connect schools with existing resources and increase school capacity to foster and sustain deeper partnerships with external support. Specific ideas included:

- Supporting stronger collaboration between schools and local public health agencies that can provide in-school education and cessation support.
- Supporting stronger collaboration between schools and community-based organizations that serve populations that experience commercial tobacco-related health disparities.
- Supporting stronger collaboration between schools and healthcare providers who can offer a broader range of treatment options to young people.
- Providing schools with options and ideas on how to spend funds that they receive from independent settlements with JUUL or other one-time funding sources.
- Ensuring schools know where to locate the most current list of recommended vaping or commercial tobacco control curricula.

Prevention 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.

Many participants were not aware of the [School Toolkit for E-cigarette Use Prevention and Cessation](https://www.health.state.mn.us/communities/tobacco/ecigarettes/schools/index.html) (<https://www.health.state.mn.us/communities/tobacco/ecigarettes/schools/index.html>) which was

⁴ The Minnesota Student Survey (MSS) is conducted every three years among populations of Minnesota public schools. The census-like survey asks questions about activities, experiences, and behaviors. Topics covered include: tobacco, alcohol and drug use, school climate, physical activity, violence and safety, health, connections with school and family, and other topics.

developed for Minnesota school staff, including administrators, educators, teachers, and health services staff working to address the use of e-cigarettes in schools. The toolkit outlines opportunities for action, along with resources and tools to help youth quit. Increasing awareness of the toolkit, making it easier to find, and identifying specific resources within it for targeted purposes were identified as strategies that would help schools make better use of the toolkit.

Participants discussed the importance of ensuring curricula, programs and materials reflect students' diverse backgrounds and lived experiences, noting the persistent disparities in youth use rates across various population groups. For example, LGBTQ+ students have an increased risk of behavioral health conditions including commercial tobacco dependence, substance use and mental health conditions.

Participants provided specific recommendations for what types of information should be emphasized in educational materials directed at young people. Many participants noted the importance of educating students about the differences between commercial and traditional tobacco and discussing the tobacco industry's misappropriation of American Indian culture for commercial profit. Likewise, participants wanted to ensure prevention education includes information on how the tobacco industry aggressively targets certain population groups with marketing including young people, women, LGBTQ+ communities and racial and ethnic minority groups. For example, for decades the tobacco industry targeted Black Americans with marketing for menthol cigarettes. As a result, over 85% of Black Americans who smoke cigarettes smoke menthols.

Participants offered other ideas to ensure the education provided was engaging such as "incorporating arts and media, such as music, film, or visual arts, to convey vaping prevention messages in a culturally integrated and appealing manner."

Many participants discussed the importance of a "whole family" approach, engaging parents and guardians in prevention and cessation efforts.

"Many parents are unaware of how to spot the signs of e-cigarette usage. I was on a plane with my mom and the man next to us was vaping mid-flight and my mom had no idea. Learning the smells, sounds, how they look, behaviors surrounding vaping can help parents more easily spot the signs of vape use and intervene."

"One idea is that schools should promote open communication with parents, through organizing informational sessions for parents and guardians to educate them about the dangers of vaping, showing them what today's products look like as many adults have no idea about the changing landscape of products, and informing them about cessation resources."

Partnering with youth-serving organizations was also seen as a way to intervene earlier on. Funding youth groups, youth sports, and other out-of-school activities was recommended to prevent substance use of all kinds.

School-based policies

Participants recognized that school policies vary. They recommended engaging and supporting schools in revisiting and improving their policies to align with best practices. Specifically, participants recommended providing support to ensure schools have comprehensive tobacco-free policies that

include alternative-to-suspension provisions and restorative approaches versus punitive measures for students who are caught possessing or using commercial tobacco. In addition, participants underscored the need for funding to support the full implementation of alternative-to-suspension programs which require more trained personnel.

