



Robert Wood Johnson Foundation

RWJF Retrospective Series

The Tobacco Campaigns

**of the Robert Wood Johnson Foundation
and Collaborators, 1991–2010**

Center for
Public Program Evaluation

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RWJF Retrospective Series
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Preface	1
Summary	2
Introduction	7
Section 1: Tobacco Use in the United States Before 1990	10
Section 2: What Did RWJF Do?	13
Section 3: What Were the Results?	25
Section 4: What Can Be Learned?	32
Section 5: What Is Next?	41
Acknowledgments	45
Endnotes	48
Boxes:	
<i>Box 1: Results of the Tobacco Campaigns of 1991–2010, Robert Wood Johnson Foundation and Its Collaborators</i>	6
<i>Box 2: Major RWJF Tobacco-Control Programs</i>	12
<i>Box 3: RWJF's Hallmark Tobacco Tactics</i>	16
<i>Box 4: Major RWJF Collaborators</i>	17
<i>Box 5: Prevention: RWJF Tactics to Prevent Uptake of Tobacco</i>	21
<i>Box 6: Cessation: RWJF Tactics to Help Smokers Quit</i>	23
<i>Box 7: Pivotal Focus Areas</i>	24
<i>Box 8: New Infrastructure to Prevent Smoking and Help Smokers Quit</i>	30

Box 9: Selected Quotes From RWJF Collaborators and Grantees 33

Box 10: Strategies for Future Tobacco Work 43

Box 11: Transferable Principles for Social Change 44

Figures:

Figure 1: Total RWJF Funding for Tobacco-Control Projects, 1991–2009 12

Figure 2: Adult Smoking Rates Flatten and Smoking Among High School Students Increases 15

Figure 3: Students' Smoking Rates Brought Under Control 26

Figure 4: Percentage of Respondents Supporting Smoking Bans in Public Places 31

Figure 5: Average Total Excise Tax by Year 36

Figure 6: Number of State Clean Air Laws by Year 36

*Figure 7: Medicaid Coverage of Cessation Aids
in the 50 States and District of Columbia, 1993–2006* 37

Tables:

Table 1: Impact of Three Tobacco-Control Strategies, 2010–2063 27

Table 2: Reductions in the Number of Smokers 28

Table 3: Benefit-Cost Comparison of RWJF's \$700 Million Tobacco-Control Investment 29

Preface

Twenty years ago the Robert Wood Johnson Foundation decided to put our name and substantial financial and human resources behind a bold initiative to reduce tobacco use in this country. For two decades, RWJF has been working with partners in government, education, philanthropy and the private sector to make literally the air that we breathe safe to inhale and to free many Americans from a gripping, destructive addiction to which they were seduced in their youth. As this retrospective indicates, our tobacco-control campaigns often have seemed an uphill battle, but they have made significant inroads against the harmful effects of tobacco.

Because of that significant progress, we have scaled back our investments in tobacco control to allow us to focus on new public health challenges. Yet the moral injunction of medicine is “First, do no harm.” As we wound down these investments (though ongoing, we are still providing \$3,589,258 to reduce tobacco use), I was adamant that we needed to monitor the state of tobacco control going forward and to assess the legacy and impact of our body of tobacco-control work.

As we address other critical public health challenges, like the need to roll back the epidemic of childhood obesity, it is important to harvest lessons that can be learned from our tobacco-control work, which has been unique in terms of magnitude, duration, scope and methods. We therefore asked the Center for Public Program Evaluation to conduct an independent assessment to help us and the field understand the results of our efforts, what worked, what didn’t, and what could be adopted or adapted to fulfill our mission to improve and make a demonstrable difference in health and health care for all Americans.

I wish to emphasize our insistence that the center’s work be truly independent. The center’s president, George Grob, is a former Deputy Inspector General of the U.S. Department of Health and Human Services, who personally took charge of this assessment. Grob asked Henry Aaron, Bruce and Virginia MacLaury, senior fellow and former director of economic studies at the Brookings Institution, and Michael O’Grady, senior fellow at the National Opinion Research Center and principal, O’Grady Health Policy, to provide an additional layer of independent review. Aaron and O’Grady advised on study methods and findings, and reviewed draft reports. The resulting assessment report describes both the significance and limits of RWJF’s contributions and achievements.

I want to thank the many individuals and organizations—often working in collaboration—who conducted the tobacco-control campaigns, and I especially want to thank the many RWJF staff members (and former staff) who have worked with such competence and endurance on reducing Americans’ addiction to tobacco. Among them were: Diane Barker, Michael Beachler, Sallie Petrucci George, Karen Gerlach, Marjorie Gutman, Robert Hughes, Nancy Kaufman, Jim Knickman, Michelle Larkin, Joe Marx, Tracy Orleans, Marjorie Paloma and Steven Schroeder, and many others behind the scenes and too numerous to name.

Risa Lavizzo-Mourey, M.D., M.B.A.

*President and Chief Executive Officer
Robert Wood Johnson Foundation*

Summary

The Robert Wood Johnson Foundation Takes Aim at Tobacco. In 1991 the Robert Wood Johnson Foundation (RWJF) began to tackle one of the most intractable problems in the field of public health—tobacco addiction. Over the next two decades, it invested significant funds and talent, focusing on policy and systems changes, such as higher tobacco excise taxes, smoke-free indoor air laws, access to cessation treatment and the federal regulation of tobacco. Starting in 2004, the Foundation began to scale back its tobacco work, although it continued to fund some activities. In January 2009 the Foundation contracted with the Center for Public Program Evaluation to provide an independent assessment of its tobacco work. This paper summarizes what that study found as of June 2010.

Therefore, our analysis... tells the story of the major tactical shifts these groups made to reduce the use of tobacco in the United States and of profound changes in social norms about smoking that took hold during the 20 years of their collaboration.

Joining Forces With Others. RWJF did not take on tobacco alone. Rather, a core principle of the Foundation’s strategy was to build on the efforts of others, join forces with advocates and researchers, promote coalitions, and facilitate the work of collaborators. For all practical purposes, RWJF always worked in concert with partners.

As a result, it is not possible to categorically attribute or allocate a fair share of the results of their combined efforts to RWJF or to any of the leading tobacco-control funders and advocates. Therefore, our analysis focuses on what they did together. It tells the story of the major tactical shifts these groups made to reduce the use of tobacco in the United States and of profound changes in social norms about smoking that took hold during the 20 years of their collaboration. It also recounts their disappointments in failing to fully marginalize smoking in the United States and to protect all Americans from secondhand smoke.

RWJF’S CONTRIBUTIONS

While the impact reflects the work of many participants, it is possible to describe the specific actions that RWJF took, the level of its investment, the nature of its contributions and the style of its leadership. It is important to do this in order for RWJF to learn from its experience in the tobacco field what successful strategies and tactics it might apply to other major public health or social transformation initiatives and what mistakes to avoid.

RWJF’s unique contributions were significant. Between 1991 and 2009, the Foundation invested nearly \$700 million in efforts to prevent tobacco uptake, especially by children, and to help addicted users quit. Collaborators that we interviewed singled out RWJF’s initiative,

leadership or substantial contributions in such programs as *SmokeLess States®: National Tobacco Policy Initiative*; *the Campaign for Tobacco-Free Kids*; *Addressing Tobacco in Managed Care* (now called *Addressing Tobacco in Health Care*); *Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy*; and *Substance Abuse Policy Research*.

Through these and other programs, RWJF focused its efforts on building policy and public health infrastructures designed to prevent smoking, help those who already smoke to quit, and transform the national culture and social acceptability of smoking. For example, the Foundation, along with other leading tobacco-control advocates, supported an expansion of comprehensive statewide tobacco-control programs that used mass media and community-based organizations to discourage smoking. It promoted increases in federal and state excise taxes, a powerful disincentive to smoking, especially among youth. It also helped bring about prohibitions on youth-targeted advertising and marketing, enactment of smoking bans, access to proven smoking cessation treatments, insurance coverage of such treatments and authority for the Food and Drug Administration (FDA) to regulate tobacco products.

THE RESULTS

The timing of the Foundation's entry into this field was propitious. Adult rates of cigarette smoking had been dropping steadily, from 42.4 percent in 1965 to 25.5 percent in 1990. However, as RWJF began working on tobacco, the adult rate was entering a stalled period, decreasing only to 24.7 percent by 1997. Meanwhile, cigarette smoking among high school students was spiking upward, from 28.3 percent in 1991 to 36.5 percent in 1997.¹ The steady progress that had been made against smoking since the mid-1950s was unraveling and a new generation of smokers was becoming addicted.

Between 1997 and 2009, with the work of RWJF and key collaborators in full swing, the setbacks of the early 1990s were halted. The adult smoking rate began dropping again, reaching a low of 19.7 percent in 2007. The rate among high school students dropped even more dramatically, to 20 percent, putting their rates on par with those of adults for the first time since these data were collected.¹

The impact of these changes is significant in terms of smoking-related mortality and illness. As a result of the excise taxes, price increases linked to the Master Settlement Agreement, indoor smoking bans and other tobacco-control policy changes put into place between 1993 and mid-2009, at least 5.3 million fewer people were smoking in 2010 and a cumulative total of more than 60,000 smoking-attributable deaths had been averted. By 2063, some 70 years after the first data became available since RWJF started its tobacco-control work, 12 million fewer people will smoke and 2.1 million smoking-attributable deaths will have been averted, assuming the new policies continue.²

In 1990, virtually no one was covered by smoking bans. By 2009, state and local government smoking bans covered 57 percent of Americans in workplaces, 65 percent in restaurants, and 54 percent in bars. The percentage covered by such bans in July 2010 was 61 percent in workplaces, 73.8 percent in restaurants, 62.8 percent in bars, and 78.9 percent in at least one of these settings.³ There are direct health benefits as a result. A recently published Institute of Medicine report found a causal relationship between smoke-free laws and decreases in acute coronary events.⁴

In 1990, virtually no one was covered by smoking bans. By 2009, state and local government smoking bans covered 57 percent of Americans in workplaces, 65 percent in restaurants, and 54 percent in bars.

Despite the recent significant gains, complacency about the future of tobacco use and addiction is unwarranted. Smoking prevalence flattened out again from 2004 through 2009 although it is now 5 percent lower than when RWJF entered the fray in 1991.

Social norms related to the general acceptance of tobacco are both indicators and causes of tobacco use. One positive shift in social norms during the period of RWJF's tobacco campaigns is the percentage of adults who favor smoke-free restaurants, which increased from 45 percent in 1992–1993 to 64 percent in 2006–2007. Similarly, approval rates increased for smoke-free bars (24% to 43%) and indoor sports arenas (67% to 79%).⁵

These and other results are presented in more detail in Box 1 on page 6, “Results of the Tobacco Campaigns of 1991–2010.”

Despite the recent significant gains, complacency about the future of tobacco use and addiction is unwarranted. Smoking prevalence flattened out again from 2004 through 2009 although it is now 5 percent lower than when RWJF entered the fray in 1991. Despite this decrease, as a result of population growth over the last 20 years, more adults were actually smoking in 2009 than 1990.

LESSONS LEARNED

There is much to be learned from the 20 years of tobacco work by RWJF and fellow collaborators. Two overarching conclusions stand out: 1) RWJF's early and continuing leadership was important, and 2) synergies among all the collaborators were also critical. Their concerted action on a large scale had substantial cumulative impact over time.

RWJF's most successful tactics, implemented through a range of program models, appear to have been:

- Policy research as the foundation of plans and action.
- Wide collaboration with tobacco-control advocates, public health officials, researchers and key stakeholders.
- Establishment of a permanent institution, the *Center for Tobacco-Free Kids*, as the knowledge source and voice of the movement.
- Orchestrated support for grassroots, state-based advocacy and technical assistance for state legislation to increase excise taxes and enact smoking bans.
- Centralized and coordinated advocacy for federal legislation and regulation.
- Promotion of health insurance coverage and systems reforms to enhance access to proven cessation treatments.
- Centralized strategic communications, including messaging and analytic support, as the underpinning of policy and systems changes, and public knowledge and understanding.
- Focus on specific, achievable, pivotal policy goals: excise tax increases, clean indoor air and increased access to tobacco-dependence treatments.
- Highlighting children and teens while supporting policies designed to reduce tobacco use among all consumers.

The combination of tactics was as important as, if not more important than, individual tactics. For example, strategic communications was a crucial component of every tactic, and campaigns to increase excise taxes or enact smoking bans were accompanied by advertising about the availability of cessation aids.

In addition to the tactics discussed above, broader principles, strategies and cultural values had a major influence on how well things worked. In fact, our most senior interviewees singled out these broader ideas as much as, if not more than, the tactics just described as underpinning the success of RWJF's tobacco work. These included:

- Building the fields of research and advocacy.
- Using the RWJF brand as a source of strength for others, especially by making a public commitment to long-term involvement.
- Committing substantial funds over a long enough period to help change policies and social norms.
- Providing leadership, coordination and support.
- Periodically assessing progress and challenges and appropriately adjusting tactics.
- Aiming for permanent change through permanent laws and regulations, establishing or supporting institutions that would outlast the initiative, and gradually transforming social norms.

