

Summary of Behavioral Risk Statistics: Marshall County

Phase 1 of the Minnesota Statewide
Health Improvement Program (SHIP)

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Introduction.....	1
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Behavioral Risk Statistics.....	1-5
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Indexes of Obesity and Tobacco Use: Adults (18+)

Minnesota Statewide Data	
Datasets Used.....	1
General Health and Obesity.....	1
Exercise and Physical Activity.....	2
Fruit and Vegetable Consumption.....	2
Tobacco Use and Smoking Policy.....	2
Marshall County Data	
Datasets Used.....	3
General Health, Obesity and Smoking.....	3

Indexes of Obesity and Tobacco Use: High school students (grade 12)

Marshall County Data	
Datasets Used.....	4
Overweight and Obesity.....	4
Exercise and Physical Activity.....	4
Fruit and Vegetable Consumption.....	5
Tobacco Use and Access.....	5

Interviews with County Residents.....	7-8
--	------------

Marshall County Data	
Data Used.....	7
Most Pressing Health Issues.....	8
Extent of problem: Unhealthy Eating/Physical Activity.....	8
Extent of problem: Tobacco.....	8

Discussion and Recommendations.....	9-12
--	-------------

Overweight and Physical Activity in Adults.....	9
Overweight and Physical Activity in Youth.....	10
Tobacco use and access.....	12
Datasets.....	13

Appendix 1

BRFSS Methodology.....	14
YRBSS and Minnesota Student Survey Methodology.....	14

Introduction

The Minnesota Department of Health (MDH) has launched the Statewide Health Improvement Program (SHIP) intended to help Minnesotans live longer, better and healthier lives by reducing the burden of chronic disease. To accomplish this mission, key interventions have been identified which focus primarily on reduction of obesity (through physical activity and healthy eating) and tobacco use and exposure. The SHIP program in northwest Minnesota involves the following counties: ***Kittson, Roseau, Marshall, Pennington, Polk, Red Lake, and Mahnomen.*** Selection of appropriate interventions in each county will be based on indices of obesity (including physical activity and nutrition), tobacco use and exposure, existing smoking policies, and interviews with citizens of Polk County.

This report is not meant to be a comprehensive assessment of all needs. Rather a reporting and review of relevant and available data as it pertains to the SHIP grant mission and activities.

Behavioral Risk Statistics

Indexes of Obesity and Tobacco Use: Adults

Minnesota Statewide Data

Datasets Used

The most recent data on cigarette smoking, leisure time exercise, Body Mass Index (BMI)¹ and general health of Minnesotans have been extracted from the 2008 Behavioral Risk Factor Surveillance Survey (BRFSS) database (see Appendix 1 for methodological details).

Further data regarding weekly physical activity of Minnesotans and their daily consumption of fruits and vegetables have been drawn from the 2007 BRFSS data.

Finally, data on secondhand smoke policy refers to the 2004 BRFSS administration when this optional module was last used in Minnesota. There is currently no recent BRFSS data available on smokeless tobacco use in Minnesota. Presented below is a summary of most relevant findings.

General Health and Obesity

- **14.2%** of Minnesotans reported fair or poor general health.
- **37.5%** were overweight and an additional 26.5% were classified obese (mean BMI of 27.5²).

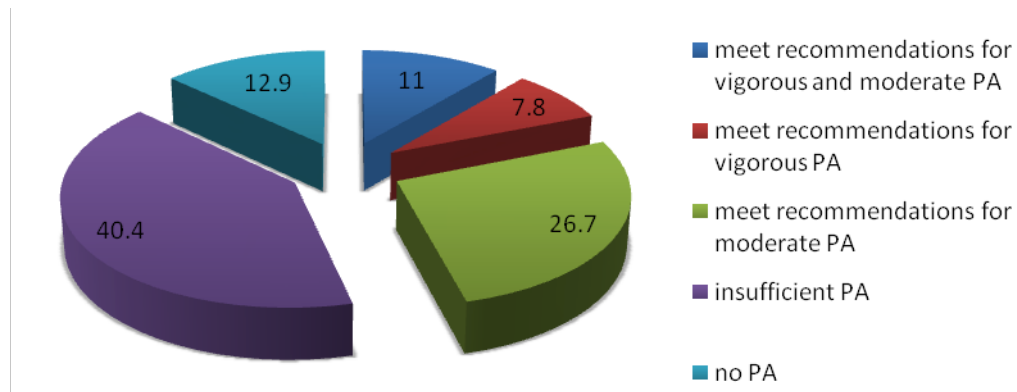
¹ Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703. Formula: weight (lb) / [height (in)]² x 703.

