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Tobacco Policy Change: A Collaborative for Healthier Communities and States

An RWJF national program

SUMMARY

Tobacco Policy Change: A Collaborative for Healthier Communities and States, which ran from 2004 to 2010, provided resources and technical assistance to local, regional, and national organizations and tribal groups to advance tobacco-control initiatives. The program aimed to foster grassroots efforts to promote policy changes in states and communities disproportionately affected by tobacco use. The Robert Wood Johnson Foundation (RWJF) authorized the national program for $11.7 million.

CONTEXT

Policy change is a powerful strategy for reducing harm from tobacco.

From 1993 to 2004, coalitions of advocates working through *SmokeLess States*, an RWJF national program, advanced numerous state policies designed to control the use of and exposure to tobacco.[1] In the wake of that work, some 35 states raised tobacco excise taxes, 10 states enacted clean indoor air laws curbing smoking in workplaces and public spaces, and 13 states passed laws restricting youth access to tobacco products.

Tobacco-control advocates also blocked state-level bills that would have preempted stronger local laws, and four states repealed or partially repealed preemption laws. (Read the Program Results Report on *SmokeLess States*.)

"*SmokeLess States* was a tremendous success by many definitions," said RWJF Senior Policy Adviser Marjorie Paloma, MPH. "However, major disparities persisted based on who you are and where you live."

The reasons for the disparities are varied, Paloma observed, but one common denominator is socioeconomic status. For example, "if you look at the history of clean

[1] *SmokeLess States* supported coalitions in 48 states, plus coalitions in Washington, DC, and Tucson, Ariz, Because RWJF is prohibited by law from supporting direct or grassroots lobbying, *SmokeLess States* grantees raised matching funds for such work.

indoor air laws, they often do not extend to hospitality, bar, and restaurant workers," who tend to be disproportionately low-income or minority.

Many southern states, which have disproportionately poor and minority populations,[2] also have lacked state and local tobacco-control policies. "The tobacco industry is an economic driver in many states that had not been moving on tobacco control policies," Paloma noted.

Tobacco-control laws were also rare in tribal nations, which are disproportionately low-income. Other factors limited tobacco-control policies in Indian Country. "Some tribes consider tobacco sacred and it is part of their cultural and historic beliefs and traditions," Paloma said. "Another factor has to do with sovereignty. A state or local ordinance does not have, nor should it have, jurisdiction over tribal land. The tribe has to have its own policy, one that is grounded in their own values and rights to self-determination ."

Lesbian, gay, bisexual, and transgender (LGBT) communities are also disproportionately affected by tobacco. Although the LGBT community is often seen as having higher income and more access to resources, Paloma noted, "research does not bear that out. The notion that LGBT people make more money is a myth"

RWJF launched *Tobacco Policy Change* to support efforts that would advance policy changes in these states and communities.

RWJF's Interest in This Area

Since 1991, RWJF has invested some $700 million in efforts to prevent tobacco uptake, especially by children, and to help addicted users quit. For an overview of the Foundation's history of grant-making in this area, see RWJF Retrospective: *The Tobacco Campaigns of RWJF*.[3] In addition to *SmokeLess States*, key RWJF programs and projects have included, in order of the most influence on *Tobacco Policy Change*, according to Paloma:

- *Policy Advocacy on Tobacco and Health*, which implemented a comprehensive strategy to strengthen minority-led, community-based coalitions that engage in tobacco policy change in communities of color. See the Program Results Report for more information.

[2] According to U.S. Census Bureau publications, more than 17 percent of residents met the poverty threshold in the southern states in 2010 compared to 15.3 percent for the United States as a whole; these states' populations were more than 34 percent minority.

[3] Available online.

- Support for the American Nonsmokers' Rights Foundation to sustain it and the smokefree movement over the foreseeable future.[4]
- The *Campaign for Tobacco-Free Kids* the first RWJF advocacy program. For more information, see the Program Results Report.
- Voices in the Debate: Minority Action for Tobacco Policy Change, which worked to strengthen and expand the roles of minority organizations in advocating for tobacco prevention and control at the national, state and local levels within communities of color. Read the Program Results Report for more information.
- A program to connect tobacco-control advocates in this country at the state and local level with technical assistance, the *National Tobacco Control Technical Assistance Consortium.* The Program Results Report offers more information.

