

National RWJF SmokeLess States Program Helps Wisconsin Decrease Smoking Rates Among Middle and High School Students and Implement Tobacco-Control Efforts

SmokeLess States: National Tobacco Policy Initiative

SUMMARY

From April 1997 to March 2004, the Wisconsin SmokeLess States® project, with first the Tobacco-Free Wisconsin Coalition and then SmokeFree Wisconsin as the lead organization, conducted statewide activities to reduce tobacco use, particularly among children and youth.

The project was part of the Robert Wood Johnson Foundation (RWJF) *SmokeLess States*® *National Tobacco Policy Initiative*.

Key Results

Among the results of the project are the following:

- Smoking rates decreased 50 percent among middle school students and 27 percent among high school students, and cigarette consumption decreased 11 percent among adults.
- Wisconsin increased its cigarette excise tax by 18 cents, from 59 to 77 cents per pack.
- Wisconsin put aside \$23.5 million per year in funding for a statewide tobacco control program in 1999, despite a severe state fiscal situation (a \$3.2 billion deficit); although these funds were later cut to \$10 million per year, this was still the largest expenditure on public health in Wisconsin's history.
- Wisconsin increased the number of smoke-free communities: 19 cities and one county passed smoke-free restaurant ordinances and Madison passed a smoke-free workplace policy and a clean indoor air ordinance.
- Milwaukee passed one of the nation's strongest ordinances banning tobacco billboards/outdoor advertising.

- Wisconsin passed Youth Access legislation, restricting cigarette vending machines and the "give-away" of tobacco products to adult-only locations and allowing local communities to raise their tobacco license fees from \$5 to \$100.
- Wisconsin passed a SmokeFree Dorms bill, which bans smoking in all University of Wisconsin dormitories and residence halls.
- SmokeFree Wisconsin successfully fended off repeated attempts by the tobacco and restaurant industries to pass preemption¹ legislation.
- SmokeFree Wisconsin helped create a new awareness in the state about the dangers of secondhand smoke and the need for tobacco prevention and control.

Funding

RWJF provided \$2.4 million for this project. Wisconsin also received a grant from the program's Special Opportunities Grant Fund. Other sources—including the Wisconsin Health Department and the Wisconsin Hospital Association—contributed \$1.3 million to support lobbying and other activities; no RWJF funds were used to support lobbying. (See the Appendix for a list of additional funders.)

THE PROBLEM

From the mid-1980s through the mid-1990s, Wisconsin enacted some of the most progressive tobacco control policies in the nation, including comprehensive clean indoor air laws, the nation's first ban on smoking in public schools and increases in the cigarette excise tax.

In addition, as a grantee of the National Cancer Institute's Americans Stop Smoking Intervention Study, known as ASSIST (which supported tobacco control partnerships in 17 states), Wisconsin established a strong base of tobacco control advocates in the statewide Tobacco-Free Wisconsin Coalition and 32 local coalitions.

The Tobacco-Free Wisconsin Coalition comprised more than 40 organizations including the American Cancer Society, the American Heart Association, the American Lung Association, and other major health organizations, as well as professional, educational and minority organizations. In the mid-1990s, the Tobacco-Free Wisconsin Coalition assumed leadership for the state's ASSIST project, and began focusing on training health care professionals and volunteers in effective local tobacco-control strategies.

¹ **Preemption**—A legislative or judicial scheme in which a higher level of government (state or federal) precludes lower levels of government from exercising authority over a specific subject matter. The tobacco industry commonly seeks to have state legislatures pass preemption laws to prevent local municipalities from legislating or regulating the sale or distribution of tobacco products or setting clean air laws for their communities; this effectively stifles local coalition policy activity.

Despite all of this progress—in a state where Phillip Morris is a leading employer and then-Governor Tommy Thompson had ties with the tobacco industry—Wisconsin still had high smoking rates:

- The adult smoking rate, 22 percent, was declining slower than smoking rates in the rest of the country.
- The smoking rate among high school students, above the national average at 36 percent, was holding steady rather than declining.

CONTEXT

In February 1991, the RWJF Board of Trustees established three new grantmaking goals for the Foundation; goal number three, as outlined in the Foundation's 1990 annual report, was "to promote health and prevent disease by reducing harm caused by substance abuse."

After exploring the landscape of tobacco prevention and control—at both the state and federal level—RWJF program staff concluded that a private-sector voice was needed in the arena of tobacco control.

