07 - 0038

Tobacco Use Prevention: Report to the Legislature on 2005-2006 activities
Printed January 2007

This report provides a summary of legislatively funded activities of the tobacco prevention and control section for the years 2005 and 2006. The report includes a financial summary for each year as well as highlights of grant recipients' activities. The report also includes data from the 2005 Minnesota Youth Tobacco Survey.

For more information contact:
Michonne Bertrand
Office of Tobacco Prevention and Control
Phone: 651-201-3661
Email: michonne.bertrand@health.state.mn.us

TOBACCO USE PREVENTION AND LOCAL PUBLIC HEALTH ENDOWMENT FUND

144.395 TOBACCO USE PREVENTION AND LOCAL PUBLIC HEALTH ENDOWMENT FUND.

Subdivision 1. **Creation.** The tobacco use prevention and local public health endowment fund is created in the state treasury. The state board of investment shall invest the fund under section 11A.24. All earnings of the fund must be credited to the fund. The principal of the fund must be maintained inviolate, except that the principal may be used to make expenditures from the fund for the purposes specified in this section when the market value of the fund falls below 105 percent of the cumulative total of the tobacco settlement payments received by the state and credited to the tobacco settlement fund under section 16A.87, subdivision 2. For purposes of this section, "principal" means an amount equal to the cumulative total of the tobacco settlement payments received by the state and credited to the tobacco settlement fund under section 16A.87, subdivision 2.

Subd. 2. **Expenditures.** (a) Up to five percent of the fair market value of the fund on the preceding July 1, must be spent to reduce the human and economic consequences of tobacco use among the youth of this state through state and local tobacco prevention measures and efforts, and for other public health initiatives.

(b) Notwithstanding paragraph (a), on January 1, 2000, up to five percent of the fair market value of the fund is appropriated to the commissioner of health to distribute as grants under section 144.396, subdivisions 5 and 6, in accordance with allocations in paragraph (c), clauses (1) and (2). Up to $200,000 of this appropriation is available to the commissioner to conduct the statewide assessments described in section 144.396, subdivision 3.

(c) Beginning July 1, 2000, and on July 1 of each year thereafter, the money in paragraph (a) is appropriated as follows, except as provided in paragraphs (d) and (e):

(1) 67 percent to the commissioner of health to distribute as grants under section 144.396, subdivision 5, to fund statewide tobacco use prevention initiatives aimed at youth;

(2) 16.5 percent to the commissioner of health to distribute as grants under section 144.396, subdivision 6, to fund local public health initiatives aimed at tobacco use prevention in coordination with other local health-related efforts to achieve measurable improvements in health among youth; and

(3) 16.5 percent to the commissioner of health to distribute in accordance with section 144.396, subdivision 7.

(d) A maximum of $150,000 of each annual appropriation to the commissioner of health in paragraphs (b) and (c) may be used by the commissioner for administrative expenses associated with implementing this section.

(e) Beginning July 1, 2001, $1,250,000 of each annual appropriation to the commissioner under paragraph (c), clause (1), may be used to provide base level funding for the commissioner's tobacco prevention and control programs and activities. This appropriation must occur before any other appropriation under this subdivision.

Subd. 3. **Sunset.** The tobacco use prevention and local public health endowment fund expires June 30, 2015. Upon expiration, the commissioner of finance shall transfer the principal and any remaining interest to the general fund.

144.396 TOBACCO USE PREVENTION.

Subdivision 1. **Purpose.** The legislature finds that it is important to reduce the prevalence of tobacco use among the youth of this state. It is a goal of the state to reduce tobacco use among youth by 25 percent by the year 2005, and to promote statewide and local tobacco use prevention activities to achieve this goal.

Subd. 2. **Measurable outcomes.** The commissioner, in consultation with other public, private, or nonprofit organizations involved in tobacco use prevention efforts, shall establish measurable outcomes to determine the effectiveness of the grants receiving funds under this section in reducing the use of tobacco among youth.

Subd. 3. **Statewide assessment.** The commissioner of health shall conduct a statewide assessment of tobacco-related behaviors and attitudes among youth to establish a baseline to measure the statewide effect of tobacco use prevention activities. The commissioner of children, families, and learning must provide any information requested by the commissioner of health as part of conducting the assessment. To the extent feasible, the commissioner of health should conduct the assessment so that the results may be compared to nationwide data.

