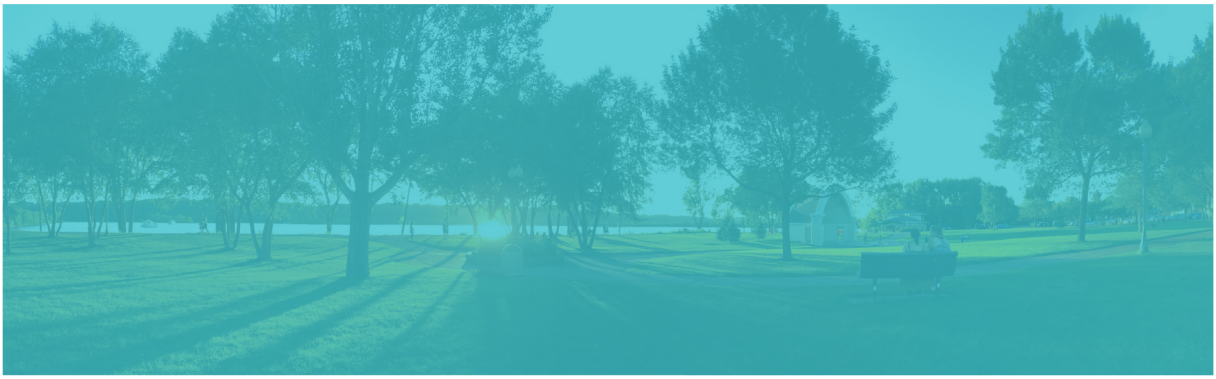
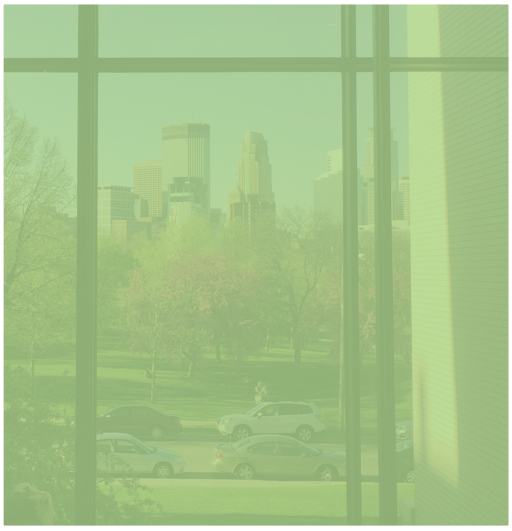


community VOICES

Reducing Tobacco-Related Health Inequities



MDH Minnesota Department *of* Health

Community Voices: Reducing Tobacco-Related Health Inequities – Executive Summary

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Minnesota has achieved significant success in tobacco prevention and control over the past two decades. Adult cigarette use is at a historic low rate and below the national average. However, certain Minnesota communities still suffer disproportionately from tobacco-related death and disease.

To address tobacco-related inequities, the Minnesota Department of Health (MDH) sought to identify tobacco prevention and control-related opportunities and priorities among groups most disparately impacted by commercial tobacco[1] use and secondhand smoke exposure. In coordination with partners, we facilitated a series of community-specific, in-person input sessions, interviews, and a stakeholder survey to learn about tobacco-related threats and how they may be addressed. These findings will provide insight for Minnesota's communities and tobacco control funders and partners and be integrated into statewide tobacco prevention and control efforts.

Key findings and opportunities for action

Tobacco use is a deeply embedded social norm in many communities. Often, tobacco products are widely available, easily accessible, and marketed to target specific communities.

When tobacco use is so prevalent, it is viewed by many to be a social norm rather than a significant problem. Tobacco use and smoking are social activities which create a place of belonging. Largely because of the social aspect of tobacco use, community members may find little support – or even active discouragement – from peers when they decide to quit, or even begin thinking about quitting.

OPPORTUNITIES FOR ACTION: Prioritize and intensify efforts among communities most impacted by the harms of tobacco use. Tobacco control work must address social norms and the underlying reasons why people use tobacco. Additional community-specific funding is needed to sustain the tobacco control successes made so far, as well as to reach the communities that have seen less progress.

Reduce the availability and accessibility of tobacco products, especially where youth and priority populations are being targeted. Incorporate initial and ongoing assessment into program efforts to identify areas of particular concern. Incorporate information about tobacco industry targeted marketing in outreach and educational efforts.

Tobacco use is often seen as a lesser threat compared to other issues that are reported as more serious or imminent.

Tobacco use is often seen as being a less serious problem than other stressors communities face, especially issues related to social determinants of health (e.g., structural racism, poverty). Smoking cigarettes is at times viewed as an immediate way to deal with the daily stress brought on by other concerns.