Community-provided resource: [Student Commercial Tobacco Use in Schools \(https://www.publichealthlawcenter.org/sites/default/files/resources/Addressing-Student-Commercial-Tobacco-Use-in-Schools-Alternative-Measures-2019-0.pdf\)](https://www.publichealthlawcenter.org/sites/default/files/resources/Addressing-Student-Commercial-Tobacco-Use-in-Schools-Alternative-Measures-2019-0.pdf)

Treatment and cessation

Participants discussed what Truth Initiative has coined “colliding crises” – the intersection of youth mental health and nicotine use. The prevalence of depression and anxiety symptoms in youth has increased significantly compared to before the pandemic. Alongside this mental health crisis, we continue to face a youth vaping crisis fueled by products that quickly deliver highly addictive nicotine.

“Vaping often is both triggered by and exacerbated by mental health issues. To support youth and young adults through their quit, expand and promote mental health support within and outside of schools.”

Youth are becoming addicted earlier, and their addiction is deeper. To that end, participants want school-based interventions to better reflect this new reality. For example, when students are assessed for mental health issues, they should also be assessed for commercial tobacco use.

Participants expressed frustration with the lack of school-based commercial tobacco treatment options for youth and young adults addicted to nicotine. Recognizing school nurses cannot prescribe medications, participants would like to see more schools connecting with medical providers who can prescribe Nicotine Replacement Therapy (NRT) and provide other cessation support that follows the [American Academy of Pediatrics’ clinical practice recommendations \(https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/\)](https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/). Other ideas included making sure school nurses are well-stocked with resources (e.g., quit kits, fidgets, candy, or gum).

Personnel

Participants recommended providing funding to increase the number of trained personnel to support students before, during and after school including mental health counselors, school social workers and licensed alcohol and drug counselors (LADCs). Some participants expressed concern that, in their experience, the LADCs and alcohol, commercial tobacco, and other drug (ATOD) treatment providers they interact with perceive vaping to be much less harmful than cigarettes smoking or using other drugs, and therefore have a lower priority for intervening. In addition to increasing the level of staffing, participants recommended more staff training specific to vaping.

“I support school-based strategies. But teachers have little time to do this work. Many schools in the rural area are EXTREMELY short staffed. This will need to be done by a non-school person.”

Participants also recognize that the lack of personnel is not only a matter of funding but also a critical workforce issue. Even with adequate funding, school districts struggle to recruit, hire, and retain these important positions.

Along these lines, participants suggested engaging other trusted adults in the school community who could be effective in supporting students to stay commercial tobacco-free such as coaches, bus drivers, and athletic directors.

Student empowerment

Many participants discussed the need for more student-led interventions. Funding could support and sustain youth coalitions, youth advisory boards, and peer-to-peer mentoring programs. Participants would also like to see more opportunities to showcase young people's creativity, like the Escape the Vape Video Challenge.⁵ Specific recommendations included training students in storytelling techniques that effectively convey cessation messages and highlighting the power of personal narratives and culturally relevant storytelling in educational content creation.

Vape detectors

While some participants suggested using funds for the installation of vape detectors in schools, many participants expressed significant concerns with this approach. Specifically, they noted that installing vape detectors is not an evidence-based prevention strategy and does not foster a supportive environment.

Vape waste and disposal

A recurring theme among participants was supporting schools with resources and funding to properly discard confiscated vape waste.⁶ This is a costly process, and schools should not bear the burden. Participants noted that many young people are frustrated with the tobacco industry's reckless behavior regarding the environmental impacts of commercial tobacco manufacturing. Involving students in the safe disposal of vapes and increasing awareness of vape waste's negative impact on the environment is another opportunity to empower students and promote prevention.

Community-provided resource: [Disposing of E-cigarette Waste \(https://www.publichealthlawcenter.org/sites/default/files/resources/FAQ-e-cig-disposal-schools.pdf\)](https://www.publichealthlawcenter.org/sites/default/files/resources/FAQ-e-cig-disposal-schools.pdf)

Cessation and treatment

Throughout feedback sessions, participants were asked for their thoughts and ideas around how the Minnesota Department of Health could invest settlement funds to help people quit commercial tobacco use. In addition to enacting stronger policies and preventing use in the first place, there were two primary areas that questions and responses narrowed in on: helping youth and young adults quit using commercial tobacco products (specifically e-cigarettes), and ways to provide culturally tailored and

⁵ The [Escape the Vape Video Challenge \(https://www.mnescapethevape.org/\)](https://www.mnescapethevape.org/) is a contest to engage Minnesota students and raise awareness of the dangers for using e-cigarettes, often called vaping. Contestants are asked to submit a 30-second PSA video to educate their peers, schools, families, and community on the dangers of vaping nicotine. This opportunity allows students to use their creative energy to make a difference in their community.