² BMI between 25.00 and 29.99 corresponds to the category "overweight"; BMI of 30.00 and above corresponds to the category "obese".

Exercise and Physical Activity

- **80%** of the respondents indicated that they had participated in some form of leisure-time physical activity or exercise in the last 30 days (prior to the study).
- **45.5%** of Minnesotans met physical activity recommendations³
 - ✓ Average moderate physical activity duration was **42** minutes and vigorous physical activity lasted on average **19** minutes at a time.
 - ✓ **11%** met recommendations for both vigorous and moderate weekly physical activity (see Figure 1 below)
- **40.4%** reported insufficient levels of physical activity
 - ✓ **12.9%** having no moderate or vigorous physical activity in a typical week.

Figure 1. 2007 Minnesota Physical Activity (PA) Categories (%).



Fruit and Vegetable Consumption

- **21.3%** of Minnesotans in 2007 reported consuming 5 or more servings of fruits and vegetables per day.
 - ✓ The average number of daily servings was **3.8**.⁴

Tobacco Use and Smoking Policy

- **15.7%** of Minnesotans in 2008 reported currently smoking at least on some days. **11.1%** percent were regular smokers (smoke every day).
 - ✓ **53%** of smokers reported trying to quit at least once in the past 12 months.

³ Adults that have reported participating in either moderate physical activity defined as 30 or more minutes per day for 5 or more days per week, or vigorous activity for 20 or more minutes per day on 3 or more days or both.

⁴ One serving of fruit, or vegetables, is 80 grams (2.8oz). The current federal Dietary Guidelines for Americans recommends five servings of fruits/vegetables per day.

- **85%** indicated working mostly indoors and **12.2%** of these individuals noted that smoking was allowed at least in some public areas at their work place.
 - ✓ **4.6%** of them also reported that smoking was allowed at least in some work areas at their place of employment.

Marshall County Data

Datasets Used

While the 2008 BRFSS database contained responses from 4,187 Minnesotans, only 57 participants reported being from one of the 8 SHIP counties (5 from Pennington County, 27 from Polk County and 25 from Roseau County) with the remaining 5 counties (Kittson, Red Lake, Norman, Marshall and Mahnommen) not represented in the database. Thus, while nationally available BRFSS data provide fairly accurate and representative information on the state as a whole, only estimates of behavioral risk factors (as shown in the 2008 Morbidity and Mortality MN County Tables published by the MDH) are available. These estimates were derived using a synthetic estimation method which operates by adjusting statewide BRFSS percentages according to the age and gender distributions of adults in the county for which estimates are being made.

General Health, Obesity and Smoking

For the available Behavioral Risk categories reported in Table 1, individual county data is compared to the aggregate data for the SHIP counties and the state of Minnesota.

Table 1: 2008 Behavioral Health Risks for Marshall County (Adults: 18+)

Health risk category	Marshall County (%)	SHIP Counties (%)⁵	MN State (%)
1. Overweight (not obese)	36.8	36.4	37.5
2. Obese	26.0	25.9	26.5
3. Current smokers	15.3	15.6	15.7
4. No Exercise	18.0	17.8	12.9
5. Fair or Poor Overall Health	12.9	12.5	14.2

The data in Table 1 suggest that lack of exercise for adult populations within Marshall County may be a significant issue as 18% of Marshall County residents do not participate in any form of exercise compared to the state average of less than 13%.

Indexes of Obesity and Tobacco Use: High School Students (Grade 12)

⁵ Aggregate data for Kittson, Roseau, Norman, Marshall, Pennington, Polk, Red Lake, and Mahnommen Counties.

Marshall County Data

Datasets Used

The description of behavioral health risks in youth and young adults for Marshall County is based on the 2007 Minnesota Student Survey. Marshall County had 110 12th graders enrolled in schools during the fall of 2007 and 83 completed the survey (75.5% response rate, 72% response rate for SHIP region, for methodological details see Appendix 1). The summary below provides information only on students in grade 12 as they show by far the greatest prevalence of health risk behaviors compared to grades 6 and 9 (also surveyed as part of the questionnaire administration). Data on grade 12 students is deemed to be a relevant and succinct representation of county youth needs given the parameters of the SHIP intervention guidelines.

