

Community-led Action to Reduce Menthol Cigarette Use in the African American Community

MENTHOL CIGARETTE INTERVENTION GRANT CASE STUDY

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COMMUNITY-LED ACTION TO REDUCE MENTHOL CIGARETTE USE IN THE AFRICAN
AMERICAN COMMUNITY

**Community-led Action to Reduce Menthol Cigarette Use in the African American
Community: Menthol Cigarette Intervention Grant Case Study**

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Introduction

The purpose of this case study is to document the Menthol Cigarette Intervention Grant (MCIG) implementation process with the goal of informing others—both in Minnesota and nationally—who are working on menthol tobacco policy. This case study aims to describe the successes, challenges, and lessons learned during the MCIG grant. In particular, we focus on the role that public health can play in the menthol policy adoption process so that others in local and state health departments can learn from these efforts and more effectively implement a community-driven approach to menthol tobacco prevention in their own communities. The first section of this case study describes what happened during the grant (e.g., key activities, key players, context) and the second section presents results from key informant interviews regarding successes and challenges encountered during the grant.

Menthol Cigarette Intervention Grant

Overview

In May 2015, the Minnesota Legislature passed legislation requiring the Minnesota Department of Health (MDH) to fund a one-time grant of \$200,000. The grant aimed to engage the African American community to address the disproportionately high use of cigarettes by African Americans, particularly the use of menthol-flavored cigarettes. Funding for this grant came from the Statewide Health Improvement Partnership (SHIP). The grant required that the awardee partner with a community-based organization. MDH recommended that the awarded SHIP grantee direct 70 percent of the funding to community activities through a sub-grant to an African American community-based organization.

Context

The timeline of the MCIG project overlapped with other menthol policy efforts in Minnesota. ClearWay MinnesotaSM and Blue Cross and Blue Shield of Minnesota, Center for Prevention each funded advocacy organizations—i.e., the American Lung Association in Minnesota and Association for Nonsmokers – Minnesota—to conduct advocacy and community engagement with African American community members in Minneapolis, Saint Paul, and Duluth. These funded projects, which began in 2015, built considerable community support toward menthol tobacco sales policy restrictions. By late summer 2017, this momentum translated into a vote to restrict the sale of menthol tobacco products to adult-only tobacco stores and liquor stores in Minneapolis, effectively eliminating access to menthol products in gas stations and convenience stores, grocery stores, and pharmacies. Saint Paul voted to implement similar restrictions in November 2017, and Duluth did so in February 2018, without the liquor store exemption. This report focuses exclusively on the efforts of the MCIG grant, highlighting successes, challenges, and lessons learned through a series of interviews with key MCIG staff.

Key Players and Roles

There were several key players in the execution of this grant, and each played a unique role in advancing this work. See Table 1 below for a brief summary.

Table 1. Key Players and their roles in MCIG

Organization / Title	Role
African American Leadership Forum	<ul style="list-style-type: none"> ▪ Community-based organization ▪ Primary sub-grantee ▪ Data collection and community engagement lead ▪ Recruit change agents ▪ Final recommendations
Hennepin County Public Health	<ul style="list-style-type: none"> ▪ Lead agency and coordinator ▪ Grant management ▪ Manage and support education and engagement efforts of African American Leadership Forum ▪ Provide public health and tobacco prevention and control expertise ▪ Development of evaluation plan ▪ Survey design and analysis ▪ Provide training to AALF on survey data collection methods
Minneapolis Health Department, Saint Paul-Ramsey County Public Health, City of Bloomington Public Health, Edina and Richfield Community Health Boards	<ul style="list-style-type: none"> ▪ Supporting agency ▪ Youth engagement model and recommendations
Change agents	<ul style="list-style-type: none"> ▪ Community leaders ▪ Engage the community ▪ Deliver education presentations to community members ▪ Collect community input
Youth coordinators	<ul style="list-style-type: none"> ▪ Organize and lead youth groups ▪ Arrange for youth to present and share information at community events
Youth group members	<ul style="list-style-type: none"> ▪ Assess the effect of menthol tobacco in their community ▪ Raise awareness by sharing assessment findings
Minnesota Department of Health	<ul style="list-style-type: none"> ▪ Funder ▪ Grant management ▪ Communications ▪ Case study design and implementation