Subd. 4. **Process.** (a) The commissioner shall develop the criteria and procedures to allocate the grants under this section. In developing the criteria, the commissioner shall establish an administrative cost limit for grant recipients. The outcomes established under subdivision 2 must be specified to the grant recipients receiving grants under this section at the time the grant is awarded.

(b) A recipient of a grant under this section must coordinate its tobacco use prevention activities with other entities performing tobacco use prevention activities within the recipient's service area.

Subd. 5. **Statewide tobacco prevention grants.** (a) To the extent funds are appropriated for the purposes of this subdivision, the commissioner of health shall award competitive grants to eligible applicants for projects and initiatives directed at the prevention of tobacco use. The project areas for grants include:

(1) statewide public education and information campaigns which include implementation at the local level; and

(2) coordinated special projects, including training and technical assistance, a resource clearinghouse, and contracts with ethnic and minority communities.

(b) Eligible applicants may include, but are not limited to, nonprofit organizations, colleges and universities, professional health associations, community health boards, and other health care organizations. Applicants must submit proposals to the commissioner. The proposals must specify the strategies to be implemented to target tobacco use among youth, and must take into account the need for a coordinated statewide tobacco prevention effort.

(c) The commissioner must give priority to applicants who demonstrate that the proposed project:

(1) is research based or based on proven effective strategies;

(2) is designed to coordinate with other activities and education messages related to other health initiatives;

(3) utilizes and enhances existing prevention activities and resources; or

(4) involves innovative approaches preventing tobacco use among youth.

Subd. 6. **Local tobacco prevention grants.** (a) The commissioner shall award grants to eligible applicants for local and regional projects and initiatives directed at tobacco prevention in coordination with other health areas aimed at reducing high-risk behaviors in youth that lead to adverse health-related problems. The project areas for grants include:

(1) school-based tobacco prevention programs aimed at youth and parents;

(2) local public awareness and education projects aimed at tobacco prevention in coordination with locally assessed community public health needs pursuant to chapter 145A; or

(3) local initiatives aimed at reducing high-risk behavior in youth associated with tobacco use and the health consequences of these behaviors.

(b) Eligible applicants may include, but are not limited to, community health boards, school districts, community clinics, Indian tribes, nonprofit organizations, and other health care organizations. Applicants must submit proposals to the commissioner. The proposals must specify the strategies to be implemented to target tobacco use among youth, and must be targeted to achieve the outcomes established in subdivision 2.

(c) The commissioner must give priority to applicants who demonstrate that the proposed project or initiative is:

(1) supported by the community in which the applicant serves;

(2) is based on research or on proven effective strategies;

(3) is designed to coordinate with other community activities related to other health initiatives;

(4) incorporates an understanding of the role of community in influencing behavioral changes among youth regarding tobacco use and other high-risk health-related behaviors; or

(5) addresses disparities among populations of color related to tobacco use and other high-risk health-related behaviors.

(d) The commissioner shall divide the state into specific geographic regions and allocate a percentage of the money available for distribution to projects or initiatives aimed at that geographic region. If the commissioner does not receive a sufficient number of grant proposals from applicants that serve a particular region or the proposals submitted do not meet the criteria developed by the commissioner, the commissioner shall provide technical assistance and expertise to ensure the development of adequate proposals aimed at addressing the public health needs of that region. In awarding the grants, the commissioner shall consider locally assessed community public health needs pursuant to chapter 145A.

Subd. 7. **Local public health promotion and protection.** The commissioner shall distribute funds appropriated for the purpose of local health promotion and protection activities to community health for local health initiatives other than tobacco prevention aimed at high risk health behaviors among youth. The commissioner shall distribute these funds to the community health boards based on demographics and other need-based factors relating to health.

Subd. 8. **Coordination.** The commissioner shall coordinate the projects and initiatives funded under this section with the tobacco use prevention efforts of the Minnesota partnership for action against tobacco, community health boards, and other public, private, and nonprofit organizations and the tobacco prevention efforts that are being conducted on the national level.

Subd. 9. **Evaluation.** (a) Using the outcome measures established in subdivision 2, the commissioner of health shall conduct a biennial evaluation of the statewide and local tobacco use prevention projects and community health board activities funded under this section. The evaluation must include:

(1) the effect of these activities on the amount of tobacco use by youth and rates at which youth start to use tobacco products; and

(2) a longitudinal tracking of outcomes for youth.