Overweight and Obesity

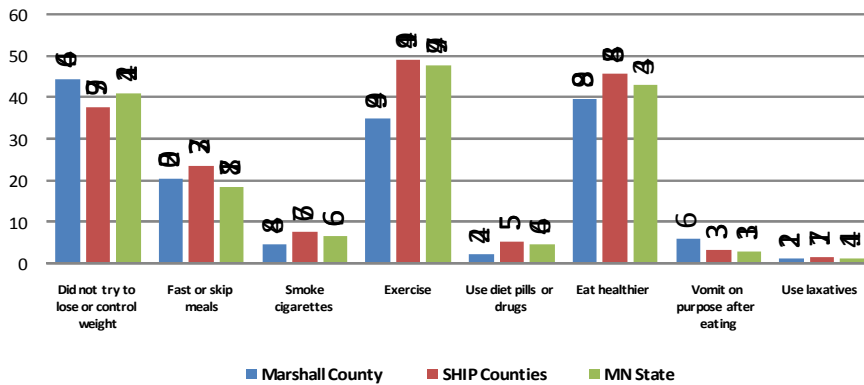
- **7.4%** of 12th-graders in Marshall County were classified 'at risk' for becoming overweight according to CDC growth charts. This figure appears to be somewhat lower than the corresponding rates for the SHIP counties (12.7%) and the state of Minnesota (12.4%).
- **13.6%** of 12th-graders in Marshall County were considered overweight based on the CDC-growth charts used to determine weight status according to participants' body mass index (BMI, see Table 2). This estimate was somewhat higher than either in the SHIP Counties (**11.9%**) or the State (**9.2%**).
- **23.2%** of the students thought they were overweight which was substantially higher than the CDC classification of overweight students in Marshall County (13.6%)(see Table2).
 - ✓ **4.8%** of students reported using cigarettes in the past 12 months to help them lose or control their weight.
 - ✓ **34.9%** of students reported using exercise and **39.8%** reported using healthier diet to help them lose or control their weight (see Figure 2 and Table 2).

Exercise and Physical Activity

- **62.7%** of students met recommendations for regular weekly physical activity (see table 2 for PA definition) which was slightly lower than the corresponding percentages for the SHIP counties (**67.4%**) and the state of Minnesota (**68.7%**; see Table 2).
- Additionally, there was a somewhat higher percentage of students who reported insufficient physical activity (**24.0%**) than either in the SHIP counties (**19.3%**) or the state of Minnesota (**20.8%**).

- Complete lack of physical activity was recorded for **13.3%** of the Marshall County students which was 3.0% higher than a corresponding estimate for Minnesota (**10.5%**). This difference may have reached statistical significance if there were more 12th-grade students in Marshall County. With only 83 students surveyed (out of 110 enrolled), the 95% confidence intervals (95% CI)⁶ for this response category were fairly wide (7.2%-23.3%). At the same time the same percent estimate for the SHIP counties (**13.3%**) was statistically significant as a lot more students were surveyed (n=908) resulting in narrower 95% CI range (11.2%-15.8%; see Table 2 for details).

Figure 2. Measures used to help lose or control weight in the past 12 months in Marshall County, SHIP Counties and the State (%).



Fruit and Vegetable Consumption

- Only **13.3%** of students in Marshall County reported adequate daily intake of fruits and vegetables while the overall corresponding percentage in Minnesota was almost 3.0% higher (**16.1%**; see Table 2).

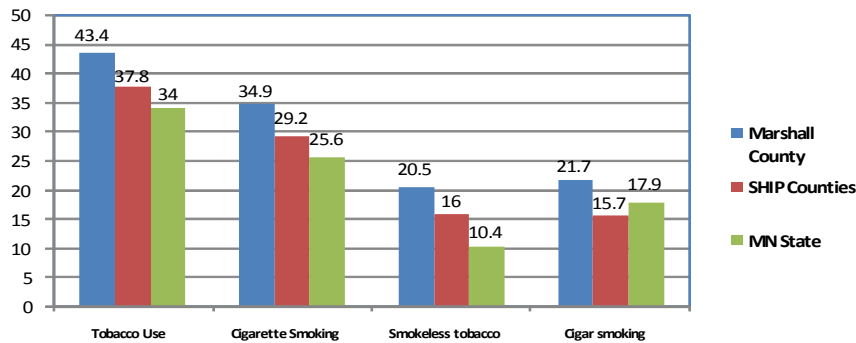
Tobacco Use and Access

- 43.4%** of the 12th-grade students in Marshall County reported using tobacco products in the 30 days preceding the survey which was significantly higher than the state average of 34.0%.
 - ✓ **25.3%** reported frequent tobacco use on 20 or more days in the past month. This rate was again significantly higher than the corresponding rate for Minnesota overall (**14.8%**) and was somewhat

⁶ The 95% confidence interval, denotes a 95% chance that the true population value will fall within this interval

higher than the proportion of frequent tobacco users in the SHIP Counties (**20.8%**; see Table 2).