Other RWJF programs in the tobacco area are:

- Two policy research programs: *Tobacco Policy Research and Evaluation Program* (see the Program Results Report) and *Substance Abuse Policy Research Program* (Also see the Program Results Report.)
- Two programs on the development of tobacco addiction: the *Tobacco Etiology Research Network* (TERN) (see the Program Results Report), which led to *Partners With Tobacco Use Research Centers* (See the Program Results Report.)
- *Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy* (See the Program Results Report.)
- *Addressing Tobacco in Managed Care* (renamed *Addressing Tobacco in Health Care),* which focused on systems strategies to increase evidence-based tobacco-cessation treatment. Also see the Program Results Report.

Starting in the early 1990s, rates of tobacco use among youth and adults have declined, saving millions of lives.[5] In 2009, 20 percent of high school students reported past-month smoking compared with 28 percent in 1991, for example.

After 20 years of funding, RWJF began to pull back from its major funding in the tobacco-control and cessation area in 2010. *Tobacco Policy Change* was one of its last significant investments, although the Foundation's Public Health Team continues to make some grants in the tobacco-control area.

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[4] Grant ID#s 58339, 60551. RWJF has also funded the foundation to do rapid response grants to communities, continue and update its databases on tobacco industry activities and tobacco control laws and provide education on clean indoor air to the public and policy makers.

[5] Youth Risk Behavior Survey, *Trends in the Prevalence of Tobacco Use*. 2009, Atlanta: Centers for Disease Control and Prevention. Available online.

THE PROGRAM

From 2004 through 2010, *Tobacco Policy Change: A Collaborative for Healthier Communities and States* provided resources and technical assistance to local, regional, and national organizations and tribal groups to advance tobacco-control initiatives. The program aimed to recruit a broad range of stakeholders to promote these policy changes.

Tobacco Policy Change awarded 75 grants ranging from $5,000 to $150,000 during four rounds of funding. Grantees could receive funding in more than one round. Total funding was $11.7 million.

Matching Funds Required

The RWJF grants supported staff and activities such as public education, communications, technical assistance, outreach and advocacy in support of tobacco-related policy change.

RWJF is prohibited by law from supporting direct or grassroots lobbying; *Tobacco Policy Change* required grantees to raise matching funds from other sources to support policy efforts to complement the RWJF-funded advocacy efforts. Many of the applicant organizations struggled with this requirement since only those organizations that raised money prior to grant aware were eligible. Once funded, RWJF provided grantees with individualized technical assistance to help each organizations build their development capacity and help them to diversify funding. RWJF also created the toolkit *Meeting the Match: A Guide to Fundraising for the Tobacco Policy Change Program*[6]

Targeting Tobacco Policy Areas

Grantees advanced policies proven to prevent tobacco use, help smokers quit, protect people from secondhand smoke, and sustain tobacco control. These policies included:

- Comprehensive clean indoor air laws covering all workplaces
- Increases in local and state tobacco excise taxes or the price of tobacco, with at least a portion of the increased revenue devoted to tobacco prevention and treatment and other health care challenges, such as preventing obesity
- Increases in public funding for tobacco-related programs, including expanded and more equitable access to treatment[7]

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[6] Available online.

[7] The agreement settled state Medicaid lawsuits against the industry. Under the agreement—originally between the four largest U.S. tobacco companies and the attorneys general of 46 states—the companies agreed to curtail certain tobacco marketing practices, and to make annual payments to the states to cover some of the costs of caring for people with smoking-related illnesses. In exchange, the agreement exempted companies from liability for harm caused by tobacco use.

- Public and private insurance coverage for tobacco-cessation treatment for people in groups most affected by tobacco[8]
- State and local licensing, zoning, and land-use regulations to control the number, type, and location of tobacco retailers, especially in areas where youth congregate

Expanding the Applicant Pool

To focus on states and communities disproportionately affected by tobacco, and cultivate new relationships and broader partnerships, RWJF aimed to diversify the pool of applicants to *Tobacco Policy Change*.

"We wanted to get the word out about this funding opportunity," Paloma said, "not just to groups already working on tobacco, but to those working on policy advocacy for any issue." However, despite this aim, grantees in the first round, in 2004, were predominantly those with a long history in tobacco control—many which had participated in *SmokeLess States*.

In response, in 2006 RWJF launched an effort to engage new potential applicants, holding "listening sessions" in some five cities in five days, all in the South, to inform potential grantees about the program, and to learn about the challenges communities faced in tackling tobacco use and exposure. The program also worked with consultant Lori New Breast, a member of the Blackfeet Nation in Montana and member of the program's technical assistance committee, to reach out to officials and advocates in tribal nations.