Grant recipients and community health boards shall cooperate with the commissioner in the evaluation and provide the commissioner with the information necessary to conduct the evaluation. Beginning January 15, 2003, the results of each evaluation must be submitted to the chairs and members of the house health and human services finance committee and the senate health and family security budget division.

(b) A maximum of $150,000 of the annual appropriation described in section 144.395, subdivision 2, paragraph (c), that is appropriated on July 1, 2000, and in every odd-numbered year thereafter, may be used by the commissioner to establish and maintain tobacco use monitoring systems and to conduct the evaluations. This appropriation is in addition to the appropriation in section 144.395, subdivision 2, paragraph (d).

Subd. 10. **Report.** The commissioner of health shall submit a biennial report to the chairs and members of the house health and human services finance committee and the senate health and family security budget division on the statewide and local projects and community health board prevention activities funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, and evaluation data and outcome measures, if available. These reports are due by January 15 of the odd-numbered years, beginning in 2001.

Subd. 11. **Audits required.** The legislative auditor may audit tobacco use prevention and local public health expenditures to ensure that the money is spent for tobacco use prevention measures and public health initiatives.

Subd. 12. **Funds not to supplant existing funding.** Funds appropriated to the statewide tobacco prevention grants, local tobacco prevention grants, or the local public health promotion and prevention must not be used as a substitute for traditional sources of funding tobacco use prevention activities or public health initiatives. Any local unit of government receiving money under this section must ensure that existing local financial efforts remain in place.

Tobacco Use Prevention:

Report to the Legislature on 2005-2006 activities

MINNESOTA MDH DEPARTMENT OF HEALTH

85 East Seventh Place • Suite 220 • P.O. Box 64882 • St. Paul MN 55164 • 651-201-5000 • www.health.state.mn.us

Tobacco Use Prevention
Report to the Legislature on 2005-2006 activities

January 2007

For more information contact:

Office of Tobacco Prevention and Control
Health Promotion and Chronic Disease Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64882
St. Paul, MN 55164-0882

Phone: 651-201-3535
Fax: 651-201-3636
TDD: 651-201-5797
Email: tpcweb@health.state.mn.us

As requested by Minnesota Statute 3.197: This report cost approximately $616.50 to prepare, including staff time, printing, and mailing expenses.

Upon request, this material will be made available in an alternative format, such as large print, Braille, or cassette tape. This report is also available on the Worldwide Web at: www.health.state.mn.us/divs/hpcd/tpc/.

Printed on recycled paper.

OVERVIEW

The Minnesota Department of Health's (MDH) Tobacco-Free Communities in Minnesota (TFC) grant program strives to create an environment in which tobacco use is undesirable, unacceptable, and inaccessible to youth. A specific goal of reducing youth tobacco use by 30 percent by 2005 was established by the Legislature in 1999. In 2003, when funding for youth tobacco use prevention was reduced, this goal was changed to 25 percent.

Because research shows that youth who are exposed to smoking at home and/or in public settings are more likely to smoke, the TFC grant program was designed to support locally driven programs to create tobacco-free environments, including homes, workplaces, and parks. TFC grantees also worked to develop comprehensive school-based tobacco prevention efforts and to reduce youth access to tobacco. (For highlights of grantees' activities, please see page 2.)

The TFC grant program included two categories of competitive funding: local intervention grants, awarded to community agencies that represent geographic regions such as cities and counties; and populations-at-risk (PAR) grants, awarded to community organizations and tribal entities that represent population groups that have tobacco-related disparities. Funding was further divided between the metro area and greater Minnesota.

In 2005 MDH awarded nearly $4 million to twenty-one grantees. In 2006 MDH awarded approximately $3.5 million to twenty grantees. (For a complete list of grantees, the counties they serve, and their funding amounts for each fiscal year, please see page 8.)

Evaluation data show that between 2000 and 2005, tobacco use dropped by 25 percent for middle school students and 24 percent for high school students, indicating that MDH essentially met the goal established by the Legislature. Cigarette smoking declined even more dramatically, falling by 43 percent for middle school students and 31 percent for high school students.