Implementation

MDH awarded the MCIG grant to Hennepin County Public Health as the lead organization with support from Saint Paul-Ramsey County Public Health, Minneapolis Health Department, City of Bloomington Public Health, and Edina and Richfield Community Health Boards. The target population of the grant was U.S.-born African Americans living in Hennepin and Ramsey Counties. The grant comprised two primary phases: assessment and education/engagement. In the assessment phase, MCIG staff identified key stakeholders and potential partners, developed community awareness and outreach strategies, and conducted community assessments and interviews with community members. In the engagement phase, community members were asked for input on the direction of the grant, and media activities (e.g., radio, newspaper, social media posts) and community events were held to mobilize the community and educate on the harms of menthol tobacco use. Hennepin County and the supporting local public health departments contracted with the African American Leadership Forum (AALF), which worked closely with Hennepin County on both the assessment and community engagement components of the grant.

Pre-assessment

In Year One of the two-year grant, AALF collected surveys from 407 U.S.-born African Americans to assess support for tobacco control policy, quit attempts, and knowledge, perceptions, and use of menthol tobacco products. Hennepin County developed and tested this survey and trained AALF on survey implementation.

Education and Engagement

In Year Two, AALF led a series of education and engagement sessions that focused on information collected from the Year One assessments. AALF received assistance from the Association for Nonsmokers-Minnesota who created a presentation entitled, “Beautiful Lie, Ugly Truth.” This presentation was based off existing literature on menthol tobacco use in the African American community; for example, the presentation highlighted high rates of menthol tobacco use among African Americans, predatory marketing by the tobacco industry, misperceptions about the harm of menthol cigarettes, and what community members can do to help address this issue.

In addition, Hennepin County provided AALF with recommended policies to address menthol and this information was shared in subsequent presentations with community members. Contracted community leaders, or “change agents,” delivered education and



“I don’t believe the lie the tobacco companies try to sell me.”

The truth is: 44 percent of Minnesota high school students who smoke use menthol.

www.BeautifulLieUglyTruth.org

engagement presentations. A respected member of the African American community who had a reputation for doing positive work in the community recruited the change agents. This individual, who was affiliated with AALF, sought leaders in the community who (1) could deliver the presentation in a way that resonated with community members and (2) cared enough about the topic and community that they would want to continue the work after the grant ended.

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Eight change agents were involved in this project. In total, they conducted 46 education and engagement sessions reaching nearly 700 community members. Many of the change agents were leaders in the faith communities and thus had regular contact with community members. All change agents were trusted, well-respected, and held in high regard within the community which helped give credibility to the presentations. Change agents educated, engaged, and mobilized the community on menthol through these presentations. Some change agents were also engaged in policy efforts in Minneapolis and Saint Paul. For example, some change agents participated in menthol coalition efforts and testified at city council hearings to advocate for menthol policy change.

In addition to change agent presentations, youth groups helped educate the community and advance this work. The Minneapolis Health Department organized and engaged young people to highlight the impact that menthol flavors have on tobacco initiation. Work with youth was intended to align with the change agents' work with adults and in fact, some of the same materials were used (e.g., "Beautiful Lies, Ugly Truth" presentation). Youth coordinators from each youth group created an experience in which youth could explore the menthol issue from their own perspective, draw on their own expertise, and gain confidence in their ability to express what they were seeing in their community. Youth groups selected one of three options for assessing the effects of menthol in their communities: (1) taking photos, (2) conducting interviews, or (3) hosting a community discussion. Each youth group chose the option they liked best and then spent three months collecting data and identifying key themes. Minneapolis Health Department provided extensive, hands-on technical assistance (e.g., assisting with setting up and tabling at events; providing materials and resources) to help the youth complete this work. Following data collection and analysis, the youth groups created poster board presentations and tabled at various community events. At these tabling sessions, youth educated the community about the harms of menthol, industry targeting, what they were seeing and hearing in their community, and what community members could do to address menthol tobacco use in the African American community.