To fill the gap in private-sector tobacco-control activities identified by RWJF staff, the RWJF Board of Trustees in April 1993 authorized up to \$10 million for a four-year program, *SmokeLess States: Statewide Tobacco Prevention and Control Initiatives*, to support statewide efforts to reduce tobacco use, particularly among children and youth. In 2000, the program's name was changed to *SmokeLess States: National Tobacco Policy Initiative* to reflect the focus on tobacco control advocacy only.

THE PROJECT

During the first phase of *SmokeLess States* (1993–1999), sites were expected to mobilize statewide coalitions, conduct public education campaigns, strengthen prevention and treatment capacity and develop tobacco-control policies.

Under the first grant (ID# 031383), the Tobacco-Free Wisconsin Coalition, with the American Cancer Society serving as the lead organization, hired additional staff, focused on strengthening the grassroots base in the state and initiated an advocacy campaign to secure funds for tobacco control from the state's share of the Master Settlement Agreement². The coalition's key activities during this phase included:

- Building a strong grassroots movement by educating and training local coalitions. The project hired grassroots organizers to lead these efforts, which included helping local coalitions develop and implement smoke-free restaurant campaigns, building a tobacco-control coalition in Milwaukee that conducted a campaign to ban tobacco billboards/outdoor advertising, and implementing a comprehensive tobacco education campaign to increase Wisconsin's cigarette excise tax.
- Creating the Tobacco Reduction Using the Settlement (TRUST) Campaign, which
 advocated for tobacco-control funds from the state's share of the Master Settlement
 Agreement and was endorsed by more than 150 local and statewide anti-tobacco,
 health, youth and community groups.
- Providing 43 small grants of \$2,000 to \$10,000 to local coalitions and small tobacco-control advocacy groups for their tobacco prevention and control efforts.
- Creating SmokeFree Wisconsin, a coalition to centralize tobacco policy work in the state. Housed in Madison, the capital of Wisconsin, SmokeFree Wisconsin is focused solely on promoting effective tobacco-control policies. Its members include the American Cancer Society, the American Heart Association, the American Lung Association, the Tobacco Free Wisconsin Coalition, the Wisconsin Department of Health, the Wisconsin Medical Society, Wisconsin Nurses Association and the Wisconsin Public Health Association.

The second phase of *SmokeLess States* (2000–2004) focused solely on working to change tobacco policy. During this phase (ID# 041530), with SmokeFree Wisconsin as the lead organization, project staff focused on increasing the tobacco excise tax and increasing the number of smoke-free communities—with the overall goal of a 20 percent decrease in adult and youth smoking rates in the state.

SmokeFree Wisconsin also acted as a "watchdog" to ensure that the state developed and maintained a comprehensive tobacco-control program (e.g., monitoring funding for the board which oversaw the statewide tobacco control program and informing new board members about tobacco control and best practices for tobacco prevention funding.) SmokeFree Wisconsin had also planned to work to improve access to treatment for

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² Master Settlement Agreement—A 1998 legal agreement between the tobacco industry (the five largest tobacco manufacturers) and the state Attorneys General in 46 states, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, Guam and the District of Columbia. The agreement requires the tobacco industry to pay out more than \$206 billion to these states and territories over a 25 -year period to reimburse them for the medical and other costs of tobacco-related disease.

tobacco dependence, however, this became unnecessary after the Wisconsin Tobacco Prevention and Control Program funded the University of Wisconsin to do this work.

SmokeFree Wisconsin's key activities during this phase included:

- Developing a comprehensive campaign, the Wisconsin Children's Initiative, to increase the tobacco excise tax. More than 500 health, civic, educational, labor, religious and youth organizations signed on as supporters. As part of the initiative, SmokeFree Wisconsin conducted two statewide polls (in 2002 and 2003) to gauge Wisconsin voters' feelings about a tobacco excise tax increase. In both polls, which were sub-contracted to Virginia-based Public Opinion Strategies, more than 65 percent of voters supported a tobacco excise tax increase of 85 cents per pack. SmokeFree Wisconsin also trained other organizations in policy advocacy and provided a toolkit on how to contact legislators and recruit new members.
- Helping communities develop and implement campaigns for smoke-free restaurants, workplaces and public places. SmokeFree Wisconsin trained local coalitions in policy and media advocacy and provided them with materials for their campaigns, including sample letters to the editor, editorials and postcards. Training included interactive Web-based training programs and a CD-ROM with resources for initiating a local clean indoor air campaign such as sample campaign materials (e.g., surveys, educational brochures, databases, letters to the editor and postcards), campaign strategies (e.g., a smoke-free ordinance strategy/plan) and fact sheets. Three staff members worked with communities.