Box 1

**Results of the Tobacco Campaigns of 1991–2010,
Robert Wood Johnson Foundation and Its Collaborators****Impacts**

- Smoking rates among adults declined from 25.5 percent in 1993 to 20.6 percent in 2009.
- Smoking rates among high school students dropped from their peak of 36 percent in 1997 to 19.5 percent in 2009.
- The estimated result of smoke-free indoor air policies and higher state and federal excise taxes from 1993 through mid-2009, and the Master Settlement Agreement price increase of 1998 are:
 - **By 2010:** 5.3 million fewer people smoking; 60,000 smoking-related deaths avoided
 - **By 2063:** 12 million fewer people will be smoking; 2.1 million smoking-related deaths avoided

**New Infrastructure to Prevent Smoking
and Help Smokers Quit**

- State cigarette excise taxes were increased 173 times between 1994 and 2009.
- The average state cigarette excise tax more than quadrupled, from 29 cents per pack in 1993 to \$1.27 in 2009.
- The federal excise tax increased from 24 cents per pack in 1993 to \$1.07 in 2009.
- Between 1990 and 2010 the percentage of the American population covered by state and local smoke-free laws increased from 0.4 percent to 62 percent in workplaces, 74 percent in restaurants, 63 percent in bars, and 79 percent in at least one of these settings.
- In 1993, 36.5 percent of smokers and 49.3 percent of nonsmokers worked in smoke-free work places. By 2007, these rates had increased to 65.4 percent and 77.2 percent, respectively.
- In 2009 the Institute of Medicine found smoking bans decreased the rate of heart attacks.
- Between 1990 and 2009 the number of states with Medicaid programs that covered at least some cessation aids increased from 1 to 45.
- In 2003, up to 97.5 percent of managed care plans covered at least some tobacco-cessation treatments, compared to 75 percent in 1997. Full coverage of pharmacotherapy was provided by 88 percent of the plans, up from 25 percent in 1997.

- While just 16 percent of physicians provided cessation counseling in 1991, 84 percent now consistently ask patients who smoke about their smoking status and 86 percent of them advise patients to quit.
- Clinical practice guidelines for tobacco cessation were improved and widely promulgated.
- State per-capita funding for tobacco-control programs increased from approximately 60 cents in 1990 to more than \$2.25 in 2007.
- Quitlines were established in every state and facilitated through a single national 1-800-helpline.
- In 2009 Congress gave FDA authority to regulate the content of tobacco products.
- As a result of the Master Settlement Agreement of 1998:
 - The tobacco industry agreed to eliminate advertising in venues frequented by youth.
 - The Tobacco Institute was abolished.
 - The use of Joe Camel and all other cartoon characters were banned from tobacco advertising.
- The following institutions were established:
 - American Legacy Foundation
 - Campaign for Tobacco-Free Kids
 - National Tobacco Cessation Collaborative
 - *Smoking Cessation Leadership Center*
 - Tobacco Technical Assistance Consortium

Changing Attitudes

Support for smoking bans in public places increased from 1992–1993 to 2006–2007 in:

- Restaurants: 45 percent to 64 percent
- Bars: 24 percent to 43 percent
- Indoor sporting events: 67 percent to 79 percent
- Average number of smoking scenes in hit movies dropped from 3.5 in 1990 to 0.23 in 2007.

Introduction

ROBERT WOOD JOHNSON FOUNDATION'S TOBACCO WORK

In 1991, the Robert Wood Johnson Foundation (RWJF) began to tackle one of the most intractable problems in the field of public health—tobacco addiction. Over the next two decades, the Foundation invested significant funds and talent, focusing on policy and systems changes, such as higher tobacco excise taxes, smoke-free indoor air laws, access to cessation treatment, and the federal regulation of tobacco. Starting in 2004 the Foundation began to scale back its tobacco work, although it continued to fund some activities.

RWJF has sponsored articles that tell the story of its tobacco work as it unfolded, many of which were published in its own anthology series, *To Improve Health and Health Care*. “Taking on Tobacco, the Robert Wood Johnson Foundation’s Assault on Smoking” is a summary article that highlights the work carried out under the *SmokeLess States*[®] program and the role played by the *Center for Tobacco-Free Kids*.⁶ Other articles in the anthology series also describe RWJF’s tobacco-cessation work, including “Linking Biomedical and Behavioral Research for Tobacco Use Prevention,”⁷ “Helping Addicted Smokers Quit,”⁸ “The *Center for Tobacco-Free Kids* and the Tobacco Settlement Negotiations,”⁹ and “The Smoke-Free Families Program.”¹⁰ In addition, RWJF produced “Tobacco Control Policy,” an in-depth look at tobacco policy research as part of its health policy series.¹¹

AN INDEPENDENT RETROSPECTIVE REVIEW

In January 2009, the Foundation contracted with the Center for Public Program Evaluation (CPPE) to provide an independent assessment of its tobacco work and to make appropriate recommendations based on that assessment. This paper presents an overview of that study’s findings, as of June 2010. CPPE is an evaluation and policy development firm focused on helping public programs work efficiently and effectively. It offers support to policy-makers and program managers in both the public and private sectors to enhance their programs, strengthen the services they offer and improve outcomes for the people they serve.

RWJF did not take on tobacco alone. Rather, a core principle of the Foundation’s strategy was to build on the efforts of others, join forces with advocates and researchers, promote coalitions and facilitate the work of collaborators. For all practical purposes, RWJF always worked in concert with partners.

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As a result, it is not possible to categorically attribute or allocate a fair share of the results of their combined efforts to RWJF or to any of the leading tobacco-control funders and advocates. Therefore, our analysis focuses on what they did together. It tells the story of the major shifts these groups made in tactics to reduce the use of tobacco in the United States and of profound changes in social norms about smoking that took hold during the 20 years of their collaboration. It also recounts their disappointments in failing to fully marginalize smoking in the United States and to protect all Americans from secondhand smoke.

Without in any way diminishing the partnerships, it is possible to describe the specific actions that RWJF took, the level of its investment, the nature of its contributions and the style of its leadership. It is important to do this in order for RWJF to learn from its experience in the tobacco field and adapt it to future initiatives.

To carry out our review, we analyzed Grant Results reports and other information on the Foundation's website and on websites maintained by grantees; reviewed the published literature on tobacco control and tobacco-use cessation; interviewed more than 50 RWJF staff members, grantees and collaborators familiar with the Foundation's work; and analyzed quantitative data from government and other sources related to trends in tobacco use, smoking and cessation rates, and tobacco-related deaths.

Another key component of our review was the analyses we commissioned. Frank J. Chaloupka, Ph.D., distinguished professor at the University of Illinois at Chicago and director of the university's Health Policy Center, prepared estimates of the impact of RWJF-sponsored initiatives on the number of smokers and smoking-attributable deaths. Marjorie Gutman, Ph.D., of Gutman Research Associates reviewed changes in social norms related to smoking. We received expert management, analytic and technical assistance from Ruth Anne Gigliotti, M.B.A., president, Synthesis Professional Services; Deborah Berlyne, president, Deborah Berlyne, Inc.; Karyn Feiden, editor; and Dawn Long, program analyst.

We wish to give special thanks to the 50-plus experts we interviewed for this study. All of them held senior positions with RWJF, its grantees or collaborators and provided leadership and hard work at crucial stages of the 20-year initiative described in this report. They were not the only ones to do so, but their generous gifts of time and insights for this study were invaluable. Their names are listed at the end of this report.

Finally, we benefitted greatly from independent advice and analysis provided by Henry Aaron, Ph.D./Bruce and Virginia MacLaury, senior fellow and former director of economic studies at the Brookings Institution, and Michael O'Grady, Ph.D., senior fellow at the National Opinion Research Center and principal, O'Grady Health Policy.

Building on these sources, this paper offers new ways to think about the tactics and strategies used by RWJF and tobacco-control advocates. Our purpose was not only to assess their progress in reducing tobacco use in the United States, but also to understand and describe how they went about it, the methods and approaches that worked and those that did not, and why. Our goal was to identify practical lessons—do's and don'ts—that may be helpful both in future tobacco work and in other large-scale public health or social transformation initiatives that RWJF or other philanthropic institutions might plan in the future.

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The results of our assessment are described chronologically. We set the stage by describing the tobacco culture of the United States in the years leading up to RWJF's entry into the field in 1991. We then describe how the Foundation and key collaborators first tried to bring smoking rates down and the discouraging results of these initial efforts. We follow this with a description of a dramatic and innovative change of tactics that led to greater success, as well as shortfalls in sought-after results. With that story behind us, we then analyze more carefully what RWJF and fellow collaborators did, the results of these activities and the lessons that can be taken from this experience.

Section 1

Tobacco Use in the United States Before 1990

A NATION BEGUILED AND ADDICTED

The cultural history of the United States with respect to tobacco, especially since the second half of the 20th century, reads like a disturbing science fiction epic. Imagine a nation in which more than half of the men set fire to addictive plants and then inhale the disease and death-causing fumes into their lungs. This was a common daily practice in the United States, according to data on smoking rates from 1955 (the first year for which such data are available) to 1965.¹² Enticing advertisements pervasive in the print, broadcast and billboard media of the time depicted this act as the glamorous, manly, “cool,” smart and enjoyable behavior of young, attractive and healthy people. Athletes, matinee and television idols, military figures, cartoon characters, and even some physicians promoted this ritual.

Smoking harms almost every organ in the body. It causes cancer of the bladder, cervix, esophagus, larynx, lung, oral cavity, pharynx, pancreas and stomach, as well as acute myeloid leukemia.

Of course, today we know the unglamorous truth. Since 1964, more than 15 million people have died from smoking-related illnesses.^{13, 14, 15} Even today, approximately one-fifth of U.S. adults are smokers and an estimated 438,000 people die every year in the United States (one out of every five deaths) from the adverse health effects associated with cigarette smoking. Smoking harms almost every organ in the body. It causes cancer of the bladder, cervix, esophagus, larynx, lung, oral cavity, pharynx, pancreas and stomach, as well as acute myeloid leukemia. Smoking also causes coronary heart disease, complicates diabetes and is associated with a tenfold increase in the risk of dying from chronic obstructive pulmonary disease.^{16, 17} Nearly 25 million Americans alive in 2004 have already died from smoking-related diseases, or will die prematurely unless they quit.¹⁸

In addition to the suffering inherent in smoking, chewing and sniffing tobacco, there was an even darker side to the tobacco story that had not yet been revealed. Tobacco executives knew about the harmful effects and addictive qualities of tobacco as early as the 1950s but withheld this information from the public as they systematically sought to addict increasing numbers of people, including children. Damning industry documents began to surface in the 1990s, in part as a result of RWJF-sponsored research.

THE TIDE BEGINS TO TURN

As bizarre and risky as the acts of smoking, chewing, sniffing and spitting tobacco now seem, mid-century users of tobacco were not aware of the devastating effects of their “habit.” The revelation of those effects and the emergence of a movement to change social norms about tobacco arose not from science fiction, but from real science. In the watershed year of 1964, the U.S. Surgeon General published *Smoking and Health*,¹⁹ the first of a series of 30 Surgeon General reports on tobacco (the most recent in 2006).²⁰ Those reports proved the existence of a link between tobacco and cancer and various lung diseases, demonstrated the addictive nature of tobacco, and revealed the harm of environmental or “secondhand” tobacco smoke.

At the same time, a series of social, policy and medical changes drove a dramatic 50 percent drop in per-capita cigarette consumption from 1960 to 2000. These included grassroots initiatives, such as nonsmokers’ rights movements, the first World Conference on Smoking OR Health, and the first “Great American Smokeout,” the emergence of medication and counseling treatments for tobacco addiction; warning labels on cigarette packages, and eventually increased cigarette excise taxes.

AN END IN SIGHT, BUT—

By 1990 the adult smoking rate had dropped to 25.5 percent from 42.4 percent in 1965.¹ With such a steady decline, there was growing hope that with a concerted effort, smoking and other tobacco use could be nearly eradicated.

However, no concerted effort took place, although there were a number of significant individual initiatives. An early player, Americans for Nonsmokers’ Rights, had remained active since 1976. California had responded to a grassroots movement by raising the state tobacco excise tax to 35 cents per pack and dedicating a nickel per pack to tobacco-control programs in 1988. Two years later, the federal government banned smoking on domestic airline flights of six hours or less. By 1990, the National Cancer Institute (NCI) was making grants to states to promote effective tobacco-control policies and tobacco-related public health initiatives. The Centers for Disease Control and Prevention (CDC), American Cancer Society (ACS), American Heart Association and American Lung Association also were active in discouraging tobacco use. While promising, these efforts were, at best, only loosely coordinated and funding was inadequate.