⁶ The Minnesota Pollution Control Agency has published guidance for businesses which schools can also use: [Vaping liquids, e-cigarettes, and other nicotine wastes \(https://www.pca.state.mn.us/sites/default/files/w-hw4-65.pdf\)](https://www.pca.state.mn.us/sites/default/files/w-hw4-65.pdf)

culturally appropriate cessation support that would be most effective. Three themes were common to both areas of cessation:⁷

1. Recognizing and respecting that community members are best positioned to know what types of cessation programs, messages, messengers, and resources will work for them.
2. The importance of receiving support for quitting from peers, or people who reflect the characteristics and values of those who are trying to quit.
3. The value of taking a whole-person approach⁸ to commercial tobacco cessation.

A near-universal theme that emerged for both youth and culturally tailored cessation was the importance of engaging members of the focus group in all aspects of cessation. Examples include having community members involved in developing messaging and format for cessation interventions, featuring community members in print and digital media, and engaging community members in promoting, delivering, and evaluating interventions.

“[Make] sure that the people that the messages are aimed at are the ones coming up with the language and helping develop innovative strategies.”

Participants expressed that one important element of engaging community members in the development and implementation of cessation strategies is to use a community-led development model, and to compensate community members for their time and expertise. Examples included convening focus groups, establishing an advisory council, and creating a new grant program.

“You need to talk to those you are planning to help, have them develop messages, videos, etc. ‘Nothing about them without them.’”

Similarly, many participants emphasized the importance of peer support for cessation programming and messaging. Through peer support, those with lived experience have a level of credibility that an adult (for youth) or a community outsider might not have. Quitting in a group setting with people “who look like me” or with the help of a culturally similar cessation specialist was expressed as an important component for cessation of any kind.

Finally, participants advocated taking a whole-person approach when addressing commercial tobacco use for youth or adults. Rather than taking one issue (vaping) and one person at a time (the student), it was recommended that the department embrace programs and approaches that work with the whole family (incorporating intergenerational interactions), and address root causes and underlying issues such as mental health, basic human needs (food, shelter, transportation), social connection, and cultural values – issues that might both contribute to commercial tobacco use, and provide resources for combatting its use. In addition, participants suggested exploring integrated support services that

⁷ Two participants mentioned the importance of language and recommended that public health professionals stop calling quit-tobacco support “cessation” and instead call it “treatment.”

⁸ A whole-person approach as described by participants involves seeing a person as more than just a collection of organs or bodily functions. Whole-person health includes physical health, mental health, spiritual health, and social connection. It addresses interconnections between multiple disease conditions and their root causes. And it treats individuals within a family or social unit, rather than isolating each person by themselves.

address not only commercial tobacco dependence, but also other substance use (cannabis) and behavioral health issues like mental health challenges. Mental health support was raised numerous times as a closely related issue to commercial tobacco use.

“Leverage social support networks within communities, such as family, friends, and social groups, which play a significant role in many cultures. Encouraging support from these networks can enhance motivation and provide a supportive environment for individuals trying to quit.”

Youth and young adult cessation

Several themes emerged around the topic of youth and young adult cessation. This topic is also addressed in the *School-based initiatives* section on page 9.

Increase knowledge and support for adults who work with young people

Perhaps the most expressed theme was the large gap in knowledge about vaping products, currently available cessation resources, and appropriate responses to youth and young adult vaping for adults who interact with youth. The need to provide parents with information and education on how to identify commercial tobacco products, especially newer products, was addressed earlier under school-based initiatives. In addition, participants emphasized the need to provide parents with clear information on the resources that are available to youth who are vaping, and clear pathways for accessing support.