More organizations from the South and tribal communities applied as a result of these efforts. "We wanted to authentically engage the organizations and residents of their communities," Paloma said, "and leverage people's existing strengths and skills to address an issue that was important to them. The listening sessions reinforced our belief that strength and capacity for policy advocacy is alive and well in the communities most affected by tobacco."

A wide array of nonprofit groups from 33 states ultimately received grants, including groups that had focused on community safety, Main St. redevelopment, rural health, and housing. "The national lung, cancer, and heart associations had received 99 percent of the grants in *SmokeLess States*, and *Tobacco Policy Change* started with the same grantees," Paloma said. "But by the end of the program, the grantees were not mainstream tobacco-control organizations. Many of them were not one-issue organizations. They were focused on improving their communities, working on a number of important social issues, and tobacco was just one of them."

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[8] This policy and the one above it on increasing public funding were not included in later rounds of funding.

A number of the funded groups served particular populations, including the LGBT community, youth, college students, African Americans, Latinos, American Indians, and other ethnic minorities. (See Appendix 1 for list of grantees and their projects.)

Tackling Other Public Health Challenges

In the final round of *Tobacco Policy Change* in 2008, RWJF asked grantees to pursue policy change addressing another public health problem. Twelve grantees received six-month planning grants, and 11 grantees received 18-month implementation grants totaling $1.8 million. Grantees used these funds to promote policies designed to improve access to healthy food, boost physical activity, and expand health insurance coverage, for example.

"At the time, RWJF was broadening its perspective on public health policy beyond tobacco control," Paloma said. "We saw it as an opportunity to use the skills of tobacco advocacy to advance another issue, and to leverage the relationships grantees developed in one arena and apply them to another arena of policy change."

For more on the expanded strategy, see the sidebar Leveraging Policy Skills to Tackle the Nation's Toughest Health Challenges: A Q&A with Marjorie Paloma.

Management

RWJF's Public Health Team managed *Tobacco Policy Change* internally. The team contracted with three senior consultants with extensive experience in local and state tobacco-control campaigns. These consultants—Carla Freeman, MA; Kitty Jerome, MA; and Jerry Spegman, JD—helped shape the program, and provided technical assistance to applicants and grantees through site visits, conference calls, and webcast trainings.

The consultants also talked about the program at national, state, and local conferences held during its lifetime. (See Appendix 2 for contact information for the consultants.)

Oversight Committees

Two committees also helped guide *Tobacco Policy Change* and review grant applications:

- An Executive Committee, which included the directors of five organizations funded by RWJF. (See Appendix 3 for a list of the original members.)
- A Technical Assistance Providers Committee—"by far the more important group," notes Paloma—was composed of staff from the seven organizations represented on the Executive Committee (American for Nonsmokers' Rights Foundation, Campaign for Tobacco Free Kids, Asian Pacific Partners for Empowerment and Leadership, National African American Tobacco Prevention Network, National Latino Council on

Alcohol, National Technical Assistance Consortium, and The Praxis Project), and additional policy advocacy experts and consultants. Members used conference calls, webcasts, trainings and meetings to assist grantees on advocacy, communications, and outreach. "The Technical Assistance Providers Committee members were instrumental in the design and execution of the program," says Paloma.

Collaborating Organizations

Staff of the Praxis Project,[9] the National Consortium on Tobacco and Technical Assistance, the National African American Tobacco Prevention Network, the Latino Council on Alcohol and Tobacco, APPEAL, the Campaign for Tobacco Free Kids and Americans for NonSmokers' Rights helped shape *Tobacco Policy Change*, review grant applications, and guide technical assistance to grantees.

In addition, staff from all of these organizations worked closely with the senior consultants and Foundation staff to help grantees develop their approaches to policy change.

Other Subcontractors

Burness Communications, Spitfire Strategies, and Theisen Consulting trained grantees in campaign development, strategic communications, and board and fundraising development and sustainability. Two independent subcontractors, Letetia Daniels and Onjewel Smith, worked on specific projects.

The Evaluation

Andrea A. Anderson-Hamilton, PhD, director of planning, and Mary Clare Lennon, PhD, professor of sociology—both of the Research Foundation of the City University of New York—evaluated the program. They used both quantitative (an online survey) and qualitative (key-informant interviews, site visits, and case studies) approaches to document grantees' progress, and assess *Tobacco Policy Change* as a grant-making strategy for addressing disparities around tobacco harm.

- For findings, see Evaluation Findings. For more on the evaluation methodology, see Appendix 4.