ROBERT WOOD JOHNSON FOUNDATION ENTERS THE FIELD

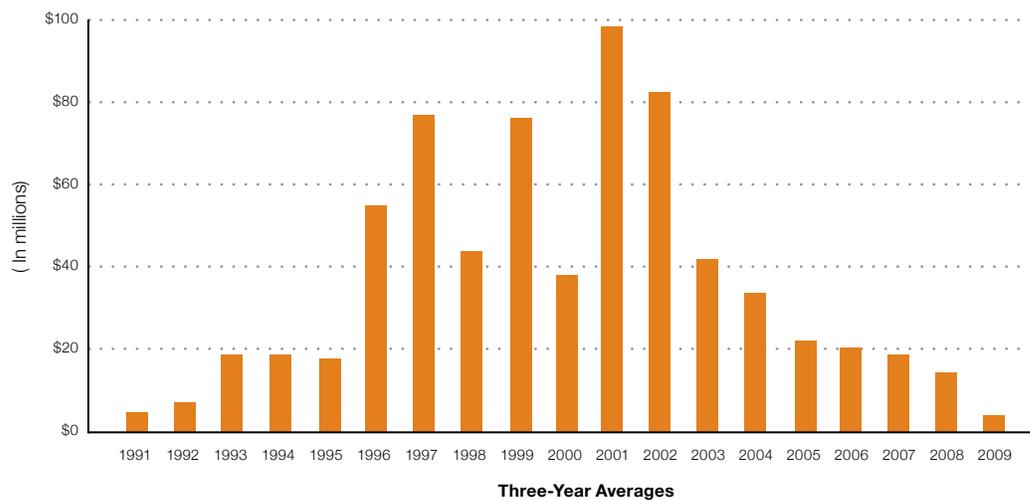
In 1990 Steven Schroeder, M.D., arrived as the new president of RWJF. He saw both the enormity of damage caused by tobacco and the possibility of putting an end to the epidemic, or at least marginalizing it as a public health problem, and wanted to engage RWJF in that effort. Initially, some members of the RWJF Board of Trustees expressed reservations about a focus on substance abuse and its extension to tobacco, reflecting uncertainty about the underlying science and what could be done to counter abuse. At first, the board split, with an eight to eight tie vote, before reaching a compromise to start on youth smoking, which was illegal. Gradually, the effort expanded to cover all ages, although a focus on youth and young adults proved to be important because most smokers begin when they are young.

Following board approval in 1991, Schroeder assembled a strong leadership team to coalesce around this issue. This team remained largely intact throughout RWJF’s focused involvement in

tobacco work. He and his team made it clear both internally and to the outside world that the Foundation was in this for the long haul.

Between 1991 and 2009, RJWF invested nearly \$700 million in its efforts to prevent tobacco uptake, especially by children, and to help those who use it to quit. Figure 1 displays the pattern of funding over this period.

FIGURE 1
Total RWJF Funding for Tobacco-Control Projects, 1991–2009



Source: RWJF Program Information Management System

Box 2

Major RWJF Tobacco-Control Programs

Tobacco and Substance Abuse Policy Research, 1992–2011	\$ 43 million
Smoke-Free Families, 1993–2008	\$ 29 million
SmokeLess States, 1994–2010	\$104 million
Campaign for Tobacco-Free Kids, 1995–2010	\$ 95 million
Addressing Tobacco in Managed Care, 1996–2008	\$ 12 million
Bridging the Gap, 1997–2012	\$ 19 million
Helping Young Smokers Quit, 2002–2009	\$ 7 million
Smoking Cessation Leadership Center, 2002–2011	\$ 10 million
Tobacco Policy Change, 2004–2011	\$ 12 million

Section 2

What Did RWJF Do?

FIRST STEPS—POLICY RESEARCH

An emphasis on research was a logical first step for an organization with a long-standing culture of promoting improvements in health. Schroeder and the early members of his team were emphatic in requiring solid research as the underpinning of anything they did in this new endeavor. At the same time, the Foundation was interested in making permanent, structural changes to limit the use of tobacco in the United States, which meant getting laws passed and regulations issued. Thus, one of their first major efforts, a \$5 million multi-year commitment called the *Tobacco Policy Research and Evaluation Program*, launched in 1992, reflected a combination of these two goals. The idea was to take a systematic look at what kinds of government policies, such as advertising restrictions, limits on age-based marketing, excise taxes and clean indoor air laws, were most effective in reducing the use of tobacco, especially cigarettes.

This was followed by a more extensive \$38 million effort in 1995, the *Substance Abuse Policy Research Program*, and the \$19.2 million program *Bridging the Gap: Research Informing Practice for Healthy Youth Behavior*. *Bridging the Gap* can be used to illustrate how policy research yields action plans to counter tobacco use. This program drew on other comprehensive databases about patterns in tobacco use among youth, state and local laws and tobacco control capacities, and school and community level actions. Through its analyses it has been able to link the policies to reductions in youth use of tobacco. In turn, these results have contributed to enactment of new laws, regulations, and tobacco-control functions at the state and local levels.²¹

At around the same time, in 1993, the Foundation began investing in a \$29 million program called *Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy*. It aimed to harness pregnancy as a highly teachable moment for promoting quitting through effective treatments and smoke-free homes for pregnant women, their partners and families.

Tobacco use was a relatively new field of research at this time, initially without a prominent cadre of experienced leaders or ambitious acolytes. However, these well-funded programs gradually attracted just such talent, helping to establish what is now a highly regarded field of scientific and public health work.

Two significant results of this early research were the development and wide acceptance of econometric models establishing the connection between the price of tobacco and the rate of

smoking, especially by youth, and the analysis of tobacco industry and other public documents, which uncovered industry efforts to produce and market highly addictive products. The econometric models provided the basis for pursuing and supporting federal and state legislation to raise excise taxes to reduce smoking rates. The analysis of the tobacco industry documents contributed to the Food and Drug Administration's (FDA's) investigation of tobacco in 1994–1996, to the U.S. Senate hearings in 1998, and ultimately to the passage of legislation in 2009 giving the FDA authority to regulate the content of tobacco products.

The emphasis on research remained the backbone of RWJF's work throughout its tobacco campaign. For example, it invested heavily in research on tobacco addiction and supported and supplemented the work of others in this field through the *Research Network on the Etiology of Tobacco Dependence*, the Sundance Retreat for researchers, the NIH Conference on Addiction to Nicotine, and promotion and support for NIH Transdisciplinary Tobacco Research Centers.

BUILDING COALITIONS AND LAUNCHING THE SMOKELESS STATES PROGRAM

When RWJF entered the fray, ACS and NCI were funding state coalitions to promote tobacco-control policies. ACS had also joined with the American Heart Association and the American Lung Association to form the Coalition on Smoking and Health and the CDC had begun reinvigorating its Office of Smoking and Health. Early on, RWJF began to communicate with these entities and others, including the American Medical Association, and gradually expanded its network of collaborators.

From these initial contacts came the idea for RWJF's sustained investments in state-level tobacco-control coalitions. However, unlike grants provided to state government by ACS and NCI, RWJF funded advocacy organizations that were immune from tobacco industry influence. In 1993 the RWJF Board of Trustees launched a new program, *SmokeLess States®: Statewide Tobacco Prevention and Control Initiative*, with an initial authorization of \$10 million (name later changed to *SmokeLess States: National Tobacco Policy Initiative*). Its purpose was to reduce the number of children and young people who start using tobacco, reduce the number of people who continue using tobacco and increase the public's awareness that reducing tobacco use is an important component of any major health care reform effort. The first grants were made in 1994 to coalitions in 19 states, most of which were not receiving funds from ACS or NCI. Among the first to receive funding were Alaska, Hawaii and Washington. By 1997 these states had increased their per-pack cigarette excise taxes to \$1, 80 cents and 82.5 cents respectively, among the highest in the nation. The *SmokeLess States* grants and the coalitions they funded no doubt contributed to these early successes in tobacco control.

EARLY DISAPPOINTMENTS—LOSING GROUND

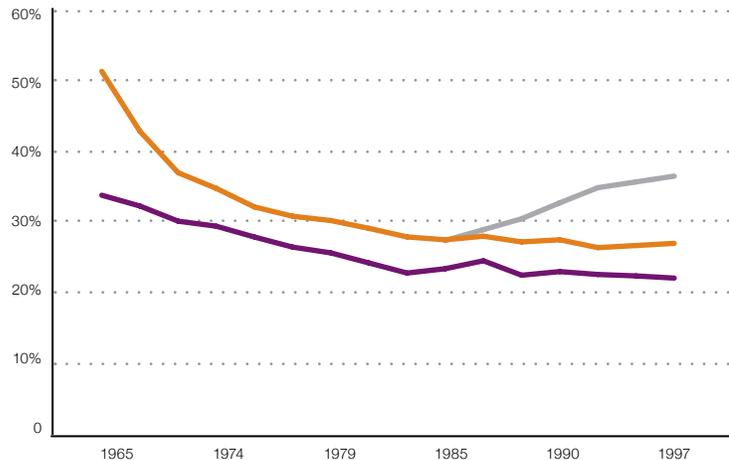
The timing of the Foundation's entry into this field was propitious. As noted, adult rates of cigarette smoking had been dropping steadily to 25.5 percent in 1990. However, as RWJF began working on tobacco, the adult smoking rate had flattened, decreasing to 25 percent in 1993 and then to 24.7 percent by 1997.²²

At the same time, cigarette smoking among high school students had spiked upward, from 28.3 percent in 1991 to 36.5 percent in 1997. The steady progress against smoking since the mid-1950s was unraveling. Progress against adult tobacco use had halted, and a new wave of student smokers meant that a new generation of smokers was becoming addicted. Figure 2 displays these trends graphically.

FIGURE 2

Adult Smoking Rates Flatten and Smoking Among High School Students Increases

■ Men
■ Women
■ All High School Students



Sources: CDC/NHCS, *Health, United States, 2008*, Figure 6. Data from the National Health Interview Survey, Youth Risk Behavior Survey, National Vital Statistics System

A TURNING POINT IN PARIS

Schroeder had recruited Nancy Kaufman, M.S., a public health scientist and government leader from Wisconsin to serve as vice president of RWJF and to lead the Foundation’s tobacco work. Her attendance, accompanied by a small number of RWJF staff members, at the Paris World Conference on Smoking OR Health in 1994 was a catalyst for transformation at RWJF.

At the conference, Kaufman and her team saw that other countries, including France, Australia and the United Kingdom, were way ahead of the United States in the field of tobacco control. In a series of impromptu meetings there, she led the RWJF contingent through discussions about how best to raise the level of activity and impact of the tobacco work being done by the Foundation and other members of the growing coalition of American tobacco-control advocates. This was the beginning of a deeper self-assessment carried out through 1995.

The RWJF tobacco team ultimately concluded that policy research yielded important results, including better understanding of the:

- Correlation between price and smoking uptake.
- Addictive nature of nicotine.
- Marketing strategies of the tobacco industry.
- Relative efficacy of various messages.

The team also concluded that conventional public health interventions and foundation grants, many of which were focused on public education about tobacco use and its harms, were not enough to change social norms and drive down prevalence and consumption.

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Based on its assessment, RWJF made dramatic changes to its tactics to reduce tobacco use on a broad scale and to sustain and strengthen advances. Some of these were unconventional for philanthropies at that time and many remain so today. Ten hallmark tactics that distinguished RWJF tobacco initiatives from its more traditional philanthropic work are listed in Box 3 and briefly discussed below.

Box 3

RWJF's Hallmark Tobacco Tactics

- Research tied to action
- Public report cards
- Expanding collaboration
- Growing the tobacco-control field
- Voice of the anti-tobacco movement
- Seat at the negotiating table
- Advocacy for federal, state and local legislation
- Access to proven cessation treatments through health care system reforms
- Strategic communications
- Focus on pivotal achievements

ACTION-ORIENTED RESEARCH AND PUBLIC REPORT CARDS

RWJF's 1994 assessment had confirmed the value of its initial focus on policy research. As a result, RWJF significantly expanded its research base by:

- Continuing to support the *Tobacco Policy Research and Evaluation Program*.
- Starting the *Bridging the Gap* program (\$19.2 million). In addition to identifying effective tobacco-control initiatives, *Bridging the Gap* produces performance indicators, an output that continues to this day. Through these "report cards," it assesses local, state and federal tobacco-control activities, organizations, successes and shortcomings. The program also maintains public awareness of relevant initiatives.

EXPANDING COLLABORATION

Although RWJF had decided from the beginning to join forces with others who were active in the tobacco-control field, it embraced this strategy more fully as it restructured its approach to tobacco. It expanded both the number of collaborators and the nature of these relationships, partnering not only with additional advocacy organizations and national associations, but also with universities and federal agencies. The Foundation involved some as major grantees, managers of its major programs and centers of expertise, and solicited advice and input from a broad range of collaborators. RWJF also strengthened its ties to state advocacy groups through a greatly expanded but more tightly focused *SmokeLess States* program, as discussed below. Box 4 illustrates the extent to which RWJF reached out to engage other collaborators in tobacco work.

Box 4

Major RWJF Collaborators

Early Collaborators

- CDC Office on Smoking and Health
- National Cancer Institute
- American Cancer Society
- American Lung Association
- American Heart Association
- American Medical Association
- Americans for Nonsmokers' Rights
- Center for Public Policy Advocacy

Other Collaborators

- Agency for Healthcare Research and Quality
- State attorneys general
- Food and Drug Administration
- National Heart, Lung, and Blood Institute
- National Institute on Drug Abuse
- America's Health Insurance Plans
- American Legacy Foundation
- North American Quitline Consortium
- Numerous state and local coalitions
- University of Wisconsin
- University of Illinois at Chicago
- University of Michigan

GROWING THE TOBACCO-CONTROL FIELD

RWJF aimed to promote the emergence of tobacco-control professionals in federal and state public health agencies, federal and state policy and planning offices, state and national advocacy organizations, and research centers in institutions of higher education. In the early stages of its work, the Foundation could find few established researchers, policy analysts or public health officials whose professional life was focused on tobacco control. Through its grants and collaborators in tobacco control, RWJF provided substantial funding and institutional loci to nurture the growth of dedicated and, ultimately, prominent, tobacco-control professionals.