Post Assessment

After the education and engagement sessions were completed in Year Two, AALF conducted a second wave of surveys with 393 U.S.-born African Americans. Hennepin County analyzed these data, provided guidance on interpretation, and coordinated dissemination of key findings. Results revealed that smokers and nonsmokers alike supported policies that would reduce tobacco use in the community. Findings also showed that smokers, the majority of whom smoked menthol, wanted to quit smoking, and that those who had tried to quit but were unsuccessful reported strong cravings as a primary reason for their failed attempt. In addition, while only 24 percent of respondents to the Year Two survey had attended an education session, there was evidence suggesting that those who attended an education session were less likely to misperceive the harms of menthol, more aware that menthol makes it easier for young people to start smoking and harder for smokers to quit, and more aware that the tobacco industry targets the African American community.

With help and guidance from Hennepin County, AALF developed a series of recommendations for addressing menthol in the community. These recommendations, which were directed at state and local government, focused on addressing structural racism in public policy, reducing access and exposure to tobacco products, offering culturally sensitive cessation resources, and educating the community about the harms of menthol and industry targeting. AALF shared these recommendations with elected officials and others with the goal of sustaining the impact of the MCIG grant while also informing future work.

Expectations, Successes, and Challenges

In October 2017, MDH conducted 14 in-person interviews to capture the “big picture” story of the activities from this grant. Informants included:

- Staff members from local public health
- Community-based organization leadership
- Change agents
- Minnesota Department of Health staff
- Youth coordinators

Expectations

The request for proposals for MCIIG expressed three primary objectives: 1) to implement strategies and interventions, 2) to engage the community, and 3) to increase understanding, all on the topic of menthol and tobacco use in the African American community. When key informants were asked what they were hoping to achieve through the MCIIG grant, they identified longer-term goals that extended beyond the two-year period of MCIIG. These included:

1. Developing and fostering community-driven solutions and policy
2. Building sustainable bridges between community and government entities
3. Supporting widespread and effective menthol and tobacco public health education

Public Health Informants Wanted to Generate Community-Driven Solutions and Policy

Local public health informants in particular expressed an intention to uncover solutions to menthol tobacco use that originated from the African American community. In other words, the goal was to implement a grass-roots and community-informed approach to formulate a solution. Public health practitioners articulated a need to move away from strictly data-driven dialogue toward people-informed decision-making, creating room to empower community members and leaders to take a central role in tobacco policy and programming.

One local public health practitioner explained it this way: “we didn't want this to be a data driven initiative where you really didn't even reach out to people. It was more about going where the people were, talking to them, using community members to talk to those people and not county staff coming to [them] and asking questions like people were a part of a study.”



Gene Nichols from African American Leadership Forum providing testimony featuring MCIIG assessment data.

Informants Expected to Build Sustainable Bridges between Community and Public Health

The goal of community-driven solutions was often accompanied by wanting to have long-lasting trust and communication between public health and the African American community in order to more meaningfully collaborate on future projects. Public health staff saw this as a way to leverage institutional power in the long run to increase the community's capacity to build their own healthy future. Public health staff also wanted "to inform... the public health community, both at a structural level, and also at the community level, of what types of recommendations community members who are not steeped in public health day to day have."

Public health and community informants expressed excitement at the potential of creating an open line of sustainable communication, understanding, and partnership between the African American community and local public health. In fact, many saw this as the primary goal and placed high value in being "deeply in the community, understanding... their perceptions, and knowledge, and needs around menthol prevention work."

One public health practitioner explained priorities for this project as: "...if we can have good relationships, and build more capacity to work with our U.S.-born African American population...and do some education on menthol, that would be great. If we can just build those bridges and have those conversations, to me, that would have been a successful grant outcome." This perspective helped prioritize sustainability and ongoing communication in MCIG activities and interactions.