“Provide a clear path for parents to get help for their children who are using commercial tobacco products. Reduce the stigma around youth use and asking for help.”

In addition to knowing what cessation resources are available for youth, participants expressed a need for parents and other adults to be educated on how to talk with youth about vaping, quitting, health harms, etc. Specific recommendations made by participants included:

- Clearly identify resources available for helping youth quit and how to access them, especially for adults who are asked for help in these areas: pediatricians, dentists, school nurses, LADCs, school social workers, teachers, school administrators, district cultural liaisons and family advocates, and college or technical school staff.
- Provide training opportunities for adults to learn effective ways to address vaping with youth, and to gain confidence in these skills. SAMHSA’s Talk, They Hear You campaign⁹ was mentioned as one example that could be tailored to commercial tobacco. Provide materials for these adults to give to youth and their families as another point of dissemination.

⁹ “Talk. They Hear You.”® Campaign (<https://www.samhsa.gov/talk-they-hear-you>): SAMHSA’s national youth substance use prevention campaign helps parents and caregivers, educators, and community members get informed, be prepared, and take action to prevent underage drinking and other substance use. <https://www.samhsa.gov/talk-they-hear-you>

- Develop a protocol or flow chart for whether and how to make referrals to treatment for nicotine addiction, like how mental health referrals are handled in schools.
- Provide opportunities for more health care providers and school staff to be trained as certified commercial tobacco treatment specialists and increase options for people providing services to be reimbursed.

Provide additional cessation resources in schools

As noted in the *School-based initiatives* section (page 9), participants would like to see better treatment options in school settings. Specific suggestions included:

- Providing “quit kits” in schools.
- Making NRT available to youth generally, and in schools specifically. This idea was expressed in nearly every feedback session. It is important to note that NRT for youth requires a prescription, and providing NRT to youth in schools would require partnerships with medical providers that most schools do not currently have.
- Offering a “safe space” for students where they can seek help without punishment or parental disclosure. Many participants talked about the tension between wanting more trusted adults for students to talk to about their struggle with nicotine addiction and the reality that many adults in schools are mandatory reporters required to report student use. Students hesitate to approach teachers and other adults because of disclosure concerns. Providing clarity around this challenge and specifying when disclosure is required, and to whom, would be helpful for school staff and youth.

Reach and serve youth and young adults in specific ways

Specific recommendations were made around methods to reach and serve youth with cessation treatment options that are distinct from reaching and serving adults. These included:

- Promote services and prevention messages using social media and other digital platforms.
- Provide services digitally through texting, videos, apps, personalization and gamification and group counseling online.
- Offer incentives.
- Use spokespeople recognized and respected by youth.
- Focus on issues that youth and young adults care about, including their appearance, the environment, and their mental health.
- Normalize not using commercial tobacco products.
- Partner with youth-serving organizations, youth groups, and other places youth already gather.
- Incorporate creative arts, culture, and storytelling.
- Ensure mental health support is incorporated and embedded in services.

Challenges with My Life, My Quit™

Many respondents suggested promoting existing cessation services, and increasing awareness of what those services are and how to access them. However, others (especially those heavily engaged with using or promoting existing services) pointed out some challenges with them.

- My Life, My Quit™ (MLMQ) ¹⁰ is currently used and promoted by the Minnesota Department of Health as the primary youth cessation service for Minnesotans. Participants strongly suggested improving promotional materials for this program (make them “flashier” or “less governmental” or “more like Truth’s materials”).
- Participants suggested adding interactive components to youth cessation services. Some participants expressed the opinion that text messaging and self-paced programs are fine, but adding a level of human interaction and accountability would be seen as helpful for youth and young adults. MLMQ was perceived as being “not very savvy or attractive”.

Note the distinction between prevention and cessation, and the importance of both

A few participants called out that historically, youth commercial tobacco work has focused almost exclusively on prevention. While some people acknowledged the ways that prevention and cessation go hand in hand, others cautioned that the department should not abandon youth prevention efforts. Investing in proven youth prevention strategies should continue to be a priority.