Special Opportunities Grant Fund

Wisconsin also received a grant from the *SmokeLess States* Special Opportunities Grant Fund to pursue clean indoor air legislation in Milwaukee, the state's largest city (\$150,000 in 2003). SmokeFree Wisconsin hired a Milwaukee area director to work with a local team and develop relationships in the city, with an emphasis on communities of color.

By the end of the project, SmokeFree Wisconsin grew to more than 400 organizations, including voluntary health associations, health care professional associations, substance abuse treatment programs, health care providers, minority organizations and others. Coalition members included the American Cancer Society, the American Heart Association, the American Lung Association, the Wisconsin Academy of Family Physicians, the Wisconsin Hospital Association, the Wisconsin Medical Society, the Wisconsin Nurses Association, the Center for Tobacco Research and Intervention, *Fighting Back*® and the Wisconsin Public Health Association. The coalition raised \$1.3

million for its activities (see the Appendix for a list of additional funders). All lobbying³ activities were supported by matching funds.

RESULTS

Project staff reported the following key project results to RWJF:

- Smoking rates decreased 50 percent among middle school students and 27 percent among high school students, and cigarette consumption decreased 11 percent among adults. The smoking rate dropped from 12 percent to 6 percent among middle school students and from 33 percent to 24 percent among high school students between 2001 and 2003. (According to the Wisconsin Tobacco Youth Survey and the Wisconsin Behavioral Risk Factor Survey, 2001–2003, and the Centers for Disease Control and Prevention, CDC Surveillance Summaries, 2001 and 2003)
- Wisconsin increased its cigarette excise tax by 18 cents, from 59 to 77 cents per pack in 2001. Part of the revenue generated by the tax increase was dedicated to the Melvin Fund, which supports tobacco prevention and education in the state (public opinion polls in 2002 ad 2003 indicated the public wanted an additional 85 cents per pact tax increase).
- Wisconsin put aside \$23.5 million per year in funding for a statewide tobaccocontrol program in 1999, despite a severe state fiscal situation (a \$3.2 billion
 deficit). Although these funds were later cut, first to \$15 million in 2001 and then to
 \$10 million in 2003, this was still the largest expenditure on public health in
 Wisconsin's history. The legislature also established a 22-member Wisconsin
 Tobacco Control Board to develop and oversee the statewide tobacco-control
 program.
- Wisconsin increased the number of smoke-free communities: 19 cities and one county passed smoke-free restaurant ordinances and Madison passed a smokefree workplace policy and a clean indoor air ordinance:
 - Between 2000 and 2004, Ashland, Bristol, Bangor, Eau Claire, Fond du Lac, Holmen, Janesville, Kenosha, La Crosse, La Crosse County, Madison, Middleton, Neenah, Onalaska, Oshkosh, Phillips, River Falls, Shorewood Hills, Wauwatosa and West Salem passed smoke-free restaurant ordinances.

³ **Lobbying**—There are several kinds of lobbying. "Direct lobbying" consists of communications with legislators that seek to influence specific legislation. "Grass roots lobbying" consists of communications with the general public that encourage the recipients to contact legislators to influence specific legislation. Federal law prohibits foundations from lobbying; other nonprofit organizations can lobby within limits established by federal tax law (which vary depending on the type of organization), using their membership dues and other funds. Industry can lobby, and the tobacco industry asserts much of its power through lobbying.

- Madison, the state's second largest city and state capitol, passed a smoke-free workplace policy (2001) and the state's most comprehensive clean indoor air ordinance (2004).
- Milwaukee passed one of the nation's strongest ordinances banning tobacco billboards/outdoor advertising in 1998.
- Wisconsin passed youth access legislation in 1998. It restricted cigarette vending machines and the "give-away" of tobacco products to adult-only locations and allowed local communities to raise their tobacco license fees from \$5 to \$100.
- Wisconsin passed a SmokeFree Dorms bill in 2004. It bans smoking in all University of Wisconsin dormitories and residence halls.
- SmokeFree Wisconsin successfully fended off repeated attempts by the tobacco and restaurant industries to pass preemption⁴ legislation.
- The project helped create a new awareness in the state about the dangers of secondhand smoke and the need for tobacco prevention and control. According to Carrie Sullivan, former project director, "The local newspapers devote much copy—often on the front and editorial pages—to the [local smoke-free restaurant] campaigns and the local radio stations' talk shows are full of callers discussing both side of the issue."