Successes

Community Assessment and Pre-Survey Data Helped Inform Policy Decision-Making

Data collection from the pre-surveys was widely praised as not only being good data but useful in informing policy decision-making. "It was very useful. We [analyzed] it in both Minneapolis and Saint Paul, and it was used in testimony." By capturing "sort of a deeper, qualitative kind of pulse on the community," a compelling and persuasive public health case was made. Findings were especially compelling because they came directly from the community. The data helped to build a research-informed case to support what later became successful policy changes.



Factsheet detailing findings from MCIG assessment.

Change Agents were Trusted Communicators

Engagement and education efforts, which were led mostly by the change agents, assisted in building trust between local public health and the community. Education focused on describing marketing practices of the tobacco industry targeting African American communities, breaking down myths and misconceptions about menthol, and providing guidance on obtaining cessation resources. One change agent described her mission, “to provide information to the community..., to educate them about the harmful effects of menthol, that the tobacco industry targeted particular African American people...”

Change agents conveyed public health knowledge with a combination of research evidence, historical takes, anecdotes, and tangible aides. One change agent used visual aides to educate about menthol, relaying the following:

“I held up Vicks Vapor Rub, I let some people smell it. I said, who grew up with this? Because it's menthol. Who grew up with this? I said what's in it? Menthol? Menthol. I said and what does it do? They said it soothes you, it refreshes you, and it calms you down. I said yes. The same ...substance, menthol, is in cigarettes, these menthol cigarettes. It makes us feel calmer. It refreshes us, it calms us down. I said but it's bad for you [because it makes it easier to initiate and harder to stop smoking].”

All parties felt that having change agents made building trust easier. One public health staff member pointed out the value of having change agents by noting, “These are people who actually have connections to the ads [which were a component of the MCIg media outreach], to people who maybe have been subjected to menthol in a harsher way.” The change agents’ ability to empathize from their own experiences served as a key tool to build trust and further the goal of community-driven solutions and policy.

The change agents recognized this advantage as well, characterizing it as a liaison role, communicating and facilitating information-sharing between public health and the community. A change agent elaborated on how, “people know...that they can trust me, that I would have a receptive audience for them listening. Based upon that, knowing that they would have the information that they could feel free to ask me questions, direct questions that they might not...ask someone else.” This influence is coupled with the responsibility of conveying accurate information back to the community. Public health played an important role in providing relevant information about menthol to AALF and change agents, who then delivered the information via presentations. “We have to have the facts to give to our community and let them know they [big tobacco] don't mean us any good. You're smoking your life away.”

The Partnership of a Local Public Health Department and an Organization Based in the African American Community Strengthened Results

A key strength of this project was the partnership between local public health and AALF, as each played a unique and integral role. Local public health and AALF partnered in the planning and implementation of the project. As trusted messengers with relationships in the community, the youth groups—which comprised individuals from the community—and AALF staff brought insight and expertise to the project, effectively engaged the community on the topic, carried out assessment and education activities, and led the work in the community.

Local public health provided ongoing support and technical assistance to AALF throughout the project. For example, local public health connected them with educational materials, provided public health and tobacco prevention and control expertise, and provided tools to document community sentiment on prevention policy. Local public health also provided help with survey design, data analysis, and

interpretation, developed communication materials to share in the community and with elected officials, and assisted in thinking through recommendations that would sustain the impact of the grant and inform future work.

As the project played out, the strengths of this collaboration became clear, with AALF having the knowledge, relationships and trust of the community to lead the work in the community, and local public health providing public health expertise, support, and technical assistance to AALF. This partnership highlighted the role public health can play in implementing a community-driven approach to tobacco prevention.

Media Activities Helped Spread the Word about Menthol Harm

Echoed in several of the interviews was the success of partnering with local African-American newspapers and radio. These media sources already had community trust and buy-in, making the message more relevant to community members. “So both of [the newspapers], people know the publishers. They're known in our community. They attend our faith-based institution. They're out and involved in the community for us.” Similarly, messages delivered via radio were well-received by community members because the individuals delivering the messages were well-known and respected within the community.