- ✓ **69.4%** of tobacco users purchased tobacco products at a gas station or a convenience store, **33.3%** obtained them from their friends and **19.4%** reported having had someone buy tobacco products for them (see Table2).
- Cigarette smoking was the most frequent form of tobacco use reported by **34.9%** of students which was also significantly higher than the corresponding rate for the state of Minnesota (**25.6%**; see Table 2 and Figure 3).
 - ✓ **13.3%** smoked cigarettes on 20 or more days in the preceding month
 - ✓ Moreover, **29.6%** of smokers indicated smoking 10 or more cigarettes per day which was somewhat higher either in the SHIP counties (**27.9%**) or the state of Minnesota (**25.6%**; see Table 2).
 - ✓ **18.1%** reported smoking their first cigarette before age 13. This percentage was slightly higher than the corresponding estimates for the SHIP Counties (**16.9%**) and Minnesota (**13.9%**; See Table 2).
- Smokeless tobacco use was reported by **20.5%** of the 12th graders which was significantly and strikingly higher than the rate of smokeless tobacco use in the state of Minnesota (**10.4%**; see Table 2).
- **21.7%** reported smoking cigars, cigarillos or little cigars in the 30 days preceding the survey which again was higher than the rates observe in the SHIP counties (**15.7%**) and Minnesota (**17.9%**).
- **9.6%** reported trying smokeless tobacco or smoking a cigar for the first time before age 13 (See Table 2).

Figure 3. Use of tobacco products by 12th graders in Marshall County, SHIP Counties

and the State (%).

Table 2. 2007 Behavioral Health Risks for 12th –graders in Marshall County (n=83), SHIP Counties (n=908) and the State of Minnesota (n=33,226).

Health risk category	Marshall County % (95% CI)	SHIP Counties % ⁷ (95% CI)	MN State % (95% CI)
1. Weight Status⁸			
a. At risk for overweight ⁹	7.4 (3.3-15.8)	12.7 (10.7-15.1)	12.4 (12.0-12.8)
b. Overweight ¹⁰	13.6 (7.6-23.1)	11.9 (9.9-14.3)	9.2 (8.9-9.5)
a) Thinks overweight	23.2 (15.2-33.7)	28.7 (25.8-31.7)	25.2 (24.7-25.6)
b) Used cigarettes in past 12 mo. to lose/control weight	4.8 (1.8-12.4)	7.6 (6.0-9.5)	6.6 (6.3-6.8)
c) Used exercise in past 12 mo. to lose/control weight	34.9* (25.3-45.0)	49.1 (45.8-52.3)	47.9 (47.4-48.4)
d) Use healthy diet to lose/control weight	39.8 (29.6-50.8)	45.8 (42.5-49.0)	43.0 (42.5-43.5)
2. Meet guidelines for weekly PA¹¹	62.7 (51.0-73.0)	67.4 (64.1-70.5)	68.7 (68.2-69.2)

⁷ SHIP counties include Kittson, Roseau, Marshall, Mahnomon, Norman, Pennington, Polk, Red Lake.

⁸ The CDC growth charts were used to determine weight status according to BMI for participants in the Minnesota Student Survey.