VOICE OF THE ANTI-TOBACCO MOVEMENT

One of RWJF's major innovations was to help create a national "voice" to counter the Tobacco Institute, the extremely influential voice of the tobacco industry. By its very nature, such a voice was bound to be controversial and RWJF debated whether it should be associated with such a visible institution and the likely controversial role it would play. Eventually, with approval of the Board of Trustees, RWJF began enrolling partners to fund the initiative. Among those who signed on were ACS, the American Heart Association, the Annie E. Casey Foundation and the California Wellness Foundation. To spotlight RWJF's emphasis on protecting children, the new entity was named the *Center for Tobacco-Free Kids*. RWJF's initial funding for the center was \$20 million, but it ultimately contributed \$95 million over the life of its tobacco initiative. RWJF funds the Campaign for Tobacco-Free Kids, the successor to the center, to this day, although at a lower level.

The *Center for Tobacco-Free Kids* opened in the fall of 1995 and quickly established a national network of thousands of grassroots advocates and spokespersons. It also formed alliances with more than 140 civic associations dedicated to reducing tobacco use, especially by children. It sponsors two national events—Kick Butts Day and Youth Advocates of the Year Awards. (See www.tobaccofreekids.org for more about its activities.)

Initially, the four main objectives of the *Center for Tobacco-Free Kids* were to:

- Develop a national strategy for reducing tobacco use, especially among children, with the goal of reducing the number of people who continue to use tobacco and who are exposed to secondhand smoke.
- Serve as a media center to develop national information strategies for preventing youth tobacco use and countering the promotional efforts of the tobacco industry.
- Provide intensive technical assistance to state- and community-level advocacy efforts to urge government to fund effective public education and community-based tobacco-control programs.
- Broaden the base and depth of public support to reduce youth tobacco use.

In 1997 the center expanded these objectives to reflect two more priorities:

- Build support for enacting comprehensive national tobacco-control legislation.
- Cultivate relationships with tobacco growers, their communities and allies.

To carry out its mission, the center used modern, professional public communications strategies to:

- Educate the public and policy-makers about the tobacco problem and its solutions.
- Expose and counter tobacco industry efforts to market tobacco products to children and mislead the public.
- Advocate for proven solutions that reduce tobacco use and exposure to secondhand smoke.
- Mobilize organizations and individuals to join the fight against tobacco use.
- Foster youth leadership and activism.

A SEAT AT THE NEGOTIATING TABLE

Starting in the mid 1990s a number of state attorneys general were suing the industry for the costs of medical care provided under their Medicaid programs for tobacco-related disease. It did not take long for the center to become engaged with them and with leaders in the Clinton White House, who were closely monitoring those lawsuits and strategizing how to take advantage of them to take strong action to reduce tobacco use.

In 1996 Matt Myers, *Center for Tobacco-Free Kids* vice president, worked with the state attorneys general to negotiate an historic settlement with Liggett & Myers, the first time a tobacco company had broken ranks with the other companies. The center's leadership simultaneously worked with the White House to ensure that public health issues were the primary focus of any discussions between the states and the tobacco industry. As a result, in the spring of 1997, Myers and the center's president, Bill Novelli were asked by the White House to join discussions as the state attorneys general considered a possible settlement with the industry.

The next two years were an extremely active period for tobacco-control advocates. In August 1996, based on its conclusion that nicotine was a drug, the FDA asserted that it had the authority to regulate tobacco. The assertion was immediately contested by the industry, and ultimately rejected by the U.S. Supreme Court in 2000.

While the legal issues related to the FDA were battled in the courts, intense negotiations ensued between the industry and numerous state attorneys general. President Clinton and key members of his administration became involved, leading to a draft agreement in June 1997 that required Congressional approval. Federal legislation building on that agreement would have authorized FDA regulation of tobacco, set national standards for secondhand smoke, required stronger cigarette warning labels, mandated billions of dollars for tobacco prevention and cessation programs, and imposed industry penalties if smoking rates did not decrease among children. After a lengthy debate on the Senate floor, the legislation failed to gain the votes necessary to defeat a tobacco industry-led filibuster.

After the Senate failed to act, the state attorneys general returned to the negotiating table and in November 1998, participating state attorneys general and tobacco manufacturers finally signed the Master Settlement Agreement (MSA). (See “The Center for Tobacco-Free Kids and the Tobacco-Settlement Negotiations.”²³ For a retrospective assessment of the agreement’s impact, see “Tobacco Control in the Wake of the 1998 Master Settlement Agreement.”²⁴) The MSA required the tobacco industry to pay billions of dollars to states involved in the negotiations, imposed marketing restrictions on tobacco products, especially in sports and other venues frequented by youth, and established the American Legacy Foundation to study and establish programs to reduce youth tobacco use and to sponsor studies and educational programs to prevent tobacco-related disease.

Many in the anti-tobacco advocacy community were profoundly disappointed that the MSA included no requirement that the money be used to support state tobacco-control activities. Also, the agreement excluded important provisions that had been in the 1997 agreement and the proposed legislation relating to federal taxes, secondhand smoke, warning labels and penalties for youth smoking rates. Bill Novelli and Matt Myers (and by implication RWJF), who had been involved in every phase of this story, were respected by many for the strong advocacy role they played but scorned by some in the anti-tobacco movement for agreeing to participate in the state attorneys general negotiations with the tobacco industry.

For the next decade, the center, with the support of many other organizations, worked to enact legislation giving FDA authority over tobacco products. In 2009, the long effort to regulate tobacco products concluded with the passage of the Family Smoking Prevention and Tobacco Control Act of 2009. This new law provides the FDA broad authority to regulate the manufacture, marketing and sale of tobacco products and requires stronger warning labels on cigarettes. The center played a prominent role as a key adviser, building support for this legislation as it was debated and ultimately enacted.

While the story of the 1998 Master Settlement Agreement and its coda, the Family Smoking Prevention and Tobacco Control Act of 2009, are intriguing, they have been only one aspect of the center’s work. From its inception until now, the center has been at the forefront of most state and national anti-tobacco campaigns. As the voice of the anti-tobacco movement, it has been not only loud, but also compelling and sophisticated. The *Center for Tobacco-Free Kids* has assembled, analyzed, and cogently presented to the public and policy-makers the key facts about the dangers of tobacco and the effectiveness of tobacco-control policy interventions, especially to protect children and youth from lifelong tobacco use and addiction. At crucial moments, it has promptly answered misleading public statements from the tobacco industry at crucial moments and repeatedly reminded policy-makers of the shortcomings of current tobacco-control efforts and infrastructure.

ADVOCACY FOR STATE AND LOCAL LEGISLATION

In the late 1990s, after proposed federal legislation to regulate tobacco had stalled and the Master Settlement Agreement had been signed, the center turned increased attention to supporting tobacco advocacy at the grassroots and state levels. On a separate but related track, RWJF reinigorated and more sharply focused its *SmokeLess States* grants by requiring state coalitions to concentrate on policy advocacy and strengthening their capacity to influence state legislative and regulatory activities. In a series of expansions in 1996 and 2000, the RWJF Board of Trustees vastly increased its funding for *SmokeLess States*, eventually authorizing a total of \$104 million, making it the largest single program in the Foundation's tobacco initiative.

The program's altered focus was reflected in its new name, *SmokeLess States: National Tobacco Policy Initiative*. With strong leadership from RWJF and the help of its national program office at the American Medical Association, participating state coalitions were required to develop concrete and practical plans for seeking legislative and regulatory changes that would increase tobacco excise taxes, ban indoor smoking, or provide Medicaid or state employee health insurance coverage of smoking-cessation treatments.

As a condition of receiving a grant, the coalitions were required to invest matching funds and to use some of those funds to lobby state legislatures. At the same time, they were strictly forbidden to use any RWJF funds for such lobbying, which would have been a violation of the tax code. To ensure that this line was not crossed, RWJF provided training on appropriate, allowable uses of RWJF funding.

With the assistance of the center, the national *SmokeLess States* program office and the Foundation's own senior communications officer (as discussed below), RWJF provided technical assistance to the state coalitions to develop messaging, organize communications campaigns and assemble other essential ingredients needed in the legislative and regulatory processes. RWJF also provided technical assistance through grants to Americans for Nonsmokers' Rights to work with local and state advocates to pass smoke-free air laws.

From 1993 to 2004, when RWJF ceased new funding for *SmokeLess States*, coalition campaigns had played an influential role in increasing excise taxes in 35 states, passing clean indoor air legislation in 10 states, and implementing ordinances to restrict youth access to tobacco products in 13 states.²⁵ Yet even that list of accomplishments considerably understates the impact of this program. *SmokeLess States* grantees have continued to secure increases in excise taxes and new clean indoor air laws based on initiatives they started before 2005, and other states have been able to leverage those successes to secure their own tobacco-control legislation and regulations.

A DUAL STRATEGY—PREVENTION AND CESSATION

From the outset, RWJF tobacco-control staff pursued a dual strategy to reduce the prevalence of tobacco use—preventing the initiation of smoking and helping addicted smokers quit. Most, but not all, of the tactics we have discussed so far relate to the first strategy—prevention—and are summarized in Box 5.

Box 5

Prevention: RWJF Tactics to Prevent Uptake of Tobacco

- **Higher Excise Taxes:** RWJF promoted and supported tax increases by both federal and state governments as a proven deterrent to smoking, especially for teens and young adults.
- **Smoking Bans:** Focused on smoking bans in order to protect people from the harms of secondhand smoke and to discourage smoking by changing social norms and making it inconvenient to smoke.
- **Support for Advocacy:** Through programs like *SmokeLess States* RWJF supported advocacy efforts of state and local groups to increase excise taxes, require smoking bans and promote mass media campaigns.
- **State Tobacco Control Offices:** Through Master Settlement Agreement funds, the *Center for Tobacco-Free Kids* and other advocacy activities, promoted and provided technical assistance to states to establish their own tobacco-control offices as permanent features of state government.
- **Strategic Communications:** Provided technical support to federal, state and local advocates for stronger tobacco-control laws and regulations.
- **Social Norms:** Used a combination of efforts to gradually change social norms so that smoking would become less accepted in society at large. In addition to other initiatives described here, secured restrictions through the Master Settlement Agreement on advertising tobacco products in youth-oriented venues; eliminating ads using Joe Camel and other cartoon figures; promoting reductions of favorable depictions of smoking in entertainment media; and supporting Federal regulation of tobacco products, including authority for stronger labeling of cigarette and other tobacco products.
- **National Spit Tobacco Campaign:** Collaborated with major league baseball and Oral Health America to discourage use of snuff and chewing tobacco and to prevent youth-oriented promotion of these tobacco products.
- **Research on Addiction:** Invested heavily in research on tobacco addiction, including the *Research Network on the Etiology of Tobacco Dependence*, the Sundance Retreat for researchers, and promoting and supporting the NIH Transdisciplinary Tobacco Research Centers, and the NIH Conference on Addiction to Nicotine.

Next, we will discuss the approaches to reduce tobacco use—cessation.

**ACCESS TO PROVEN QUIT SMOKING TREATMENTS
THROUGH HEALTH CARE SYSTEM REFORMS**

The glamorous smokers of mid-century America thought they had control of their tobacco use. They might have acknowledged a “psychological” need for cigarettes, but most claimed the ability to “quit any time I want.” They were wrong, and they could not easily quit. The scientific conclusion that tobacco is physically addictive, documented in the 1988 Surgeon General’s Report, is one of the great gifts to emerge from the tobacco research of the late 20th century.

Despite the strength of that addiction, researchers had by the early 1990s identified a number of tobacco-cessation treatments with proven effectiveness. These include behavior change counseling strategies, even brief primary care counseling provided during routine physician office

visits and FDA-approved medications. Although only about 3 percent to 5 percent of those who try to quit without using an evidence-based cessation treatment succeed, the combined use of evidence-based behavioral and pharmacological treatments triples the rate of successful quit attempts. Specifically, quit rates increase by more than half with the use of a proven behavioral treatment alone, double with the use of a proven pharmacological treatment alone, and triple with the use of both behavioral and pharmacological treatments.²⁶

Unfortunately, few physicians and health care organizations were using these approaches. In 1991 physicians identified patients' smoking status in two-thirds of all office visits but counseled patients to quit only 16 percent of the time and offered nicotine replacement therapy less than 1 percent of the time.²⁷

Reasons for the gap between knowledge and practice included lack of training for health care providers, physician underestimates of the difficulty of combating tobacco addiction, lack of reimbursement for effective counseling and medication, and lack of supportive health care systems for cessation interventions. In addition, demand for these services from smokers was low, and employers did not understand or widely embrace the strong "business case" for treatment in terms of its impact on productivity and profits compared to the cost of coverage.

About 18 percent of RWJF's \$700 million investment in tobacco control was dedicated to cessation treatment. Among the larger programs were *Smoke-Free Families* (\$29 million), *Addressing Tobacco in Managed Care* (\$12 million), *Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation* (\$7 million), and funding for the *Smoking Cessation Leadership Center* (\$10 million). Many *Substance Abuse Policy Research* grants were also focused on tobacco cessation.