Challenges

Historical Trauma and Research Fatigue were Barriers to Engagement

Informants from public health were cognizant of the historical interaction between public health research and under-represented communities. “You're talking about a community who has been, sometimes traumatized by other individuals doing experiments or assessments.” Another individual commented, “One of the big areas that we're trying to get a foothold in is in the whole area of Culturally Sensitive Trauma-Informed Care, right? We have a lot of trauma in the community.” Some subsets of the African American community in the Twin Cities area have voiced research fatigue, particularly in contexts where repeated engagements is perceived not to lead to any experience of change. This sentiment was echoed by the change agents coming from and engaging with the African American community on menthol education directly. One change agent reported: “the feedback from the community, what usually happens with...grants, people in positions of authority, they will tell the community, ‘Here it is, and this is what we want,’ [but] haven't pulled back an eyelid within the community.” Public health and community-based staff were cognizant of this and expressed a strong commitment to involving community perspective in developing data collection methods, and sharing results back with the community in a way that incorporated historical context.

Differing Communication Styles between Public Health and the Community Presented Challenges

Communication and mutual understanding of expectations, priorities, and how attentive to be to rules and regulations proved to be an obstacle in reaching the goal of “Community-Driven Solutions and Policy.” However, many saw this positively as an opportunity to learn cross-sectoral perspectives on assessment and a learning experience overall.

Informants were aware that it takes considerable time to develop strong relationships between the community and government (both local and state). If the relationship has not advanced far enough, dealing with issues that arise can be challenging. In some instances, one party may be forced to choose

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between maintaining the relationship and ignoring the issue, or addressing the issue directly and risk fracturing the relationship. Informants mentioned issues with communication and transparency that stemmed from a difference in perspective. Sometimes, what local public health felt was attention to detail and following grant requirements was interpreted as too much oversight by community partners. Community partners felt they had expertise on what works in their communities and how community members would respond which was not always consistent with the procedures stipulated by the grant. In addition, local public health had a goal to interact directly with the community at events and media activities but there were instances in which they felt they did not know about events until it was too late, thus limiting outreach opportunities.

While less detailed grant requirements and more advance notice about scheduled events could address these specific issues, the broader message conveyed by informants was that establishing relationships with the community is critical to success of this work. Starting early and cultivating relationships over a long period of time prior to the project allows for easier and smoother interactions, and can provide a solid foundation for resolving any issues that arise as the work progresses.

Multi-level Grant Structure Created Difficulties and Inefficiencies

A significant challenge for many of the informants was the legislatively defined structure that required MDH to award the grant to a local public health agency through SHIP. One individual mentioned that the involvement of several different parties—i.e., MDH, Hennepin County, the other health departments, AALF, change agents, youth coordinators—presented challenges to communication and carrying out the work. While a multi-layered approach has its benefits (e.g., individual parties can contribute their areas of expertise and rely on strengths of another party to help with areas of weakness), many felt that the work could have been more efficient with fewer parties. Some individuals thought that directly funding a community-based organization could have avoided some of the inefficiencies and communication challenges encountered during this project.

Recommendations and Next Steps

Informants were asked about what recommendations they had for others working on menthol, and how they envisioned the future of menthol policy at the local level, statewide, and nationally.

Menthol Needs to be Integrated into Ongoing Tobacco Work

Informants, particularly from local public health, voiced a desire for sustainable menthol and tobacco policy efforts. One way to do this would be by better integrating menthol into point-of-sale work and other tobacco policy agendas. Essentially, informants want the tobacco and public health community to think about “how we open [menthol work in the African American community] back up to have it meld and fit with our other point of sale work. Because we'll want to focus on many kinds of policies, not just menthol.” Given the relatively early stages of menthol policy work in Minnesota and nationwide and that MCIG provided dedicated funding to work exclusively on menthol, the question of how to best integrate menthol into a comprehensive tobacco policy approach requires further consideration.