Trend data for many of the other measurable outcomes being tracked by MDH – including youth perceptions of smoking prevalence, proportion of retailers selling tobacco to minors, and youth exposure to secondhand smoke – also showed improvement between 2000 and 2005. (For a complete evaluation report, please see page 5.)

These declines in tobacco use mean that an estimated 28,000 fewer students used tobacco in 2005 than in 2000. Preventing these youth from starting to smoke will ultimately lead to significant savings in direct health care costs in the future.

GRANTEE HIGHLIGHTS

LOCAL GRANTS

Aitkin-Itasca-Koochiching Community Health Board (AIK)
AIK conducted a community assessment to determine the demand for smoke-free housing and to identify smoke-free housing opportunities. Community education on secondhand smoke occurred throughout the three counties, including collaborations with grocery stores, schools, the WIC program, and other organizations.

American Lung Association – Northeast Branch (ALA)
ALA provided assistance to the two largest health care providers in the region – SMDC health care system and St. Luke's Hospital – as they developed tobacco-free campus policies, protecting patients, visitors, and employees from the harms of secondhand smoke. Youth in the area planned a visually powerful event for Kick Butts Day, displaying thousands of pairs of shoes to represent the number of people killed by tobacco each day.

Anoka County Community Health and Environmental Services
Anoka County collaborated with schools to raise awareness of tobacco-free school grounds by making tobacco-free signs and window stickers available to schools across the county. In addition, Anoka County teamed up with soccer clubs and the youth lacrosse association to develop and promote tobacco-free policies for sports organizations.

Association for Nonsmokers – Minnesota (ANSR)
Twenty-two students attended a health camp over the summer to become *Jovenes de Salud* and then worked during the school year to promote health. ANSR was also involved in the development and implementation of St. Paul's smoke-free workplaces ordinance, which went into effect on March 31, 2006. To prepare for implementation of the ordinance, coalition members visited Asian- and African American-owned restaurants to educate the owners and staff about the new ordinance.

Beltrami Tobacco Education Awareness Movement (B-TEAM)
The B-TEAM conducted outreach to businesses to prepare them for the implementation of Beltrami County's smoke-free bars and restaurants ordinance, which will fully go into effect in 2007. The B-TEAM also worked to engage and reward businesses that were already smoke-free, by developing a smoke-free coupon book and collaborating with the chamber of commerce to list smoke-free restaurants on its website.

Central Minnesota Heart Center at St. Cloud
Central Minnesota Heart Center conducted an intensive media campaign about the effects of secondhand smoke and built a community coalition of over 2,500 members to create tobacco-free environments in the region. Youth organized a smoke-free River Bats baseball game and promoted a Rip it Out competition to see which classrooms could tear out the most tobacco ads from magazines.

Clay-Wilkin Community Health Services (fiscal agent for the 8-county Borders United)
Borders United assessed the number of smoke-free golf courses in the region and provided assistance to an additional golf course that wished to become smoke-free. The coalition conducted a pledge drive which resulted in over 400 residents pledging to make their homes smoke-free. The three college campuses in Moorhead participated in an assessment to determine behaviors and attitudes toward tobacco and secondhand smoke.

Dakota County Public Health Department
Dakota County provided training for over 40 teens, who developed plans for how they could work to reduce tobacco use among their peers. In addition, Latino students from Henry Sibley High School in Mendota Heights formed a group called the Latino Warriors Anti-Tobacco Team to encourage their peers and families to avoid tobacco use. The students wrote and produced their own music and dance to help them spread their message.

Hennepin Medical Society (HMS)
HMS was involved in the passage and implementation of the Minneapolis smoke-free workplaces ordinance that went into effect on March 31, 2005. HMS worked to educate patrons about the smoke-free ordinance and to promote the uniqueness of Minneapolis establishments. HMS also collaborated with Boynton Health Service to plan Quit and Win contests at four college campuses, providing an incentive for 525 smokers to try to quit smoking. HMS, which represents physicians in several metro-area counties, expanded their efforts to build support for smoke-free environments in Carver and Scott Counties.

Houston County and Fillmore County Public Health (fiscal agents for the 11-county Southeast Tobacco Coalition)
Throughout the region, the Southeast Tobacco Coalition worked to raise awareness about the harms of secondhand smoke. The community campaign included many components, including radio public service announcements, programming at local colleges, outreach at clinics, newspaper articles, movie theater ads, and youth events. The coalition also provided support and assistance to businesses wishing to adopt voluntary smoke-free policies.