Culturally driven cessation and treatment

As a key element of the feedback discussions, culturally driven and culturally led cessation initiatives generated several themes among participants. As stated earlier, participants nearly universally expressed that community members should be involved in all aspects of designing culturally tailored cessation programs, associated materials, promotional messages, program delivery, and evaluation. In addition, increased access, culturally appropriate communication methods and styles, and incorporation of cultural values into cessation programming were mentioned as important aspects. Finally, participants noted that there is no one-size-fits-all approach to commercial tobacco cessation, and that the diversity of Minnesota residents needs to be acknowledged and incorporated into all commercial tobacco work in the state.

Provide access to all through translation and accessibility

Reducing barriers to cessation was a near-universal theme throughout the feedback sessions. Translation of resources and communications into different languages and providing accessibility for those with vision or hearing impairments, were seen as critical components to increasing access to, and use of, cessation services by community members most impacted by commercial tobacco use in Minnesota. Participants recommended that in addition to written materials, the department also ensure that videos, captions, text message and email support, and audio descriptions are translated into multiple languages, including Spanish, Somali, Ojibwe, Hmong, among other languages.

“Use communication and educational materials that are culturally relevant and linguistically appropriate. This may involve translating materials into different languages or using visual aids that reflect the cultural diversity of the target population.”

¹⁰ My Life, My Quit is a program to help Minnesota teens ages 13-17 quit commercial tobacco and nicotine, including vaping. The program is free and confidential. Teens can text to chat with a quit coach, engage in coaching calls and online chat, and receive youth-specific materials. Text “Start My Quit” to 36072 or visit [My Life, My Quit \(http://www.mylifemyquit.com/\)](http://www.mylifemyquit.com/).

Several participants pointed out that accessibility includes not only translating materials, but also providing descriptions of audio files for people with hearing impairments, providing sign language interpretation, providing captions for all image files, and providing visual aids that reflect the cultural diversity of the audience the department is trying to reach.

“Please pay attention to individuals with disabilities. Make sure materials are accessible in multiple languages, especially signed languages.”

Communicate in ways that are respected by and reach community members

Participants noted that different population groups use different communications channels. Participants encouraged the department to use these specific channels for educational and promotional communication efforts using messaging styles and images that are appropriate for each community the department is trying to reach. Examples included WeChat, WhatsApp, YouTube, as well as more traditional television and radio, and place-based advertising such as flyers, billboards, and bus stops.

Partner with community organizations

Earlier in this section, we described the strong recommendation from participants to work directly with the communities most affected by commercial tobacco to design solutions that are most effective for them. Similarly, participants expressed the importance of funding organizations that serve those communities to provide education and cessation services. Organizations with “boots on the ground” were described as uniquely positioned to reach and serve individuals and families with relevant and tailored services. Specific examples mentioned by participants include:

- Community Health Workers Alliance
- Faith-based organizations including churches, temples, and mosques
- Cultural groups and organizations (e.g., American Indian Cancer Foundation (AICAF), Comunidades Latinas Unidas en Servicio (CLUES))
- Direct-service organizations
- Food-serving organizations, farmers markets, food banks
- WIC clinics
- Libraries
- Community Centers
- Tribal clinics and organizations serving American Indian people

Participants also suggested that cessation materials could be distributed through non-traditional community spaces, such as gyms, bars, or barbershops.

Community organizations could also be engaged to work directly with health systems to reduce barriers to commercial tobacco treatment and improve access to services. Community organizations could refer individuals to health care systems, and those systems could identify, and document commercial tobacco use status for every patient at every visit.

Incorporate cultural beliefs, values, and practices into cessation programs

When asked about specific ways to incorporate cultural beliefs, values, and practices into cessation programs, participants had many specific suggestions, including:

- Collaborating with traditional healers or alternative medicine practitioners to complement Western cessation methods.
- Incorporating herbal remedies, sweat lodges, healing teas, aroma therapy, yoga, walking and exercise.
- Integrating spiritual or religious rituals and community gatherings into the program design to make them more appealing and relevant to participants.