⁹ 85th to less than 95th percentile on the CDC growth charts

¹⁰ Equal to or greater than the 95th percentile on the CDC growth charts

a. Insufficient weekly PA	24.0 (15.5-35.2)	19.3 (16.7-22.1)	20.8 (20.4-21.2)
b. No weekly PA	13.3 (7.2-23.3)	13.3* (11.2-15.8)	10.5 (10.1-10.8)
3. Five or more servings of fruits and vegetables per day	13.3 (7.4-22.6)	12.0* (10.1-14.3)	16.1 (15.7 - 16.4)
4. Use of tobacco products in the past 30 days	43.4* (34.6-54.4)	37.8 (34.7-41.1)	34.0 (33.5-34.5)
a. Frequent use of tobacco products (20+ days) in the past 30 days	25.3* (17.0-36.0)	20.8* (18.3-23.6)	14.8 (14.4-15.1)
5. Cigarette use in the past 30 days	34.9* (26.1-46.0)	29.2* (26.3-32.3)	25.6 (25.1-26.0)
a. Frequent cigarette use (20+ days) in past 30 days	13.3 (7.4-22.6)	13.6 (11.5-16.1)	11.5 (11.2-11.9)
b. 10+ cigs / day in the past 30 days ¹²	29.6 (15.3-49.5)	27.9 (22.5-34.0)	25.6 (24.6-26.5)
c. Had a cigarette before age 13	18.1 (11.1-28.1)	16.9 (14.5-19.5)	13.9 (13.6-14.3)
Health risk category	Marshall County % (95% CI)	SHIP Counties %¹³ (95% CI)	MN State % (95% CI)
6. Used smokeless tobacco in past 30 days	20.5* (13.0-30.7)	16.0* (13.7-18.6)	10.4 (10.1-10.7)
7. Smoked cigars, cigarillos or little cigars in past 30 days	21.7 (14.0-32.1)	15.7 (13.4-18.2)	17.9 (17.5-18.3)
8. Used smokeless tobacco or had a cigar before Age 13	9.6 (4.8-18.3)	7.2 (5.7-9.1)	5.0 (4.8-5.2)
9. Tobacco access			
a. Bought at gas stations or convenience store	69.4 (52.4-82.4)	69.1 (64.0-73.9)	63.1 (62.3-64.0)
b. Got it from friends	33.3 (19.8-50.4)	41.8 (36.7-47.2)	45.6 (44.7-46.5)
c. Got it by having someone else buy it	19.4 (9.4-35.9)	16.9 (13.3-21.3)	14.6 (14.0-15.3)

Interviews with County Residents

Data Used

Eight interviews were conducted with residents of Marshall County who have unique perspectives on the health of county residents. Participants were interviewed because they possess an intimate involvement in differing sectors of

¹¹ 12th graders who have reported participating in either vigorous physical activity for 20 or more minutes per day on 3 or more days in the past 7 days or moderate physical activity for 30 or more minutes per day on 5 or more days in the past 7 days.

¹² % of those who reported smoking cigarettes in the past 30 days

* - significant at alpha = 0.05

¹³ SHIP counties include Kittson, Roseau, Marshall, Mahnomon, Norman, Pennington, Polk, Red Lake, Marshall

healthcare, school systems, community settings and worksites. It is from these individuals' experiences that themes and issues surrounding tobacco use and physical activity/healthy nutrition were obtained for this report. Participants were asked a series of nine questions, including:

- What do you think are the most pressing health issues?
- To what extent is unhealthy eating and physical inactivity a problem?
- To what extent is tobacco use a problem?
- Are there any activities or policies within your organization or within the larger community that encourage physical fitness (*i.e., healthy diet, physical activity*) or tobacco cessation?
- What environmental structures encourage physical fitness or tobacco cessation?

An open coding approach to analyzing the qualitative interview data was conducted. Highlights from the analysis are presented in the following sections:

Most Pressing Health Issues

Participants generally reported that obesity and tobacco use were primary and pressing healthcare issues facing their community followed closely by the aging population. Additional concerns existed regarding H1N1 flu and health insurance and health access among others. Participants indicated that of all community members, those groups most at risk, included single parent families and students. A number of respondents indicated that support for SHIP activities would come from the schools and that efforts should be focused there. Additionally, one individual stated, "I don't know if there is much you can do about this but the cancer rates around here are very high. I can name 6 or 7 friends who have cancer that are very sick; from ages 13 to my age".

Extent of Problem: Unhealthy Eating/Physical Activity

A number of participants felt that physical inactivity was a big problem, bigger than unhealthy eating. Participants perceived a general lack of opportunities for physical activities in the adult population of their community even though a number of schools have an "open door policy" for the community to use the gym/fitness center. Thus identifying ways to increase activities for adults could be viewed as a potential area for SHIP to expand opportunities. Furthermore, a number of participants indicated their belief that a barrier to implementation will be that people just don't want to change their lifestyles. One participant shared that there are many jobs in the county that do involve physical labor but many more jobs that do not. He thinks most adults do not get any or very little exercise.