[9] The Praxis Project managed *Policy Advocacy on Tobacco and Health*, and is now directing *Communities Creating Healthy Environments*, a childhood obesity program. See the Progress Report on this program.

OVERALL PROGRAM RESULTS

The three senior consultants and the evaluators reported these overall results:

- **Many grassroots organizations used *Tobacco Policy Change* to play their first prominent role in the tobacco-control movement and become effective voices for communities most affected by tobacco.** For example:

  — Coalitions in the Navajo Nation and the Fort Peck Tribe led tribal policy campaigns.

  — Coalitions in Houston and South Carolina, comprised of strong advocates for minority and low-income communities, led the clean air campaigns for their communities.

  Many organizations also used their campaigns to tap the resources and technical assistance of mainstream tobacco-control groups for the first time. For more information, see Key Site Activities and Results.

- **Many of the tobacco policy campaigns in which these organizations participated achieved the desired changes:**

  — Some 18 states, communities, and tribal organizations passed comprehensive smoke-free indoor air laws covering all workplaces.[10]

  — Kentucky, North Carolina, Ohio, and Vermont approved significant increases in tobacco taxes.

  — Alaska, Kentucky, and Massachusetts extended Medicaid coverage to services that help tobacco users quit. California passed a bill, but the governor vetoed it.

  Tobacco Policy Change coalitions also helped ban tobacco sampling and promotion at rodeos in the Southwest, ban the sale of flavored cigarettes in New York City, increase the number of smoke-free rental units in Maine, restrict signage for tobacco products in Boston, and cap the number of licenses to sell tobacco in New Orleans.

  The community engagement fostered by the campaigns helped coalitions win higher-quality policies, such as tobacco-control laws with few or no exemptions, according to the evaluators.

- **Grantees used the skills they developed through *Tobacco Policy Change* to tackle other critical public health needs, including childhood obesity, access to health care, outdoor air pollution, exposure to radon, intimate partner violence, and**

[10] States included Illinois, Georgia, Colorado, Hawaii, New Hampshire, Maryland, and New Jersey. Municipalities included Houston; Washington; Louisville, Ky.; Philadelphia; Charleston, S.C.; Bessemer, Ala.; Alton, Texas; and Maryville, Fulton, and Warrensburg, Mo. Tribal organizations included the Fort Peck Tribe in Montana.

workforce wellness. Though most of the coalitions found taking on another policy a challenge (see Lessons Learned), several achieved significant policy wins:

- The University of Missouri instituted domestic violence screening at university health clinics and a local hospital in Hannibal, Mo.
- West Virginia Wellness won Main Street designation—a community development program, created by the National Trust for Historic Preservation, that emphasizes preservation, walkable downtowns, civic engagement, and creative place-making—for two of the counties it targeted.[11]
- Indiana Rural Health's efforts to promote greater access to the Healthy Indiana Plan, the state Medicaid program, contributed to an increase in enrollment—from some 9,000 in May 2008 to more than 46,000 in October 2009.
- The South Carolina tobacco-control coalition joined with the Coastal Conservation League to win an agreement with the port authority that will curb air pollution at the Port of Charleston.

For more on this work, see the next section.

KEY SITE ACTIVITIES AND RESULTS

The senior consultants and grantees reported these key efforts during *Tobacco Policy Change*—grouped under Project Highlights, Projects in the South, and Projects in Tribal Communities:

Project Highlights

Houston: Clean Air in Restaurants and Bars

For decades, cigarette smoke hung heavily in many Houston workplaces, undermining the health of thousands of employees. Some of the worst offenders were restaurants and bars, which traditionally have employed large numbers of minorities.

"Houston is the fourth-largest city in country," senior consultant Jerry Spegman noted, "but the city had missed the boat on clean indoor air."

Houston Communities for Safe Indoor Air, a coalition of minority groups headed by Helen Stagg, MSW, set out to convince Houstonians of the importance of curbing exposure to secondhand smoke.[12]

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[11] The Main Street Program is a coast-to-coast community-development program s created by the National Trust for Historic Preservation involving more than 5,000 American communities. It emphasizes preservation, walkable downtowns, civic engagement, and creative place-making. See its website.

[12] Grant ID#s 52391, 55836, 63595, 64502.

The coalition included a wide range of groups: the African American Health Coalition, the Asian American Health Coalition, the Association for the Advancement of Mexican-Americans, the Chinese Community Center, Families under Urban and Social Attack, the Hispanic Health Coalition, the Native American Health Coalition, the Third Ward Community Cloth Cooperative, and the Vietnamese Culture & Science Association.