In general, RWJF helped to bring cessation out of the lab by translating and adapting research and public health knowledge into real-life medical practices, health insurance programs, and, to some extent, the business world. The Foundation's cessation experts also worked with the *Center for Tobacco-Free Kids* to connect public policy initiatives to efforts to make cessation treatments a ubiquitous pathway out of addiction.

This included the center's decade-long efforts to secure support and coverage for effective treatment, champion and advocate for comprehensive tobacco-control policies (prevention, cessation and protection from the harms of secondhand smoke) at both the federal and state levels and, more recently, to hardwire this kind of approach into the new health reform legislation. In the last three years, RWJF and the Campaign for Tobacco-Free Kids, as it has been renamed, began working more purposefully to connect public policy changes (e.g., tobacco tax increases and new clean indoor air laws) with effective and free cessation treatments (e.g., through quitlines), following successful models in New York City. A similar approach was used effectively in Massachusetts and now appears to be among the most promising strategies for reducing smoking.

Recent research indicates that brief tobacco-dependence treatment is the single most effective and cost-effective clinical preventive service for adults in the general population. Broadening treatment access, delivery, and affordability held the potential to convert millions of unassisted and unsuccessful quit attempts, especially among lower-income smokers, into lifelong quitting successes.²⁸

Box 6: "Cessation: Tactics to Help Smokers Quit," outlines the approaches RWJF used to make proven cessation treatments available to smokers.

Box 6

Cessation: RWJF Tactics to Help Smokers Quit

- **Health care system changes:** Shedding light on the importance of incorporating cessation treatment into the routine practices of physicians and other health care professionals through health care systems and policy changes.
- **Clinical practice guidelines:** Helping institutionalize standards of practice by improving and disseminating clinical practice guidelines and quality-of-care metrics based upon those guidelines.
- **Insurance coverage:** Promoting public and private insurance coverage for evidence-based treatments, enabling patients to afford the treatments and physicians to be reimbursed for them.
- **Transdisciplinary research:** Bringing the disciplines together, leading to more combinations of behavioral and pharmacological treatments, and treatments targeted at specific populations and circumstances.
- **Special populations:** Providing clearer practical guidelines for approaching youth, pregnant smokers, and smokers with psychiatric and substance use co-morbidities.
- **Employer incentives:** Establishing a business case for tobacco cessation as an employee benefit to promote interest among employers.
- **Quitlines:** Promoting access to free cessation advice and initial treatment through networks of toll-free telephone helplines.
- **Public health laws and policies:** Supporting initiatives to enact higher excise taxes and smoking bans that drive cessation and the use of proven cessation services.
- **Promoting proven cessation services:** Identifying what works through scores of studies and funding for the *Center for Tobacco-Free Kids* and the *Smoking Cessation Leadership Center*.

Today, smokers and their health care providers can take advantage of treatments, treatment benefits, services and health care system supports that are much more developed and available than they were in 1991. In particular, RWJF and its collaborators strengthened and expanded the infrastructure of clinical guidelines; service delivery systems; health care practitioners' awareness, promotion and use of cessation treatments; insurance coverage; quitlines; and cessation advocacy.

Strategic Communications. The *Center for Tobacco-Free Kids* was not alone in adopting professional communications techniques in tobacco control. Indeed, RWJF systematically incorporated state-of-the-art communications strategies into all of its work, providing continuing strategic support and guidance to its grantees through its senior communications officer and targeted funds. Box 6 lists some of RWJF's strategic communications tactics.

Focus on Pivotal Achievements. RWJF focused the efforts of its *SmokeLess States* grantees on four pivotal goals that its policy research indicated would prevent tobacco uptake and help smokers quit, as shown in Box 7.

Box 7

Pivotal Focus Areas

- State excise tax increases
- Smoke-free air
- Promoting proven prevention and cessation treatments
- National protections

The decision to focus on these areas reflected, in part, RWJF's tactical decision to concentrate its forces in a few areas in which success and population-level impacts seemed possible.

For example, the reason for focusing on excise taxes was the proven inverse relationship between tobacco prices and tobacco use, especially uptake among youth. Smoking bans offered triple benefits—protecting smokers and nonsmokers from the deadly effects of secondhand smoke, discouraging smoking initiation, and encouraging quitting—the latter two by altering social norms as smoking became physically and socially more difficult. The emphasis on cessation reflected data demonstrating that the combination of behavioral and pharmacological treatment increases quit rates, as discussed in the previous section. The emphasis on national protections, primarily through the regulation of tobacco products, would provide a permanent structure to maintain surveillance over threats to public health as tobacco products and marketing practices change over time and also possibly to intervene to reduce the dangers associated with the addictive nature of tobacco.

Section 3

What Were the Results?

We can think of the results of the tobacco work of RWJF and fellow collaborators in terms of: direct impacts on smoking rates, number of smokers and smoking-attributable deaths averted; benefit-cost comparisons; significant improvements in tobacco-control infrastructure; and changing attitudes toward smoking.

Before discussing each of these categories, however, it is important to put the results in perspective. It is not possible to know what might have happened without the interventions and campaigns described here. Many people quit smoking because they experience firsthand its devastating effects, their doctors have cautioned them about the health risks, or family members and friends encourage it or lead by example. Smokers also quit because of the associated cost, inconvenience or desire not to create an uncomfortable or distasteful environment in their own homes.

To discern the impact that RWJF and other leading tobacco-control funders and advocates had, we describe how tobacco use in the United States today differs from 1990, linking the differences in a general, but not necessarily exclusively causal way to the initiatives and campaigns described here. Then, we analyze in greater detail how the results are connected to specific actions taken by RWJF.

DIRECT IMPACTS

The most direct impacts of RWJF's tobacco-control initiatives are significant reductions in smoking rates and in the number of smokers and smoking-related deaths.

Reduction in Smoking Rates. Between 1997 and 2009, the work of RWJF and its collaborators reversed the stagnation in smoking rates of the early 1990s, when rates had halted their downward trend. The adult smoking rate began dropping again in 1999, reaching a low of 19.7 percent in 2007.¹

Much of this success, especially in reversing the dangerous surge in youth smoking, can be attributed to a comprehensive approach that included significant increases in state excise taxes (a powerful disincentive to smoking, especially for youth), expansion of smoke-free environments and effective mass media campaigns that impacted youth. RWJF funded the research proving that tobacco tax increases were effective, which was pivotal to their adoption. RWJF also funded state coalitions to educate and advocate for increasing tobacco taxes and smoke-free laws. The growth of smoking bans in workplaces, restaurants, bars, shopping malls and indoor sports

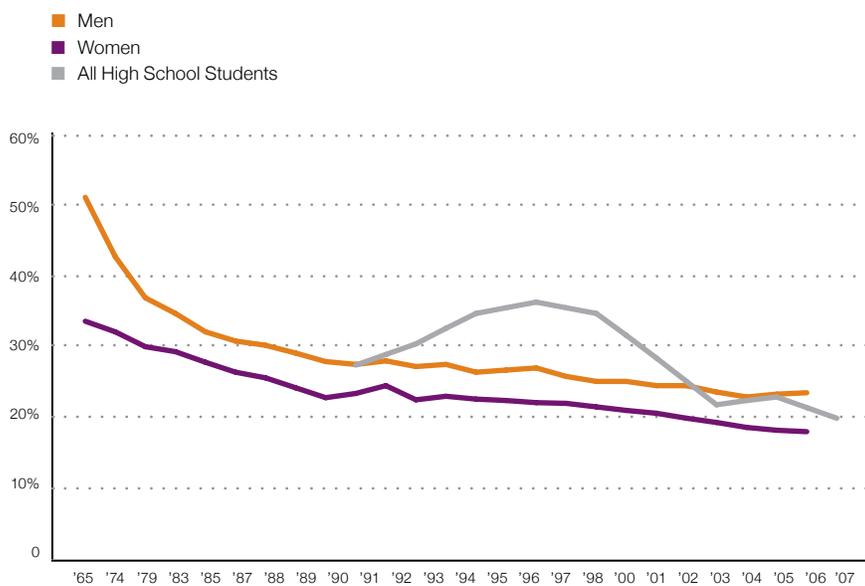
To discern the impact that RWJF and other leading tobacco-control funders and advocates had, we describe how tobacco use in the United States today differs from 1990, linking the differences in a general, but not necessarily exclusively causal way to the initiatives and campaigns described here.

By 2007 the high school student smoking rate had dropped dramatically... Without a collaboration specifically targeted on youth smoking... this pivotal national decline in youth tobacco use would probably not have occurred... RWJF can take an appropriate share in the credit for this success...

venues also played a role. Figure 3 illustrates the progress in reducing smoking rates, including suppressing the seemingly out-of-control spike in youth smoking that peaked in 1997.

By 2007 the high school student smoking rate had dropped dramatically, to 20 percent, putting it on par with the adult rate.¹ The recovery from the 1997 spike may have been the single greatest achievement of RWJF and key collaborators in their fight against tobacco. Had the rate continued rising after 1997, or just leveled off, it would have resulted in a significant rise in adult smoking rates for years to come, given the highly addictive nature of tobacco. RWJF can take an appropriate share in the credit for this success through its own programming and those of other major tobacco-control funders with whom it strategically partnered. Without a collaboration specifically targeted on youth smoking through higher excise taxes, effective mass media, community-based prevention programs, the Master Settlement Agreement’s reductions in tobacco advertising directed toward youth, and increases in youth-targeted tobacco-control advertising, this pivotal national decline in youth tobacco use would probably not have occurred.

FIGURE 3
Students’ Smoking Rates Brought Under Control



Sources: CDC/NHCS, *Health, United States, 2008*, Figure 6. Data from the National Health Interview Survey, Youth Risk Behavior Survey, National Vital Statistics System

Reductions in the Number of Smokers and Related Deaths—Low Estimates. To get a better handle on the extent to which these trends in smoking rates reflected the work of RWJF and other leading tobacco-control funders, we focused on 1) the reductions attributable to state and federal excise tax increases; 2) tobacco price increases resulting from the MSA; and 3) increases in state-level indoor smoking bans. These were three facets of tobacco control specifically advanced through RWJF’s 20-year campaign, and for which it is technically feasible to estimate an impact. (While recent advances have been made in estimating the impact of another major RWJF focus area,²⁹ tobacco-cessation treatments, it is not practical to make such estimates for the 20-year period our study covers.)

We asked Frank Chaloupka, Ph.D., distinguished professor of economics and public health, University of Illinois at Chicago, and director of the university’s Health Policy Center, to use the SimSmoke tobacco-control policy simulation model to estimate these impacts.

The SimSmoke model has been continuously refined over the years and is now generally regarded as the most well-developed model for projecting the impact of these and other changes. Chaloupka analyzed the impact of activities in the three focus areas on the numbers of smokers and of premature, smoking-attributable deaths over two time periods. The first period, 1993–2010, corresponds to the overlap between the data available in the SimSmoke model and the period of the RWJF tobacco campaigns. The second, longer time frame, 1993–2063, captures the impact over 70 years, when a generation of people would have been affected by RWJF’s tobacco-control initiatives.

As a result of the policy changes put into place between 1993 and mid-2009, at least 5.3 million fewer people were smoking in 2010 and a minimum cumulative total of more than 60,000 smoking-attributable deaths were averted. By 2063, 12 million fewer people will smoke as a result of those policy changes and 2.1 million smoking-attributable deaths will have been averted. (See Table 1.)

According to Chaloupka’s analysis, these figures considerably underestimate the full impact of changes that have occurred as a result of tobacco-control efforts over the past two decades. These estimates do not include the effects of local policy changes, exposure to effective mass-media countermarketing campaigns, greatly expanded support for cessation efforts, and the many other activities supported by various public and private organizations. These estimates also do not reflect the increases in quality-adjusted life years gained as a result of the premature deaths averted. (Reduced smoking leads not only to longer lives, but also to healthier lives.)

TABLE 1
Impact of Three Tobacco-Control Strategies, 2010–2063

Impact of:	2010		2063	
	Reduction in Number of Smokers	Cumulative Smoking—Attributable Deaths Averted	Reduction in Number of Smokers	Cumulative Smoking—Attributable Deaths Averted
State Smoke-Free Air Policies	1,685,363	18,937	2,376,731	673,854
State & Federal Tax Increases	2,424,914	16,714	6,320,595	893,824
State & Federal Tax Increases and MSA Price Increase	3,717,956	37,982	9,122,482	1,420,875
State Smoke-Free Air Policies and State & Federal Tax Increases	3,969,225	39,183	9,077,503	1,567,061
State Smoke-Free Air Policies, State & Federal Tax Increases and MSA Price Increase	5,332,504	60,451	12,049,270	2,094,112

Source: Chaloupka, Levy, Huang; *Estimating the Impact of Tax and Smoke-Free Air Policy Changes on Cigarette Smoking and Premature Deaths Caused by Smoking*, Health Policy Center, University of Illinois at Chicago, 2010.