Reasons for the lack of exercise and physical activities are that people are living "busy lives, people just don't have time for exercise or to prepare healthy foods. It's not like it was 25 years ago when we had more time for that. Now everyone is just

busy, busy, busy”. One positive factor was that several participants felt that in small Marshall county communities people cannot access fast food as much unless they go to Thief River Falls or Grand Forks.

Extent of Problem: Tobacco

Much like lack of physical activity, tobacco use was viewed as a problem in Marshall County. Several participants felt that tobacco use was not as much of a problem as it used to be but feel there are still a lot of people who smoke. Participants viewed the problem of tobacco use to some extent as related to low socioeconomic and educational status. Additionally, they viewed youth tobacco use stemming in part from parents acting as poor examples (i.e. smoking) and/or from a lack of parental involvement in deterring their children from tobacco use. A number of interviewees already were implementing tobacco use policies.

Discussion and Recommendations

Overweight and Physical Activity in Adults

Over 60% of surveyed adults in Marshall County as well as the state of Minnesota had BMI values that placed them at least in the overweight category. Nevertheless, although appalling in itself, this prevalence rate does not seem to reflect an upward trend in overweight and obesity at least on the state level. Specifically, when asked about their bodyweight a year before Minnesotans on average lost 1.5 lb (mean weight in 2008 = 178.90 lb vs. mean weight of 180.40 lb in 2007), which was statistically significant¹⁴. This loss was fairly uniform among men (1.4 lb) and women (1.5 lb), and 41% of those who reported weight loss in the past year confirmed that this loss was intentional. Based on the overall state questionnaire it appears that further weight loss can be facilitated through greater level of participation in physical activity. Whereas 80% of Minnesotans in 2008 reported engaging in weekly exercise, only 45.5% actually met recommended levels of weekly physical activity for adults. Further mitigation of the overweight and obesity risk can be effected through increased daily consumption of fruits and vegetables as only 21.3% of Minnesotans (data was not available for Marshall County) reported eating 5 or more servings of fruits and vegetables per day.

RECOMMENDATION: Findings suggest that lack of exercise for adult populations within Marshall County may be a significant issue. Potential interventions for SHIP to address this could include:

COMMUNITY/WORKSITE SETTING

- Policies and practices that create active communities by increasing opportunities for non-motorized transportation (walking and biking) and access to community recreation facilities.

¹⁴ Based on a paired sample t-test (p<0.001)

- Implement signage prompting use of stairs in community buildings.
- A comprehensive employee wellness initiative that provides health assessment with follow-up coaching, ongoing health education, and policy and environment support that promotes healthy weight and behaviors.

HEALTHCARE SETTING

- Develop relationships among health care providers and community leaders to facilitate active referral of patients to resources that increase access to nutritious foods, physical activity, and tobacco use cessation.

Overweight and Physical Activity in Youth

While the prevalence of overweight youth in Marshall County in 2007 was considerably lower than in the adult population (only 13.6% among the 12th-grade students) an additional 7.4% were classified at risk for overweight. According to the most recent CDC classification, however, the category “at risk for overweight” is now considered “overweight” and the category “overweight” is now considered “obese”¹⁵. Overweight and obese children and teens are at greater risk for many comorbid conditions both immediate and long-term. Specifically, their risk is approximately 10 times greater than that of normal weight children for hypertension in young adulthood, three to eight times greater for high cholesterol, and twice as great for diabetes mellitus¹⁶.

At the same time 23.2% of the surveyed youth in Marshall County perceived themselves as overweight, which considering the new CDC classification was only 2.2% higher than the actual prevalence of overweight (~21.0%¹⁷). This finding suggests that only a small percentage of healthy-weight students may inaccurately perceive their weight resulting in a somewhat distorted body image. The majority of overweight students, on the other hand, seem to be accurate in self-assessment.

About 35% of the 12th graders used exercise to either control or lose weight. Additionally, 39.84% of the students reported using healthy diet in order to stay in shape. It could also be argued that these two healthy weight control strategies are practiced in combination by at least some of the students, as sufficient weekly physical activity was significantly and highly correlated with fruit and vegetable consumption both in Minnesota and the SHIP counties¹⁸. Unlike the adult MN population, however, that is likely to benefit from further improvements in their

¹⁵ About BMI in Children and Teens at http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html , last accessed 10/17/09

¹⁶ Serdula M. K., Ivery, D., Coates, R. J., Freedman, D. S., Williamson, D. F., & Byers, T. (2005). Children and teens told by doctors that they are overweight – United States, 1992-2002. *MMWR Weekly*, 54 (34), 848-849.