Meeker-McLeod-Sibley Community Health Services Board (MMS)
MMS was involved in the passage of smoke-free workplace ordinances in Meeker County and McLeod County. Community education throughout the three counties focused on the health hazards of secondhand smoke, how it affects Minnesotans, the importance of clean air for everyone, and what the public can do create smoke-free spaces.

Nobles-Rock Public Health
Nobles-Rock Public Health worked extensively to involve medical professionals – including doctors, pharmacists and dentists – in efforts to create smoke-free environments in their four-county region. In addition, the coalition capitalized on the release of the Surgeon General's report on the health consequences of involuntary exposure to tobacco smoke to generate community awareness of the harms of secondhand smoke.

Northwest Hennepin Human Services Council
In conjunction with area youth, Northwest Hennepin Human Services Council helped to pass strong tobacco-free parks policies in Robbinsdale and Dayton. Youth were also involved in the implementation of Hennepin County's smoke-free workplaces ordinance, distributing educational and promotional materials to restaurants. Northwest Hennepin Human Services Council also developed a media campaign targeted toward African immigrant youth to raise awareness about the dangers of secondhand smoke.

POPULATIONS-AT-RISK GRANTS

African American Family Services (AAFS)
AAFS joined forces with the Metropolitan Federation of Alternative Schools and District 202 to conduct outreach and education at a variety of community events. Youth from these organizations helped to raise awareness in their communities about the harms of secondhand smoke.

Ain Dah Yung Center
Ain Dah Yung developed and produced a documentary video – entitled "Be True to Yourself" – and an accompanying discussion guide on traditional tobacco use in the Native American community. Ain Dah Yung presented the documentary and facilitated discussion on it at health fairs and other venues.

Association for the Advancement of Hmong Women in Minnesota (AAHWM)
AAHWM developed a tobacco control coalition comprised of numerous organizations serving the southeast Asian community. These organizations educated the community about tobacco at temples, soccer tournaments, and cultural events.

District 202
District 202 developed a tobacco-free policy for their own building, moving the designated smoking area more than 25 feet from the building entrance, surpassing the requirements of the Minneapolis smoke-free workplace ordinance. In addition, District 202 planned a carnival event to provide youth with a smoke-free and alcohol-free alternative.

Leech Lake Band of Ojibwe
Leech Lake worked with youth and elders to plant a native tobacco garden. The native tobacco plants were harvested and distributed to elders for ceremonial use. Participants learned about the traditional use of tobacco and the distinction between traditional and commercial tobacco. Leech Lake also conducted a community survey to determine community attitudes about secondhand smoke and to learn about the most appropriate ways of communicating health messages.

Metropolitan Federation of Alternative Schools (MFAS)
MFAS collaborated with two Native American schools to implement a "no tobacco abuse" policy and to educate students about the sacredness of tobacco as well as the harmful effects of secondhand smoke and tobacco abuse. Youth shared their knowledge of tobacco prevention through poster presentations to their peers and interactive lessons to elementary school students.

White Earth Reservation Tribal Council
White Earth Reservation worked to develop a tobacco-free park policy in the city of Callaway, created a smoke-free bingo site, and collaborated with the Shooting Star Casino to increase the number of lodging rooms and conference areas that are smoke-free. Youth were involved in conducting tobacco compliance checks in Mahnomen County.

EVALUATION REPORT

In 1999 the Legislature set a goal of reducing tobacco use among youth by 30 percent by the year 2005. In 2003, when funding for youth tobacco use prevention was reduced, this goal was changed to 25 percent. In addition to establishing a specific goal for reducing tobacco use, the Legislature directed the Commissioner of Health to establish and report on measurable outcomes to determine the effectiveness of tobacco prevention efforts. The commissioner convened a team of tobacco control experts, which recommended tracking the following measures:

- Proportion of youth who use tobacco
- Initiation of smoking among youth
- Youth self-reported cigarette consumption
- Youth desire to begin smoking
- Source of tobacco products for youth
- Proportion of retailers selling tobacco to minors
- Youth attitudes and beliefs toward tobacco use
- Youth perceptions of the prevalence of smoking
- Exposure to secondhand smoke
- Ability to refuse influences to use tobacco