Reductions in the Number of Smokers—High Estimates. To create an upper-bound estimate of reductions in smoking over the last two decades, we calculated the number of smokers based on smoking rates and population in 1990 and 2009. This approach may overestimate the impact of RWJF and collaborators because it incorporates many influences which could have been present without the RWJF-sponsored campaigns. Smoking prevalence rates, which had flattened out for adults and increased for high school students in the early 1990s, might have resumed their long-term downward trends even without the efforts of RWJF and other tobacco-control funders.

Although the prevalence of adult smokers fell by almost 5 percent from 1990 to 2009, the larger population in the United States meant that 0.8 million more adults were actually smoking, a 1.6 percent increase. However, 11.4 million fewer adults were smokers in 2009 than would have smoked had the 1990 smoking rate remained unchanged.

Given the spike in high school student smoking rates from 1990 through 1997, the 1997 rate is a more appropriate basis for comparison than the 1990 rate. By 2009, 2.4 million fewer high school students smoked than in 1997, a net 41.9 percent reduction. Again factoring in population growth, 2.8 million fewer high school students were smoking—a 46.4 percent decline—than would have been if the 1997 smoking rate had remained unchanged.³⁰

Range of Estimated Reduction in the Number of Smokers. Table 2 shows rough estimates of the lower and upper bounds of the reduction in numbers of adult and youth smokers at the beginning and near the end of our study period.

TABLE 2

Reductions in the Number of Smokers

Low Estimate: 5.3 million in 2010

High Estimate: 14.2 million in 2009

Source: Table 1 for low estimate and author's calculations for high estimate

Benefit-Cost Comparison. Another way to look at the results of RWJF's investment in tobacco control is to compare benefits and costs. According to an analysis published by CDC, cigarette smoking and exposure to tobacco smoke resulted in at least 44,000 premature deaths and 5.1 million years of potential life lost from 2000 to 2004.³¹ Thus, during that period, the ratio of potential years of life lost to the number of premature deaths is 11.5:1. CDC published similar analyses for the years 1997–2001 showing a somewhat higher ratio of 13:1.³² Using the more conservative ratio, we can estimate the potential years of life saved that correspond to the reductions in the number of smokers attributable to excise taxes and smoke-free air laws. Applying the 11.5:1 ratio to the more conservative estimates in Chaloupka's analysis, we can compare the reductions in premature deaths and corresponding increases in potential years of life saved to the \$700 million RWJF invested in tobacco control between 1991 and 2009. The results are displayed in Table 3. Based on this analysis, RWJF invested \$29 for each potential year of life saved.

TABLE 3

Benefit-Cost Comparison of RWJF's \$700 Million Tobacco-Control Investment

	Number	Unit Cost
2010		
Smoking-Related Deaths Averted	60,000	\$11,667
Potential Years of Life Saved	690,000	\$ 1,015
2063		
Smoking-Related Deaths Averted	2,094,112	\$ 334
Potential Years of Life Saved	24,082,288	\$ 29

Source: Table 1 for low estimate of smoking-related deaths averted, CDC estimates of potential years of life saved and author's calculations

The above analysis considers only RWJF's investment in tobacco control and does not include the substantial investments of other major tobacco-control funders.

IMPROVEMENTS IN TOBACCO-CONTROL INFRASTRUCTURE

Permanent changes to what we might call the tobacco-control infrastructure are the less direct but perhaps ultimately more important impact of the tobacco-control initiatives described in this study. These include permanent changes in laws or in health care systems that provide disincentives to smoking, promote the use of proven tobacco-cessation treatments or protect Americans from the unhealthy effects of smoking. These institutional changes also include creating standing organizations or agencies with missions and resources to promote tobacco control. Box 8 provides a partial list of the enduring improvements made during the 20 years of the RWJF initiatives and related to the four focus areas (state and federal excise taxes; tobacco price increases resulting from the MSA; increases in state-level indoor smoking bans; and tobacco-cessation strategies).

CHANGING ATTITUDES

Perhaps even more powerful than institutional changes are shifting social norms. The uptake of smoking may be governed more by the general attitudes of Americans toward tobacco than by laws or prices. There is, of course, a connection between tobacco-control infrastructure and social norms. For example, banning tobacco advertising on television, reducing favorable depictions of tobacco use in movies and banning indoor smoking all discourage tobacco use. Because the purpose of these infrastructure changes is to achieve this result by changing attitudes, it makes sense to see if there is any direct evidence of such attitudinal changes.

Box 8

New Infrastructure to Prevent Smoking and Help Smokers Quit

- State cigarette excise taxes were increased 173 times between 1994 and 2009.
- The average state cigarette excise tax more than quadrupled, from 29 cents per pack in 1993 to \$1.27 in 2009.
- The federal excise tax increased from 24 cents per pack in 1993 to \$1.07 in 2009.
- At the end of 1991, no states mandated smoke-free laws. By September 30, 2008, 32 states provided strong protection from tobacco smoke in private worksites, restaurants and/or bars.
- Between 1990 and 2010 the percentage of the American population covered by state and local smoke-free laws increased from 0.4 percent to 62 percent in workplaces, 74 percent in restaurants, 63 percent in bars and 79 percent in at least one of these settings.
- In 1993, 36.5 percent of smokers and 49.3 percent of nonsmokers worked in smoke-free workplaces. By 2007, these rates had increased to 65.4 percent and 77.2 percent, respectively.
- In 2009 the Institute of Medicine found smoking bans decreased the rate of heart attacks.
- Between 1990 and 2009 the number of states with Medicaid programs that covered at least some cessation aids increased from one to 45.
- In 2003, as many as 97.5 percent of managed care plans covered at least some tobacco-cessation treatments, compared to 75 percent in 1997. Full coverage of pharmacotherapy was provided by 88 percent of the plans, up from 25 percent in 1997.
- While just 16 percent of physicians provided cessation counseling in 1991, 84 percent now consistently ask patients who smoke about their smoking status and 86 percent advise them to quit.
- Clinical practice guidelines for tobacco cessation were improved and widely promulgated.
- State per capita funding for tobacco-control programs increased from approximately \$0.60 in 1990 to over \$2.25 in 2007.
- Quitlines were established in every state and facilitated through a single national 1-800-helpline.
- In 2009 Congress gave FDA authority to regulate the content of tobacco products.
- As a result of the Master Settlement Agreement of 1998:
 - The tobacco industry agreed to eliminate advertising in venues frequented by youth.
 - The Tobacco Institute was abolished.
 - The use of Joe Camel and all other cartoon characters were banned from tobacco advertising.
- The following new institutions were established:
 - American Legacy Foundation
 - Campaign for Tobacco-Free Kids

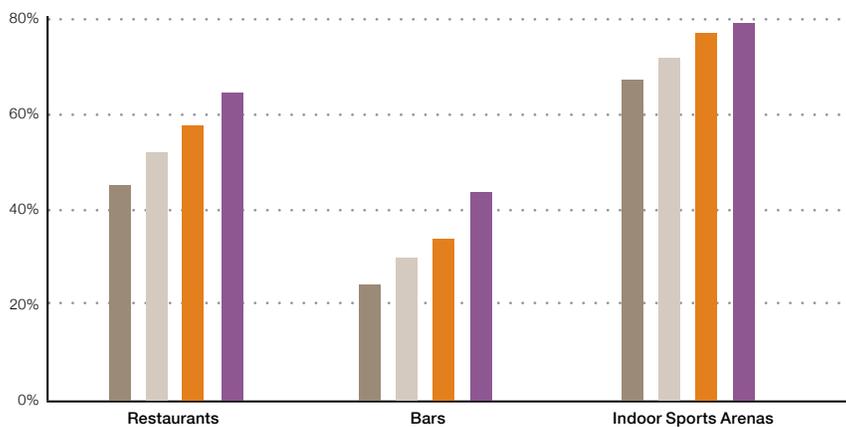
SECTION 3:
WHAT WERE THE RESULTS?

Periodic surveys, such as those sponsored by NCI and conducted by the U.S. Census Bureau, can help detect changes in attitudes toward smoking. These surveys show consistently increasing public disapproval of smoking in public places throughout the period of the RWJF initiatives (see Figure 4). The Foundation and its collaborators were strong supporters of smoking bans during the periods covered by the surveys, although it is not possible to determine their unique impact on these results.

FIGURE 4

Percentage of Respondents Supporting Smoking Bans in Public Places

■ 1992–1993 ■ 2001–2002
■ 1998–1999 ■ 2006–2007



Source: U.S. Department of Commerce, Census Bureau, National Cancer Institute Sponsored Tobacco Use Supplements to the Current Population Survey

Section 4

What Can Be Learned?

One goal of this study was to isolate practical lessons that may be helpful in future tobacco work or other large-scale public health initiatives that RWJF or other philanthropic institutions might plan for the future.

One goal of this study was to isolate practical lessons that may be helpful in future tobacco work or other large-scale public health initiatives that RWJF or other philanthropic institutions might plan for the future. We used several quantitative and qualitative approaches to ascertain the connection between what the Foundation and other leading tobacco-control funders and advocates did during the 20 years covered by our study and what resulted. As part of that analysis, we considered general approaches, tactics, principles, strategies, cultural values and leadership styles.

RWJF'S EARLY AND CONTINUING LEADERSHIP WAS OF PARAMOUNT IMPORTANCE

In interviews with key players in the tobacco-control campaigns of 1991 to 2010, we heard much unprompted testimony from senior officials of national associations, academic researchers, state officials, former coalition officials and others about RWJF's leading role in promoting, coordinating and supporting the tobacco-control activities of their institutions. Some said that RWJF had drawn them into the field and helped them develop their programs. We asked our interviewees to describe what they did in the tobacco-control field and, in particular, what they did in collaboration with RWJF. We then asked interviewees for their frank assessment of RWJF's role in the two decades of tobacco work covered by our study. Many of their responses were preceded by an assertion that their own tobacco-control work would not have happened without RWJF; that RWJF made it possible for them to act; or that RWJF staff were always available at key points to provide critical advice and support. Box 9 contains quotations about RWJF's leadership from some of its collaborators and grantees.

Box 9

Selected Quotes From RWJF Collaborators and Grantees

- “RWJF put their brand on the line for us.”
- “They were always there, always helpful but didn’t get out there and try to steal the show.”
- “They created an atmosphere where everything could thrive.”
- “None of this would have happened without RWJF.”
- “RWJF staff genuinely regarded themselves as resources to the grantees for solving problems.”
- “RWJF did a stellar job with the Campaign for Tobacco-Free Kids. I can’t imagine doing the work I do without the Campaign behind me.”
- “Getting everybody working together was our main goal. This was the unique role of *SmokeLess States*.”
- “The genius of it was that RWJF put up the money if the other anti-tobacco groups would work together on it.”
- “RWJF’s contributions included the funds but also strategic planning. They funded strategically.”

SYNERGIES AMONG ALL THE COLLABORATORS WERE CRITICAL TO LONG-TERM SUCCESS

Although we tried to use mathematical modeling to estimate the pro-rata reductions in the number of smokers and smoking-related deaths attributable to RWJF funding levels and those of its collaborators, the synergies among them made it impossible to mathematically distinguish RWJF’s contributions. This is not really surprising, given that RWJF’s overall strategy was to facilitate, promote, draw in and empower many collaborators. To the extent that this emphasis on collaboration was successful, it would be impossible to tease out RWJF’s distinct contribution. Doing so would be tantamount to declaring how much of the winning football team’s score is attributable to the coach.

One concrete example illustrates the benefits of synergistic collaboration. The American Legacy Foundation (ALF), which provides public health information to discourage tobacco use, has spent well over \$100 million per year and often \$200 million, far in excess of RWJF’s average annual spending during its tobacco initiatives. Although ALF is a creation of the Master Settlement Agreement (MSA), to which RWJF’s *Center for Tobacco-Free Kids* made significant contributions, RWJF can certainly not claim full credit for its success. Rather, RWJF and ALF worked toward the same goals and their work was mutually beneficial, with ALF’s “Truth Campaign” providing a solid basis for public understanding during the most active years of the RWJF tobacco campaigns.

Similarly, *SmokeLess States* grantees and the *Center for Tobacco-Free Kids* were leading advocates for the use of MSA money to fund a number of comprehensive, highly effective state prevention programs. Other synergistic relationships can be found among the state coalitions financed through RWJF’s *SmokeLess States* grants; in the use of research results flowing from RWJF’s university partners and its *Substance Abuse Policy Research* grantees; and in the Youth Tobacco Cessation Collaborative and the National Tobacco Cessation Collaborative, both formed to align complementary strategies of such leading tobacco-control funders as CDC, ALF, and the National Institute on Drug Abuse and RWJF.

A CRITICAL MASS OF CONCERTED ACTION LED TO CUMULATIVE IMPACT OVER TIME

We examined the statistical correlation between RWJF's funding of state coalitions through the *SmokeLess States* program (RWJF's largest single tobacco-control program) with state legislative action. We were not able to correlate specific policy successes, such as the enactment of a particular state excise or smoke-free law, with RWJF funding, but we could correlate the overall increase in the number of state laws to the overall and continued level of RWJF grant support to the state coalitions.