¹⁷ Obtained by summing up the percentage of overweight and obese students, 14.0 and 8.8%, respectively.

activity levels and nutrition, dietary changes should be of a somewhat higher priority to the Marshall county youth as 62.7% of the respondents met recommendations for weekly physical activity but only 13.3% reported consuming the minimal recommended amount of daily fruits and vegetables which was also slightly lower than for the state of Minnesota in general (16.1%).

At the same time, despite a fairly high percentage of physically active 12th-grade students in Marshall County, 13.3% were completely sedentary. Although the same estimate obtained for the SHIP counties was significantly different from the corresponding rate in Minnesota (10.5%), in Marshall County this finding was not statistically significant due to a small number of students surveyed. Nevertheless, it still suggests that further increases in physical activity levels among Marshall County students may also be beneficial.

RECOMMENDATION: Findings suggest that unhealthy dietary practices and lack of physical activity for youth within Marshall County may be a significant issue. Potential interventions for SHIP in addressing this issue could include:

SCHOOL SETTING

- Comprehensive nutrition policies including: breakfast promotion; healthy lunch and snacks; school gardens; and farm-to-school initiatives.
- Policies and practices that create more active schools by:
 - Supporting quality school-based physical activity
 - Increasing opportunities for non-motorized transportation
 - Increased access to school recreation facilities.

COMMUNITY SETTING

- Policies, practices and environmental changes that improve access to nutritious foods (e.g. fruits, vegetables) such as:
 - Increased availability and affordability of nutritious foods in grocery stores, corner stores, concession facilities, and other food vendors.
 - License and facilitate the development of new farmer's markets and promote their use.

Tobacco Use and Access

Cigarette smoking among 12th-grade students in Marshall County was considerably higher than among adults (34.9% vs. 15.3%). Moreover, significantly greater proportions of Marshall County youth compared to the state of Minnesota were reported for tobacco use (43.4% vs. 34.0%), frequent tobacco use (25.3% vs. 14.8%), cigarette smoking (34.9% vs. 25.6%) and smokeless tobacco use (20.5% vs. 10.4%). The latter difference was particularly pronounced. Additionally, a substantially greater proportion of tobacco users reported having smoked their first cigarette, cigar or tried smokeless tobacco before age 13 than a corresponding

¹⁸ Based on a Spearman rank order correlation test ($p < 0.001$) for the state of Minnesota and SHIP counties

percentage of 12th –grade tobacco users in the state of Minnesota. Early initiation of tobacco use is associated with greater severity of nicotine dependence and lower quit rates¹⁹.

A perfunctory analysis reveals that at least part of the problem may be related to the fact that only 43.8% of students have talked to their parents about dangers of tobacco, alcohol and other drug use. Furthermore, only half of the students (53.7%) thought that smoking a pack of cigarettes a day would pose a great risk to their health suggesting that further educational efforts may be of value in reducing and preventing tobacco use in Marshall County. For example, a recent North Dakota-based study suggested that the use of certain TV and radio ads depicting graphic health harms from tobacco could be very effective in preventing and reducing tobacco use among rural and American Indian youth²⁰.

A more in-depth look at possible explanations of heavy tobacco use by 12th graders in Marshall County also highlights the importance of relatively easy illegal access to tobacco products by underage smokers. Specifically 6 out of 11 underage 12th graders (54.5%) reported buying tobacco products at a convenience store or a gas station, yet only 1 of them (16.8%) reported using a fake ID. This finding suggests that 5 out of 6 underage smokers in Marshall County are able to ask for tobacco products at gas stations and convenience stores without resorting to a fake ID. An immediate implication is strengthening of tobacco control at the point of sale.

Furthermore, although only 4.8% of the students in Marshall County reported using cigarettes as a form of weight control, tobacco use was significantly and highly correlated with overweight in Marshall County as well as across the SHIP Counties and the State. This finding is not accidental. According to O’Loughlin et al. (1998)²¹ being overweight increases the risk of adolescent smoking 3.5 times. It appears that at least some tobacco users may be smoking cigarettes to better control their weight. It is thus possible that reducing overweight and obesity among the youth through increased physical activity and healthy diet may also attenuate tobacco use.