According to Minnesota Youth Tobacco Survey (MYTS) data, the prevalence of tobacco use (which includes cigarettes, cigars, smokeless tobacco, pipe tobacco and other products) dropped dramatically and steadily between 2000 and 2005. The percentage of middle school students who used any form of tobacco in the previous 30 days fell from 12.6 percent in 2000 to 9.5 percent in 2005, a decline of 25 percent. At the high school level, the percentage of students using tobacco in the previous 30 days fell from 38.7 percent to 29.3 percent, a decline of 24 percent. These data indicate that MDH essentially met the 25 percent reduction goal established by the Legislature.

Cigarette smoking declined even more substantially, falling by 43 percent for middle school students and 31 percent for high school students. There was also a significant decline in the number of frequent smokers (i.e., those who smoked on 20 or more days in the past 30 days).

The percentage of high school students who were considered frequent smokers fell from 16.9 percent in 2000 to 10.2 percent in 2005, meaning fewer young people are progressing from experimentation to frequent smoking in their high school years.

In terms of the other measurable outcomes, there were modest reductions in exposure to secondhand smoke. The percentage of students reporting any exposure to secondhand smoke in the past week fell from 58.0 percent to 48.7 percent in middle school and from 75.8 percent to 64.8 percent in high school.

The proportion of retailers who sold tobacco to minors fell from 19.2 percent to 13.4 percent between 2000 and 2005. This mirrors a decline in the number of high school students who report usually getting their cigarettes by buying them in the store.

Many of the other measurable outcomes, especially those related to attitudes and beliefs about tobacco, were strong in 2000 and remained strong in 2005. Fewer than 20 percent of middle and high school students believe that young people who smoke cigarettes have more friends. Fewer than 15 percent of students believe that smoking cigarettes makes young people look cool or fit in or that it is safe to smoke for a year or two as long as you quit after that.

Results for all measurable outcomes are summarized in the table on pages six and seven.

MDH will continue to evaluate its youth tobacco use prevention programs and to monitor trends in youth tobacco use, tobacco-related attitudes and beliefs, and other measurable outcomes. The next MYTS is scheduled to be administered in 2008.

Measurable outcomes	2000	2002	2005	Percent Change 2000-2005
Proportion of youth who use tobacco				
Percent of all students who used tobacco on one or more days in the past 30 days:				
MIDDLE SCHOOL	12.6%	11.2%	9.5%	**-25%**
HIGH SCHOOL	38.7%	34.4%	29.3%	**-24%**
Percent of all students who smoked cigarettes on one or more days in the past 30 days:				
MIDDLE SCHOOL	9.1%	7.2%	5.2%	**-43%**
HIGH SCHOOL	32.4%	28.9%	22.4%	**-31%**
Percent of students who are frequent smokers (i.e., smoked on 20 or more days in the past 30 days)				
HIGH SCHOOL*	16.9%	14.7%	10.2%	**-40%**
Initiation of smoking among youth				
Percent who smoked their first whole cigarette at age 12 or younger (based only on students who have smoked a whole cigarette):				
MIDDLE SCHOOL	85.1%	82.6%	80.4%	**ns**
HIGH SCHOOL	41.2%	42.7%	39.9%	**ns**
Youth self-reported cigarette consumption				
Percent of current smokers who smoke six or more cigarettes per day (on the days they smoke):				
HIGH SCHOOL*	31.6%	33.0%	27.9%	**ns**
Youth desire to begin smoking				
Percent of never-smokers who are susceptible to starting to smoke (i.e. they are not firmly committed to never smoking):				
MIDDLE SCHOOL	26.4%	24.6%	22.6%	**-14%**
HIGH SCHOOL	25.8%	24.3%	24.9%	**ns**
Source of tobacco products for youth				
Percent of HIGH SCHOOL current smokers under 18 who usually obtain their cigarettes by:				
COMMERCIAL MEANS (buying them from store or vending machine	17.6%	17.6%	12.1%	**-31%**
SOCIAL MEANS (getting someone to buy for them, getting from family or friends	71.0%	70.3%	73.0%	**ns**
OTHER MEANS (taking them from a store or family member, getting them in some other way)	11.4%	12.1%	14.9%	**ns**