Communications

Project staff established a website with information about the coalition, its policy accomplishments and legislative issues, and developed and disseminated a newsletter (*Unfiltered News*), through its website and mail. Staff provided training programs (some Web-based) and educational workshops for tobacco-prevention advocates, policy-makers and the general public. Other communications products included a CD-ROM with resources for initiating a local clean indoor air campaign, op-eds and guest columns on tobacco-control issues in local newspapers, brochures and fact sheets. See the Bibliography for details.

LESSONS LEARNED

1. The project director of an effort that focuses on policy advocacy and coalition-building must be comfortable wearing many hats. From time to time, he or she must act as diplomat, enforcer, sales representative, customer service expert, teacher and orchestra conductor. (Sullivan/Former Project Director)

⁴ **Preemption**—A legislative or judicial scheme in which a higher level of government (state or federal) precludes lower levels of government from exercising authority over a specific subject matter. The tobacco industry commonly seeks to have state legislatures pass preemption laws to prevent local municipalities from legislating or regulating the sale or distribution of tobacco products or setting clean air laws for their communities; this effectively stifles local coalition policy activity.

- 2. **Bringing about policy change at the state level may be becoming more difficult.** In Wisconsin, Sullivan found that feedback from constituents and educating a lawmaker on the views of his or her district appeared to have less impact than it used to. "The vehicle for change these days seems to be related to how much money you can raise and how you can help (or hurt) someone in his or her next election," said Sullivan. (Sullivan/Former Project Director)
- 3. Local smoke-free restaurant campaigns are an effective way to build a strong and active grassroots network. With success in a single community, advocates can more easily recruit residents of other communities. After Kenosha passed its smoke-free restaurant ordinance in 2001, members of the Kenosha coalition recruited residents from neighboring Pleasant Prairie who started working toward a clean indoor air ordinance of their own. (Sullivan/Project Director)
- 4. Coalitions must delegate activities to their partner organizations. Typically, coalitions have resource and time limitations and must trust that their partner organizations have the expertise and commitment to carry out certain key activities. The more a coalition delegates to its partners, the more involved and invested the partners become in the coalition's success. (Busalacchi/Project Director)
- 5. **Contractors are an expensive stop gap.** Wisconsin relied heavily on contractors at the beginning of its project and found this to be a very expensive, short-term solution. "It's smarter to train and support staff to do these activities," said Busalacchi. (Busalacchi/Project Director)
- 6. In the arena of policy advocacy, one must seize political opportunities when and as they arise. In hindsight, SmokeFree Wisconsin realized that there were opportunities to push for a tobacco tax increase in early 2002 that disappeared once a governor adamantly opposed to any new taxes was voted in. (Busalacchi/Project Director)

AFTERWARD

SmokeFree Wisconsin has continued its work, focusing on four areas:

- Clean indoor air campaigns.
- A grassroots network to advocate for another cigarette tax increase.
- Ensuring that Wisconsin has a solid tobacco prevention and control program in the future.
- Enhancing local and state advocacy efforts through more coordinated communications.

The coalition plans to work with five to six communities each year on local clean indoor air campaigns and will work towards a statewide clean indoor air law. After SmokeFree Wisconsin advocated for a smoke-free policy for all municipal buildings in Wisconsin,

the governor signed an executive order banning smoking in all state government buildings in February 2005. Through the Wisconsin Children's Initiative, SmokeFree Wisconsin was actively advocating for an increase of \$1 per pack in the cigarette excise tax (as of March 2005).

Prepared by: Karin Gillespie

Reviewed by: Lori De Milto and Molly McKaughan Program Officers: Karen Gerlach and Michelle Larkin

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APPENDIX

Other Cash and In-Kind Contributors to the Wisconsin SmokeLess States Project

(Current as of the end date of the program; provided by the program's management; not verified by RWJF.)

Cash Contributions

- American Cancer Society, \$614,560
- Research and Sponsored Programs, University of Wisconsin-Madison, \$225,000
- American Heart Association, \$45,000
- American Lung Association, \$150,000
- Campaign for Tobacco-Free Kids, \$80,000
- Wisconsin Department of Public Health, \$170,000
- Wisconsin Hospital Association, \$20,000
- Wisconsin Public Health Association, \$1,500
- Wisconsin Medical Society, \$1,500
- Wisconsin Nurses Association, \$1,500

In-Kind Contributions

- American Cancer Society
- Center for Tobacco Research and Intervention
- Wisconsin Hospital Association
- Wisconsin Medical Society
- Wisconsin Public Health Association

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