RECOMMENDATION: Findings suggest that the use of tobacco products, especially smokeless tobacco by youth within Marshall County may be a significant issue. Potential interventions for SHIP to address this could include:

COMMUNITY SETTING

¹⁹ Saules, K. K., Levin, M. D., Marcus, M.D., & Pomerleau, C. S. (2007). Differences in smoking patterns among women smokers with childhood versus later onset of weight problems. *Eating Behaviors*, 8, 418-422.

²⁰ Vogeltanz-Holm, N., Holm, J. E., White Plume, J., & Poltavski, D. V. (2009). Confirmed recall and perceived effectiveness of tobacco countermarketing media in rural youth. *Prevention Science* [in Press].

²¹ O’Loughlin, J., Paradis, G., Renaud, L., & Sanchez Gomez, L. (1998). One-year predictors of smoking initiation and of continued smoking among elementary schoolchildren in multiethnic, low income, inner-city neighbourhoods. *Tobacco Control*, 7, 268-275.

- Tobacco-free policies for parks, playgrounds, beaches, zoos, fairs, and other recreational settings.
- Policies that restrict youth access to tobacco such as sales laws directed at tobacco retailers to reduce illegal sales to minors.

HEALTH CARE SETTING

- Better connect people with existing effective cessation services (such as the 5 A's and fax referral).

Datasets

While the MN Student Survey data set proved to be valuable in identifying needs, there is a paucity of data on the health of the adult population within the 8 counties served by SHIP. Because of this lack of data, general estimates of community health were made by the Minnesota Department of Health Morbidity and Mortality tables. Their use of synthetic approximations of population health is not the same as actual measures of health based on statistical power estimates and response rates.

RECOMMENDATION

Conduct BRFSS locally within each of the eight counties to obtain a more accurate accounting of the adult population risk factors within northwest Minnesota.

APPENDIX 1

BRFSS METHODOLOGY

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The BRFSS questionnaire is designed by a working group of state coordinators and CDC staff and is administered annually through a random-digit-dialed telephone survey of the U.S. adult (18 and over) non-institutionalized population. The survey includes core questions that are asked by all participating states in a given year, optional modules that a state may use in their survey and state-specific questions. Furthermore core modules consist of fixed-core questions and a rotating core.

While fixed core BRFSS items include questions about *cigarette smoking*, *leisure time exercise* in the past 30 days as well as height and weight information that allows calculation of indices of obesity such as *body mass index (BMI)*, some rotating core modules are only used biannually and include specific questions about weekly levels of *moderate and vigorous physical activity*, as well as *daily consumption of fruits and vegetables*.

Optional BRFSS modules relevant to the present project include questions regarding smokeless tobacco use and smoking policy. Since 2001 the smokeless tobacco module has been expanded to include other tobacco products such as cigar and pipe use. Although in the publicly accessible CDC databases for the past 12 years this module was offered several times including the 2008 BRFSS questionnaire, the state of Minnesota did not use it in any of the years of its availability. However, the 2004 BRFSS administration in Minnesota did include another optional module on secondhand smoke policy.

YRBSS AND MINNESOTA STUDENT SURVEY METHODOLOGY

Priority health-risk behaviors including tobacco use, unhealthy dietary habits, physical inactivity and the prevalence of obesity among youth and young adults is monitored by the Youth Risk Behavior Surveillance System (YRBSS). The YRBSS includes a national school-based survey conducted by the Centers for Disease Control and Prevention (CDC) and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

In 2007, the YRBSS included a national school-based survey conducted by CDC, 44 state surveys, five territory surveys, and 22 local surveys conducted among students in grades 9–12 during January 2007—February 2008. The nationally available YRBSS dataset 2007, however, does not include individual state and county codes. For this reason, the description of behavioral health risk in youth and young adults for individual MN counties is based on the 2007 Minnesota Student Survey which

was conducted by 91% of public operating school districts. Similar to the YRBSS, the Minnesota Student Survey encompasses a number of health risk behaviors including tobacco use, diet, physical activity and prevalence of obesity and is administered to public school students in Grades 6, 9, and 12. Only responses from 12th-grade students were used in this report (n=83 for Marshall County, 75.5% response rate). EvaluationGroup, LLC staff contacted the MN Student Survey administrators and obtained a copy of the raw dataset for further analysis which were used in this report. We are indebted to their generosity for permitting us use of this data in pursuit of the mission of improving health throughout Minnesota.