Measurable outcomes	2000	2002	2005	Percent Change 2000-2005
Proportion of retailers selling tobacco to minors Non-compliance rate/Percent of retailers selling tobacco to minors [Source: DHS annual Synar survey]	19.2%	15.0%	13.4%	**NA**
Youth attitudes and beliefs toward tobacco use				
Percent who believe it is safe to smoke for a year or two, as long as you quit after that:				
MIDDLE SCHOOL	12.0%	11.8%	7.5%	**-38%**
HIGH SCHOOL	16.7%	15.0%	13.0%	**-22%**
Percent who believe that young people who smoke cigarettes have more friends:				
MIDDLE SCHOOL	14.8%	15.7%	12.4%	**ns**
HIGH SCHOOL	21.4%	19.8%	18.8%	**ns**
Percent who believe that smoking cigarettes makes young people look cool or fit in:				
MIDDLE SCHOOL	9.9%	11.4%	8.3%	**ns**
HIGH SCHOOL	14.0%	13.7%	13.0%	**ns**
Youth perceptions of the prevalence of smoking				
Percent who report that two or more of their four closest friends smokes cigarettes:				
MIDDLE SCHOOL	13.3%	12.0%	8.8%	**-34%**
HIGH SCHOOL	39.9%	35.5%	28.0%	**-30%**
Exposure to secondhand smoke				
Percent who reported being in the same room or in a car with someone who was smoking in last 7 days:				
MIDDLE SCHOOL	58.0%	55.9%	48.7%	**-16%**
HIGH SCHOOL	75.8%	71.8%	64.8%	**-15%**
Ability to refuse influences to use tobacco				
Percent of never-smokers who reported they would definitely not smoke if one of their best friends offered them a cigarette:				
MIDDLE SCHOOL	82.7%	83.5%	85.6%	**+4%**
HIGH SCHOOL	84.2%	83.5%	83.7%	**ns**

Except where noted, data were collected through the 2000, 2002 and 2005 Minnesota Youth Tobacco Survey. For more information on the survey, including data collection methods and a complete report, see http://www.health.state.mn.us/divs/hpcd/tpc/pdf/05youthreport.pdf.

* Because very few middle school students are established smokers, we report only on high school students.
ns: Changes were not statistically significant; all other changes are statistically significant at the $p \leq .05$ level.
NA: Information on the statistical significance of this change is not available.

FINANCIAL REPORT

LOCAL GRANTS	CY 2005 amount awarded	CY 2006 amount awarded
Aitkin-Itasca-Koochiching Community Health Board	$72,259	$72,300
American Lung Association – Northeast Branch (Carlton & St. Louis Co.)	$247,948	$223,200
Anoka County Community Health and Environmental Services	$222,058	199,900
Association for Nonsmokers – Minnesota (Ramsey Co.)	$340,000	$306,000
Beltrami Tobacco Education Awareness Movement	$175,000	$157,500
Central Minnesota Heart Center at St. Cloud (Stearns Co.)	$222,358	$200,100
Clay-Wilkin Community Health Services (Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse & Wilkin Co.)	$315,000	$283,500
Dakota County Public Health Department	$226,044	$203,400
Hennepin Medical Society	$300,000	$270,000
Houston County Public Health (2005); Fillmore County Public Health (2006) (Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha & Winona Co.)	$263,000	$236,700
Meeker-McLeod-Sibley Community Health Services Board	$250,000	$225,000
Nobles-Rock Public Health (Cottonwood, Jackson, Nobles & Rock Co.)	$184,983	$166,500
Northwest Hennepin Human Services Council	$207,143	$186,400
SUBTOTAL	*$3,025,793*	*$2,730,500*
POPULATIONS-AT-RISK GRANTS		
African American Family Services	$140,000	$126,000
Ain Dah Yung Center	$105,630	$100,000
Association for the Advancement of Hmong Women in Minnesota	$150,000	$135,000
District 202	$145,268	$130,700
Leech Lake Band of Ojibwe	$86,408	$86,400
Metropolitan Federation of Alternative Schools	$142,945	$128,700
Somali Community Resettlement Services, Inc.	$126,630	$0
White Earth Reservation Tribal Council	$75,375	$75,400
SUBTOTAL	*$972,256*	*$782,200*
TOTAL	**$3,998,049**	**$3,512,700**