OPPORTUNITIES FOR ACTION: Acknowledge how social determinants of health and other socioeconomic factors contribute to tobacco use. Improve communication between MDH and community members related to the unique social, cultural, and environmental factors that need to be

[1] All references to "tobacco" refers to commercial tobacco products (cigarettes, cigars, chew, etc.) and not tobacco used for spiritual or ceremonial purposes.

considered in community-specific program efforts. Integrate ongoing community engagement into program efforts.

Increase opportunities for integrating tobacco-related activities with other high priority areas, existing services, and health initiatives. Meet community members where they currently engage with service providers and where they may be more receptive to receiving information.

Communities are best suited to identify and address their own tobacco-related needs and priorities.

Within each community, there are community-based organizations that represent the people they serve and are in tune with community needs. Many are embedded within the community but are not necessarily working in tobacco control; these organizations are in a unique position to address tobacco and cessation needs, but may not currently be working in tobacco.

OPPORTUNITIES FOR ACTION: Use asset-based approaches to leverage community strengths. Community members are best suited to identify and capitalize on their unique strengths and cultural contexts. Funders, working in partnership with community leaders and organizations, should build upon those strengths and provide the resources needed to capitalize on them.

Support and integrate advocacy and capacity building, especially within priority populations. Create opportunities to strengthen the leadership capacity of community-based organizations and community members to participate in and lead advocacy efforts.

When quitting, community members wish to use services that are provided by members of their own communities, which are not necessarily available.

Community members most often seek the support of family, friends, and faith communities when quitting. Barriers, such as a lack of health insurance, prevent healthcare providers from playing a greater role in cessation. Community members do not perceive quitlines to be culturally relevant. Culturally based community-based organizations are generally not involved in tobacco work. Because cessation services are often not provided in an appropriate language and cultural context, community members do not generally use them.

OPPORTUNITIES FOR ACTION: Work directly with community members to identify needed resources and services. Create opportunities for community members to identify what is needed, as well as how to promote existing services and resources in the most effective, appropriate manner.

Expand and integrate cessation activities into existing services and community networks. Identify opportunities for community-based organizations to provide linkages to cessation services. Community-based organizations and community leaders should be tapped into to create an infrastructure that can be used to promote and provide services within communities. Cessation efforts should be paired with other services that organizations are providing, and could be linked to more relevant or compelling areas of interest, such as addressing racism or feminism, when appropriate.

There is a shortage of culturally specific and language-appropriate tobacco-related outreach and education efforts and services, which contributes to misconceptions about tobacco. Culturally relevant and peer-to-peer messaging is most effective.

Resources developed for one community may not be relevant or culturally effective for others. In many cases, community members are not aware of the harms of tobacco, have misconceptions about its relative safety, or perceive tobacco to be not as impactful to their community as other, higher-priority issues.

OPPORTUNITIES FOR ACTION: Work directly with communities to develop and incorporate culturally relevant messaging and other communication strategies. Messaging efforts must be led by communities to ensure relevance. Community engagement, outreach, and education efforts should be sustained, ongoing, incorporated into all tobacco control efforts, and customized for unique communities.

Community-based organizations experience significant barriers in the grant process that funds much of Minnesota's tobacco work.

Participants suggested that current processes be adapted to be more user friendly for small organizations. Smaller organizations are positioned to have significant impact on the people they serve, but often lack the resources needed to secure funding.

OPPORTUNITIES FOR ACTION: Fund community-based organizations to work directly with community members and build community capacity. Develop grant criteria that allow community-based organizations to be competitive, and offer education and technical assistance to enhance competitiveness and strengthen capacity. Create longer-term funding opportunities for sustained efforts, and allow flexibility for grant program activities and outcomes.

Overarching conclusions and recommended actions

Upon completion of the community input process, the project's advisory committee reviewed the findings and developed a number of conclusions and recommendations:

- Use a health equity lens in all tobacco prevention and control work. This lens should include consistent use of several questions that address who is involved in advocacy and decision making.
- Tobacco prevention and control should be framed as a social justice issue, taking into consideration the continuum of tobacco use, as well as the multiple determinants of tobacco use.
- Relationships between MDH, other funders and community partners must be strengthened. These enhanced partnerships can promote mutual capacity building and opportunities to learn with, and from, each other. Sharing power with community-based organizations can provide them with the tools, training, and investment of resources needed to increase leadership and advocacy skills.
- There is also a need for both an increase in overall funding for tobacco prevention and control, as well as funding for community-based organizations to do the work within their own communities. Funding opportunities should provide flexibility for programs to be designed and implemented with input from communities that recognizes and maximizes their strengths.