That result is to be expected. The enactment of state laws depends on many factors beyond the control of a grantmaker like RWJF and its collaborators. For example, legislators may be more likely to enact legislation when the majority party of the chambers coincides with the party of the governor. Legislation is often the product of many years of development and state legislators often learn from one another and follow national or regional trends. In fact, our interviewees with the closest ties to the *SmokeLess States* program told us of instances when their advocacy efforts were enhanced by the legislative actions of neighboring states that had received RWJF grants. This occurred in the period during and after the most pronounced activities funded by RWJF's *SmokeLess States* program.

RWJF DEVELOPED SOUND PROGRAM MODELS

A program logic model describes the program's underlying theories, mechanics, resource inputs, outputs, outcomes, impacts and influential extraneous factors. If the model makes sense and is executed faithfully and the expected result occurs, the program probably contributed to the results. Consider two examples of RWJF's strategies—increased excise taxes and smoke-free air laws.

The theory behind increasing excise taxes, which is supported by policy research, is that they reduce tobacco use, both by reducing smoking initiation by youth and by promoting adult cessation. RWJF explicitly built on this theory and promoted and supported it through the *SmokeLess States* program across many states and in the U.S. Congress. The coalitions funded by the *SmokeLess States* program systematically advocated for tobacco tax increases, receiving messaging and analytic support from other RWJF-funded programs. A surge in state tobacco excise tax increases followed, and national smoking rates decreased.

Here we see the causal chain: theory, execution, outcome (new taxes) and impact (fewer new smokers and smoking-related deaths). This does not prove that RWJF's actions caused this result, but it certainly lends credence to the claim that these actions were a major influence.

A similar causal chain is evident in smoke-free air laws. The theory is that smoking bans reduce exposure to harmful tobacco smoke, thus reducing rates of associated illnesses. In addition, smoking bans make smoking inconvenient, reducing the number of cigarettes smoked, promoting cessation among current smokers, and discouraging smoking uptake. Similarly, the bans induce a certain amount of social discouragement of smoking. Again, we see the causal chain: RWJF systematically targeted the enactment of smoke-free indoor air laws, promoted enactment of these laws through the *SmokeLess States* program, and put its strategic communications capacity behind the drive. The result was an upsurge of new smoking bans with a related reduction in smoking uptake, increased smoking cessation rates and reduced rates of cardiovascular events.

RWJF followed a similar pattern in its efforts to increase insurance coverage for cessation treatments, promote physician advice to patients, and spread easy access 800-number quitlines.

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KEY TACTICS, ONCE DEVELOPED, PROVIDED THE FRAMEWORK FOR ACTION

The tactics that RWJF adopted after its 1995 re-assessment were pivotal to the success of its own efforts and those of fellow collaborators. As described earlier—and repeated here in the context of actions taken, results achieved and testimony of senior leaders of the initiatives from within and outside the Foundation—successful tactics included:

- Policy research as the foundation of plans and action.
- Wide collaboration with tobacco-control advocates, public health officials, researchers and key stakeholders.
- Establishment of a permanent institution, the *Center for Tobacco-Free Kids*, as the knowledge source and voice of the movement.
- Orchestrated support for grassroots, state-based advocacy and technical assistance for state legislation to increase excise taxes and enact smoking bans.
- Centralized and coordinated advocacy for federal legislation and regulation.
- Promotion of health insurance coverage and systems reforms to enhance access to proven cessation treatments.
- Centralized strategic communications, including messaging and analytic support, underpinning policy and systems changes and public knowledge and understanding.
- Focus on specific achievable, pivotal policy goals: excise tax increases, clean indoor air and increased access to tobacco dependence treatments.
- Highlighting children and teens while supporting policies designed to reduce tobacco use among all consumers.

RWJF systematically targeted the enactment of smoke-free indoor air laws...and put its strategic communications capacity behind the drive. The result was an upsurge of new smoking bans with a related reduction in smoking uptake, increased smoking cessation rates and reduced rates of cardiovascular events.

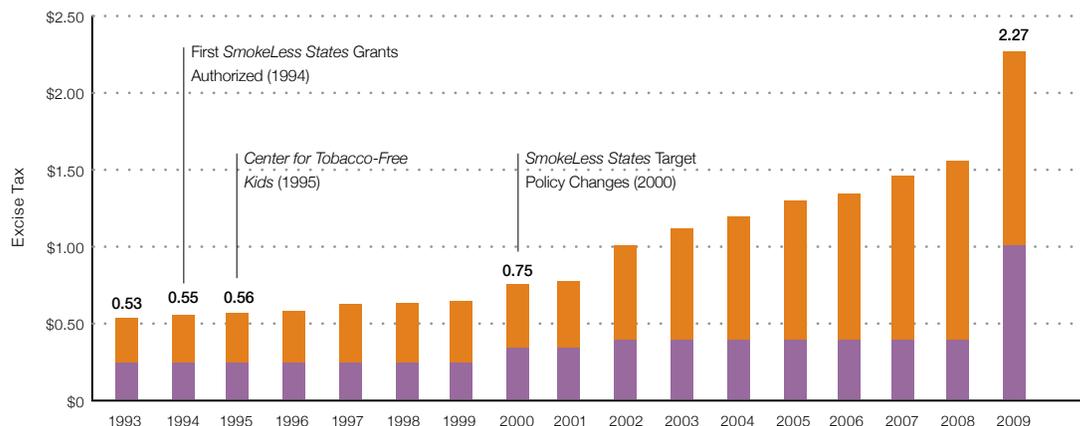
The combination of tactics was as important as, if not more important than, individual tactics. For example, strategic communication was a crucial component of every tactic, and campaigns to increase excise taxes and enact smoking bans were accompanied by advertisements for cessation aides.

Given the retrospective nature of our review, we were unable to use experimental methods to connect RWJF tactics with the results achieved. Nevertheless, in light of the analyses we did perform, we believe that the connection between the actions of RWJF and its collaborators and the results achieved is strong. Figures 5, 6 and 7 illustrate this conclusion in three areas—excise tax increase, smoking bans and expanded Medicaid coverage of proven cessation treatment.

FIGURE 5

Average Total Excise Tax by Year

■ Federal Excise Tax
■ Average State Excise Tax

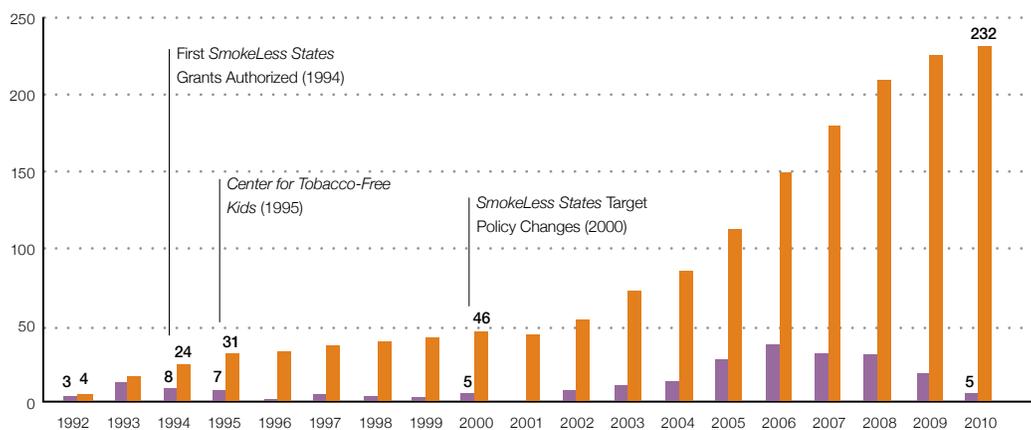


Source: National Cancer Institute's State Cancer Legislative Database Program, National Conference of State Legislatures, ImpactTeen, and Campaign for Tobacco-Free Kids

FIGURE 6

Number of State Clean Air Laws by Year

■ New Laws
■ Total Laws

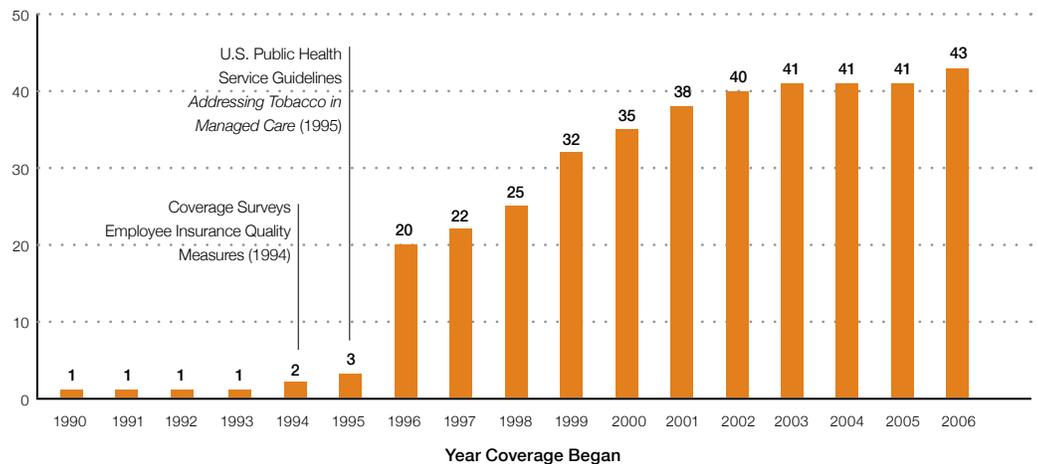


Note: Includes laws that prohibit smoking in public places, state and local government buildings, private workplaces, schools, childcare centers, health facilities, and restaurants.

Source: American Lung Association

FIGURE 7

**Medicaid Coverage of Cessation Aids in the
50 States and District of Columbia, 1993–2006**



Note: Iowa is included beginning in 2003 when cessation coverage for pregnant women was first reported by Halpin et al. (2006). Iowa's exact start date is unknown.

Sources: Courtesy ImpactTeen. Halpin et al. "State Medicaid coverage for tobacco-dependence treatments." *Health Affairs*, 2006. Mar 25 (2): 550–556. Halpin et al. "State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 2006." *MMWR* 2008. Feb 8 57(5): 117–122.

**PRINCIPLES, STRATEGIES AND ORGANIZATIONAL
CULTURAL VALUES ALSO MATTERED**

In addition to the tactics discussed above, broader principles, strategies and cultural values made a big difference in how well things worked. In fact, our most senior interviewees singled out these broader concepts as underpinning the success of RWJF's tobacco work as much as, if not more than, the tactics described. These included:

- Building the fields of research and advocacy.
- Using the RWJF brand as a source of strength for others, especially in connection with the Foundation's public commitment to long-term involvement.
- Committing substantial funds over a period that was long enough to influence policies and social norms.
- Providing leadership, coordination and support.
- Periodically assessing progress and problems and appropriately adjusting tactics.
- Aiming for permanent change through laws and regulations, establishing supporting institutions that would outlast the initiative and gradually adjusting social norms.

RWJF USED SEVERAL LEADERSHIP STYLES

RWJF used several distinct leadership styles, each effective in its own way and often reflecting at least in part the personalities of its leaders. Although most of the tobacco-control campaigns used more than one leadership approach, certain approaches were more pronounced. These included:

- **Active, visible leadership.** RWJF provided this type of leadership through coordination and the requirements attached to the grants, especially pronounced in *SmokeLess States* and the *Center for Tobacco-Free Kids*.
- **Steering from the hold.** RWJF's internal tobacco program leaders were a source of behind-the-scenes, competent, professional guidance.
- **Negotiating and making deals.** This was especially pronounced in the advocacy activities surrounding the Master Settlement Agreement and those focused on higher excise taxes and federal regulation of tobacco.
- **Public voice.** RWJF's public voice was prominent in almost all aspects of the initiative, including general strategic communications and through surrogates, including the *Center for Tobacco-Free Kids* and the *Smoking Cessation Leadership Center*.

PERMANENCY OF REFORMS IS IMPORTANT

The extent to which change endures is a reasonable measure of success. Many realms in which RWJF and tobacco-control collaborators made considerable progress are fragile and require continuing effort to sustain.

Social norms have very much moved against tobacco use, and this might well be a lasting heritage of the tobacco campaigns. This movement has hardened as a result of various federal, state and local laws and MSA-linked restrictions on advertising in many youth-centered venues. Recent federal laws mandating stronger warning labels on cigarette packages and other tobacco products will also help. However, these gains may be fragile without ongoing reinforcement.

The *SmokeLess States* program, supported by the *Center for Tobacco-Free Kids*, spurred sweeping changes in state laws that will have enduring effects, but to varying degrees. Smoke-free indoor air laws will continue to protect people from the dangers of secondhand smoke and discourage smoking, and the widespread political acceptance of excise taxes will probably endure. However, the grassroots coalitions funded by RWJF and others have largely faded out of existence as grants have dried up. Similarly, the effects of the excise taxes on preventing youth uptake of tobacco will gradually fade with inflation if no new excise tax increases are enacted. While political support for tax increases remains strong, with many increases enacted after the *SmokeLess States* program was phased out, continued support for tobacco taxes and funding for effective tobacco-control programs could decline if the state coalitions or others stop building the public health case.

The Campaign for Tobacco-Free Kids could gradually diminish in strength without reliable sustained funding. RWJF does continue to fund the successor to the *Center for Tobacco-Free Kids*, but at lower levels than in the past. As the “voice” of the anti-tobacco movement and a source of strategic communications and of up-to-date information about tobacco use trends and issues, as well as the catalyst and supporter of many campaigns for RWJF's priority policies, the campaign continues to be widely seen as central to national efforts to reduce tobacco use.