Community members must be reflected in cessation programs, materials, intervention staff, and messages

Just as participants emphasized the need to engage community members in all aspects of program design, they also highlighted the need for messages, images, materials, messengers, and intervention staff to reflect the populations they are designed to serve. Having people “who look and sound like me” was identified as a key element for program credibility, trust, and effectiveness. In particular, participants identified an opportunity for the department to fund training for cessation program staff who are reflective of communities they are trying to serve.

“Cessation services should be delivered by people who look like me and reflect my community.”

“Train folks from diverse communities to work with folks in their communities.”

Examples of types of roles that need community representation include:

- Health care providers (doctors, nurses, dentists, community health workers)
- Tobacco treatment specialists
- Images in cessation program materials
- People portrayed in cessation program promotions

Participants also noted that people providing cessation services need to be reimbursed for their time, regardless of where those services are being provided.

There is no one-size-fits-all approach

Participants emphasized the importance of variety and choice for community members who are interested in quitting any form of commercial tobacco. While Quit Partner™¹¹ was recognized as an important resource, participants stressed it cannot be the only option for community members to use when quitting.

There was strong support for in-person programs that are easy to access and in locations where community members already gather, such as churches or community centers. Programs that not only are physically housed within faith-based but also integrate faith teachings were also suggested as resonating with people for whom their faith is an important component of their identity.

¹¹ Quit Partner is Minnesota’s new family of programs to help people who want to quit smoking, vaping, chewing, or using other commercial tobacco products. Call 1-800-QUIT-NOW (784-8669) or visit [Quit Partner \(https://www.quitpartnermn.com/\)](https://www.quitpartnermn.com/).

“Quitlines can be helpful but there need to be in-person options with LOCAL providers already interested in this work.”

In-person cessation programming requires removing barriers to participate, including transportation, childcare, and providing food during mealtimes. Virtual options require access to broadband internet.

Participants supported providing a range of treatment options including phone counseling, online counseling, text support, group counseling, workplace support, nicotine replacement therapies and combinations of these options.

“Researchers at AICAF have been developing, testing, and publishing on a digital cessation option targeted at the AI community and it could be tailored for different population groups; this work has been funded primarily with NCI funds – The helpline is not the mode people want to use. Our culturally tailored digital cessation program reflects how we operate today using our phones and digital platforms for everything.”

Importance of partnering with tribal leaders, clinics, and organizations serving American Indians

Simultaneously from this feedback process, the Minnesota Department of Health is conducting a separate planning process to consider how settlement funds might most effectively be used for and by American Indian communities in Minnesota. While participants were not asked specifically about tailoring cessation for American Indians specifically, several participants provided suggestions for things to consider as part of this process.

- American Indian people have the highest commercial tobacco use rate of any group in Minnesota.
- Include American Indian unique history and historical trauma with commercial tobacco in education and cessation programming.
- Fund Tribes, American Indian community organizations, and cultural leaders directly to implement commercial tobacco control work, including cessation efforts.

Importance of regional tailoring

Participants noted that cultural tailoring is not unique to racial or ethnic heritage. Several also noted people living in different parts of the state have different lifestyles, beliefs, traditions, ways of speaking, and values. Rural Minnesota was identified as requiring different approaches, programs, and messaging than larger cities. Further, the northern part of the state may require different approaches than the southern part of the state, even though they are both “greater” or “rural” Minnesota.

Next steps

This document will be shared with participants, posted on the [Minnesota Department of Health website \(https://www.health.state.mn.us/\)](https://www.health.state.mn.us/), and used by the department to inform future funding decisions.

The department will use this community input to shape future funding opportunities. Community members are encouraged to visit the [Community Input for Minnesota’s 2023 JUUL Settlement Funds webpage \(https://www.health.state.mn.us/communities/tobacco/settlement/index.html\)](https://www.health.state.mn.us/communities/tobacco/settlement/index.html) to learn more about the settlement and input process, as well as sign up for updates and RFP announcements.