Statewide Tobacco and Menthol Policy Action is Viewed as the Next Step

A clear consensus among the informants comes in seeing statewide policy as the next step. “I think in the next three years, menthol as a whole, around the U.S., will look completely different.” Many of the informants felt that the success of city policies would help propel other localities to follow suit and take charge, and, that this would in turn inspire state-wide action.

“I think other folks, because of our successes, will be able to pass their own policies. Whether or not we're able to go to the state-level here...I think a lot more of the localities are going to take the charge.”

Youth Engagement is Powerful

Several informants expressed an interest in continuing to engage youth and recognized adolescence as an ideal time for tobacco intervention. Some informants had specific policy goals in wanting to engage youth. For example, one suggested, “limiting or restricting access of youth, young people, to the exposure of tobacco by restricting it or limiting it to adult-only [tobacco or liquor] stores, or in geographic areas that are not in residential areas.” Others saw this as a long-term intervention strategy viewing it from the perspective that if, “you remove more of that social source, from that younger age, ultimately the goal is that we will have less and less kids smoking, and less and less kids addicted to menthol, too.”

In addition to youth engagement, mobilizing individuals of all age groups has the potential to strengthen menthol policy efforts. MCIG had strong representation from youth and adults, but relatively little representation from young adults. Future menthol campaigns might be further strengthened by having voices from all age groups, including young adults who represent a middle ground between youth and adulthood and also experience aggressive marketing from the tobacco industry.

Additional Cessation Work Needs to Fit into the Broader Context of Issues Facing the African American Community

A clear theme that emerged throughout the interviews was advocacy for more cessation work, particularly cessation programming that is integrated and mainstreamed into a comprehensive public health response. An informant from local public health articulated their thoughts on this:

“We need to be talking more about cessation...in the African-American community [and] how tobacco is connected to other issues. I really think tobacco needs to be...part of a package that we talk about health in, and not the standalone.”

The informants recognized that the African American community in the Twin Cities has many public health concerns, of which tobacco is only one. For example, high rates of violent crimes, parental incarceration, and police violence may be a higher priority and receive more attention. Tobacco and menthol work would be more impactful if it was reconfigured to acknowledge these larger constructs that interconnect to impact the health of communities. These efforts should consider the broader context of public health issues facing the African American community.

Conclusions

The SHIP Menthol Cigarette Intervention Grant aimed to reduce menthol tobacco use in African American communities. Legislation required that MCIG funds go to a local public health department and a community-based organization. AALF (community-based organization) and Hennepin County (local public health) built a strong partnership, which played a critical role in the success of this project. AALF, Hennepin County, and other metro-area public health departments collaborated to collect assessment data to understand menthol use and perceptions, utilize media to increase awareness of the issue, engage youth and community leaders to educate the community about menthol harm, and ask the community what should be done to address this issue.

Interviews with the key players in this grant revealed that (1) having leaders in the African American community deliver educational messages was critical to the success of the project, (2) the multi-layered structure of the grant (i.e., MDH funding Hennepin County and Hennepin County funding AALF) proved challenging, and (3) additional work is needed to provide current menthol smokers with culturally relevant cessation resources to help them quit smoking. Given that this work contributed to the passage of menthol tobacco restrictions in three of Minnesota's most populous cities, this model (i.e., community-based organization and local public health partnership) appears to be a promising one for advancing menthol policy efforts.

Appendix

Key Informant Interview Methods

These interviews took place shortly after the Minneapolis City Council voted to implement menthol sales restrictions, shortly before Saint Paul City Council voted to implement sales restrictions, and a few months before Duluth City Council did so. The conversations averaged 60 minutes and took place in various locations chosen by the informants, usually at the office or workplace of an interviewee or a local coffee shop/eatery.

The interviews were preserved using a hand-held recorder and uploaded to a transcription service. Beginning in January 2018, the transcripts were uploaded onto Atlas TI to assist in the iterative process of coding and conducting thematic analysis.