Evidence-based tobacco-dependence treatments are more widely available and awareness and use of them is on the rise. Quitlines have practically become institutionalized and insurance coverage is far more widely available than before the tobacco campaigns started, although not universal. The Medicare Prescription Drug Program (Part D) covers cessation prescription drugs and in August 2010, the Centers for Medicare & Medicaid Services announced its intention to cover tobacco counseling under Medicare, effective January 1, 2011, as a preventive service authorized by the Patient Protection and Affordable Care Act of 2010. That legislation also requires states to make tobacco-cessation counseling available to pregnant Medicaid beneficiaries as of October 1, 2010.

Despite these advances, coverage by employer plans may be fragile and it is hard to predict whether coverage through private insurance or Medicaid will expand in the future.

Statewide comprehensive tobacco-control programs are less well-funded. Per-capita spending by states on tobacco-control programs peaked in 2002 at \$3.50 before declining to its current level of \$2.25.

NOT EVERYTHING WORKED

With an initiative as large, complex, and prolonged as the one described in this report, some things are bound not to work. The RWJF-sponsored initiatives have had their share of unfulfilled goals and unsuccessful grantees. For example, not every *SmokeLess States* grantee was able to secure an increase in tobacco excise taxes or smoking bans.

In conducting our interviews, we emphasized RWJF's desire for candid assessments from the key players in the tobacco campaigns and many interviewees pointed out things to avoid in future initiatives. Based on their experience over the past 20 years, current and former RWJF officials, current and former grantees, and collaborating organizations fairly consistently singled out the following:

Experience in the Early Years. Approaches that were not particularly successful:

- *Broadly focused grants without targeted strategies supporting promising, but unproven, approaches.* This was the framework in which some of the early *SmokeLess States* grants were made.
- *Local initiatives that were not based on systematic scientific inquiry.* Again, some early grants in the *SmokeLess States* program faced this problem.
- *Generalized public health education.* The Surgeon General's reports were almost certainly instrumental in driving the dramatic declines in smoking in the 1970s and 1980s, but the power of these messages eventually seemed to weaken. Such messages need to be continually refreshed to be effective but, by themselves, will not produce significant results. Only when the messages became more strategic, and were coupled with efforts to change state and federal policies and reflect what was learned through policy research, did public messaging become a more powerful instrument of change.
- *Decentralized strategic communications.* Strategic communications to support policy advocacy is a resource-intensive activity that requires intensive coordination to develop effective themes, keep everyone on message, and develop practical and respected relationships with policy-makers. Early efforts that relied on each grantee's developing its own public communications programs were not effective.

With the Benefit of Hindsight. Interviewees also identified some holes and missed opportunities:

- *Disadvantaged communities.* In states with well-funded comprehensive tobacco-prevention programs, many disadvantaged communities benefited directly, as is reflected by declines in their tobacco-use rates. However, the focus on state-level advocacy meant that civic organizations in disadvantaged communities, which were hard-hit by tobacco industry tactics, did not receive needed attention. This has now been corrected with RWJF's recent focus on empowering these groups to reduce tobacco's influence.
- *Stovepipes.*^a Initially, many RWJF grantees were unaware of one another's work and chances were lost to reinforce their efforts. For example, some state coalitions pushing for higher excise taxes did not realize the value of making quitlines and other cessation initiatives available to people who felt pressured to quit because of higher prices. This weakness was recognized and corrected in the later years of the initiative. For example, New York City and Massachusetts both linked efforts to obtain smoking bans with publicity about available cessation treatments.

Sudden Stop. Some of our interviewees were concerned about RWJF's diminishing tobacco-control initiative. They believed that this could send the wrong signals about the importance of continued attention to the ongoing national smoking problem, that a few more years of effort could more fully marginalize smoking and that the infrastructure of tobacco control is at risk of gradually fading away. Given that the tobacco industry will remain active, a considerably weakened voice of opposition could result in a rebound in smoking and the use of other tobacco products.

Others, who also believed that RWJF had made significant contributions to tobacco control, believe that it was reasonable for the Foundation to phase down its efforts. They held that a research foundation like RWJF cannot position itself as the perpetual leader of a public health initiative, that other priorities will inevitably arise, and, that after seeding the nation's tobacco-control field, RWJF's decision to switch to other pressing public health needs was prudent.

Whatever their views on the larger question of the duration of national leadership in a particular field, several of our interviewees thought that RWJF's decision to reduce its presence in the tobacco field happened rather abruptly and without adequate consultation or planning. However, some noted that transitional arrangements were eventually made in some cases and were grateful for that kind of help.

^a Stovepipes is a term that is widely used in government circles to refer to funding streams and programs that reach a common fundee or serve a common purpose but are isolated from one another.

Section 5

What Is Next?

AN UNRESOLVED ENDING

Like most real-life stories, this one does not quite end. Rather, it trails off. After RWJF's two decades of intensive engagement in the field of tobacco, one in five Americans still smokes and many people still suffer the severe health consequences of smoking. In fact, after dropping to 20.9 percent in 2004, smoking prevalence in the United States flattened out again from 2004 through 2006 before declining to 19.7 percent in 2007. Then, in 2008, the smoking rate for adults increased for the first time in the history of its measurement, edging upward to 20.4 percent, which returned it to the level of the 2004–2006 plateau. The rate increased again in 2009 to 20.6 percent.

These increases were not statistically significant, but they are not comforting either.³³ In essence, with the exception of 2007, the adult smoking rate has been relatively flat for five years, albeit nearly 5 percent lower than when RWJF entered the fray in 1991. Despite this decrease, more adults were smoking in 2009 than 1990 because of the population growth over the past 20 years. Even with modern medications and counseling, the success rate for those who try to quit each year remains too low to bring the national smoking rate down substantially in the foreseeable future.

Progress is incomplete on many fronts. For example, although 45 state Medicaid programs offer at least some coverage of cessation aids, only six provide comprehensive coverage and an additional 14 come close to doing so. The American Lung Association regards the coverage offered by 25 states as inadequate, and six states have no coverage at all.³⁴ Although 84 percent of physicians consistently ask patients who smoke about their smoking status and 86 percent advise them to quit, only 13 percent usually refer smokers for appropriate treatment and only 17 percent usually arrange for follow-up visits to address smoking cessation.³⁵

More than one-third of Americans work in places not covered by state and local smoke-free laws.

States have cut back their tobacco-control programs, decreasing their per-capita spending by \$1.25, or 36 percent, since 2002. Most of the state-based coalitions that drove the spike in excise tax increases and smoking bans through *SmokeLess States* have dissolved. Fortunately, as a result of the work of RWJF and collaborators, the need for both taxes and smoking bans is now widely

understood, so there is hope that further progress will be made in these areas. Indeed, increases in state excise taxes have continued apace, with 10 in 2007, eight in 2008 and 15 in 2009.

THE FUTURE OF RWJF TOBACCO-CONTROL INITIATIVES

Starting in 2004 RWJF began to scale back its tobacco work, although some tobacco activities have continued. For example, the Campaign for Tobacco-Free Kids, *Bridging the Gap*, and the *Smoking Cessation Leadership Center* continue to receive limited funds. A new program, *Tobacco Policy Change: A Collaborative for Healthier Communities and States*, funded at \$12 million, provides resources and technical assistance for community, regional and national organizations and tribal groups advocating for effective tobacco control and other public health policy advances. RWJF also provides communications support to state and local groups for campaigns to secure favorable legislation and regulations—this includes support for smoke-free air advocacy campaigns through Americans for Nonsmokers’ Rights and polling, message development and public education media campaigns through the *Campaign for Tobacco-Free Kids*. RWJF is also working with the FDA and others to support the implementation of legislation authorizing regulation of tobacco content.

Nonetheless, RWJF is unlikely to return to the very high levels of funding of the late 1990s and early 2000s. With this in mind, the Foundation might wish to consider two parallel efforts to capitalize on its investment in tobacco and accumulated expertise. The first is to decide what it wants to do directly with a limited budget and the second is to consider how it might promote and influence the work of others.

ADVICE REGARDING RWJF’S DIRECT WORK WITH LIMITED FUNDS

Based on our interviews with a broad spectrum of participants in RWJF’s sponsored tobacco work, the three most valued low-cost contributions that the Foundation could continue to make would be to:

- Provide communications, messaging and other support for efforts to maximize the policies and programs that have already driven the decline in tobacco use and to seek out emerging targets of opportunity (such as federal, state or local legislative campaigns).
- Provide support to ensure the full and effective implementation of the new legislative authority given to the FDA and other significant federal initiatives.
- Periodically convene others working in the tobacco-control field, such as advocates and researchers, to share experiences and ideas.

From a more strategic point of view, a common sentiment was the need to provide at least some support to help preserve institutions that remain anchor points for continuing efforts to reduce tobacco use. In particular, these include:

- Americans for Nonsmokers’ Rights
- Campaign for Tobacco-Free Kids
- *Smoking Cessation Leadership Center*
- *Bridging the Gap*
- National Tobacco Cessation Collaborative

ADVICE TO THE TOBACCO-CONTROL FIELD

Most of the work of tobacco-control advocacy and cessation services in the future will be carried out by the many collaborators who emerged over the last two decades to form what is now an extensive community of tobacco-control advocates and researchers. As it began to reduce its funding of tobacco work, RWJF, through its grantees and working with its collaborators, supported the publication of several key documents that synthesize where things stand and suggest priorities and strategies for the future of tobacco-control work. Among these are *Cigarette Smoking Prevalence and Policies in the 50 States: An Era of Change*,³⁶ *A Smoke-Free Society: A Research Agenda for 2010–2015*,³⁷ and *A Broken Promise to Our Children: The 1998 State Tobacco Settlement 11 Years Later*.³⁸

Based on what was learned over the last two decades and on recent and potential breakthroughs in practice and policy, collaborators of the tobacco-control field may want to consider the strategies spelled out in Box 10.

Box 10

Strategies for Future Tobacco Work

Link the stovepipes of policy, cessation and public education and communications. For example:

- Every new policy, such as an increase in excise taxes, a new smoking ban or new health insurance coverage for cessation, should have a communications component that publicizes the availability of cessation aids through hotlines and other means.
- Youth and adult-focused strategies should be integrated.

Complete unfinished agendas. Press hard to complete unfinished agendas, including enacting smoke-free indoor air laws in every state.

Refine tactics. Continue to pursue older tactics. For example, advocate for:

- Dedicating some percentage of excise taxes to tobacco-control activities at the state or federal level.
- Greater investment in promoting quitlines.

Capitalize on new authorities. Aggressively promote implementation of recently enacted and emerging legislation with renewed efforts to:

- Regulate tobacco content, strengthen cigarette warning labels, provide warning labels on other tobacco products and put the national quitline help number on the labels.
- Under a reformed health care system, promote cessation coverage in all health plans, monitor and evaluate implementation of stronger Medicaid coverage of cessation services, and promote an emphasis on reducing tobacco use as an integral component of all preventive health measures.

IMPLICATIONS FOR OTHER PUBLIC HEALTH INITIATIVES

The Power of Taking a Stand. An influential organization like RWJF can have a profound impact on social norms and public health by staking a strong public stand and supporting it with professional research and strategic grantmaking.

Entrance and Exit Strategies. The RWJF tobacco-control campaigns were unusual in terms of the amount of funds invested and the period of time over which the Foundation supported them. While support continues at a reduced level, the downsizing of its investment occurred somewhat suddenly with little advance planning at the time. As difficult as it might be, it would probably be effective for RWJF to plan the profile of an ongoing investment well in advance of its closure, perhaps even at the outset—i.e., how much to get started, to lay the foundation for permanent change, and to support an appropriate level of activity well into the future. This would not only give grantees adequate notice of the need to identify alternative sources of support, but may also focus attention more generally on how best to develop a permanent and sustainable policy, research and advocacy infrastructure that increases the Foundation’s return on its investment.

Fundamental Principles. RWJF’s many tobacco activities were driven by fundamental principles, some applied from the start and others evolving over time. These principles, summarized in Box 11, might well be applicable to other public health initiatives of RWJF, and to other foundations and research and advocacy organizations working towards social change.

BOX 11

Transferable Principles for Social Change

Commitment: By the Board of Trustees and senior executives to significant and long-term funding.

Leadership: Recruitment, development, cohesion and retention of a leadership team.

Research: As the basis for identifying and developing reforms and evaluating results.

Collaboration: With stakeholders and support for growing the field of advocates and researchers.

Flexible strategies: For managing the initiative over time.

Focus: On specific, achievable and measurable objectives.

Enduring change: Aiming for permanent results through legislative and regulatory policies, health systems reforms, and establishing and supporting permanent institutional change agents.

Communications: A fourfold public communications capacity: systematically developing and using compelling media instruments to inform the public about health risks; rapid response to misleading industry statements; tactical use of media as an inherent component of state-based and federal policy campaigns and subsequent policy implementation; and timely presentation and technical advice to policy-makers.

Public health environment: Taking on the total environment in which people live and the many cultural and economic factors that influence their behavior.

Concerted action: Intense combination and coordination of tactics, supported by professional, structured public communications.

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