To raise awareness of the impact of secondhand smoke, particularly on minorities, the coalition:

- Sponsored town hall meetings, free movie nights, and a "Take It Outside" walk in a local park.
- Distributed information at community health fairs, parades, sporting events, and other events with minority audiences.
- Recruited and trained key members of the community—including restaurant owners who had voluntarily made their facilities smoke-free—to be spokespeople at local events and with legislators.

The coalition also coordinated Breathe Free Houston, a broader alliance of organizations interested in clean indoor air. Participants included the American Heart Association, the American Lung Association, the American Cancer Society, March of Dimes, M.D. Anderson Cancer Center, Baylor College of Medicine, and the Tobacco Education Campaign.

"The best thing was building those collaborative partnerships," Stagg said. "We engaged a wide spectrum of the community all promoting the same message."

The communications effort received a big boost when the *Houston Chronicle* got behind the smoke-free campaign, offering Houston Communities for Safe Indoor Air three guest editorial slots from February to October 2006.

The coalition also mounted a direct lobbying effort using matching funds. For example, Secondhand Smoke Kills—an ad asking citizens to contact the city council—ran in the *Chronicle* two days before the council voted on a smoke-free indoor air law. The coalition also delivered "balloon bouquets" hourly to council members carrying messages advocating safe indoor air. "It was another mechanism to get attention and provide education on the dangers of secondhand smoke," said Stagg.

On October 18, the Houston City Council adopted an ordinance making all restaurants, bars, and clubs smoke-free. The ban went into effect September 1, 2007. The coalition then joined the leadership team of Smoke-Free Texas to engage communities of color in advocating for statewide clean-indoor-air policies.

Moving on to Childhood Obesity

The coalition also used funding from *Tobacco Policy Change* to encourage physical activity in the city's historic Emancipation Park in its predominantly Black 3rd Ward. The group:

- Convened a childhood obesity taskforce to focus on education and awareness strategies aimed at helping Blacks live healthier lives through proper nutrition and physical activity.
- Sponsored "The Meltdown"—a block party with music, other entertainment, free healthy food, a basketball tournament, and a bike ride—to reintroduce the community to Emancipation Park.
- Worked with the Mayor's Wellness Council to host a local 50 Million Pound Challenge, part of a national effort sponsored by State Farm Insurance to promote healthier lifestyles among Blacks.
- Cohosted a Fall Healthy Food Festival with a mini-farmers' market, cooking and fitness demonstrations, food samples, nutrition education, and live entertainment.

The project "left an invaluable imprint in the neighborhood surrounding Emancipation Park," the coalition reported. "Conversations around health and wellness are very limited, and this program fostered and empowered community members to become advocates and stand up to childhood obesity."

For a video on this work, see the Promise Story: Empowering Community Health.[13]

New Orleans: No Sales Near Our Kids

Communities with a greater density of retail outlets selling tobacco products have higher rates of youth smoking, studies show.[14] The Joseph Project, led by Rev. Patrick Keen, pastor of Bethlehem Lutheran Church, rallied New Orleans residents and organizations to support a law that would limit the sale of tobacco products in the predominantly Black neighborhood of Central City.[15]

At community meetings, advocates distributed more than 4,000 pieces of literature on tobacco use and substance abuse in New Orleans. With technical assistance from *Tobacco Policy Change* consultants, project staff educated policy-makers and trained local leaders and residents on how to engage lawmakers and get media attention for their cause.

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[13] See Promise Story.

[14] See the studies cited by the *Campaign for Tobacco-Free Kids.*

[15] Grant ID#s 63590 and 64497

The effort paid off. On July 23, 2009, the New Orleans City Council voted unanimously to prohibit retailers from selling tobacco products within 300 feet (the length of a city block) of any playground, church, public library, school, childcare facility, or other entity providing organized care for youth. The ordinance also forbids tobacco retail in residential or park-zoned districts.

Access to Healthy Foods

The coalition has since turned its attention to other public health concerns in New Orleans, including access to healthy foods. "We feel along with the local lawmakers that this project has changed the quality of life for a great many residents of New Orleans," the group reported. "This project is setting the tone for how to work with local lawmakers to improve community living."

Chicago: Motivating the LBGT Community

Smoking rates are 40 to 70 percent higher among lesbian, gay, bisexual, and transgender (LGBT) adults and youth than the overall U.S. population. Bartenders and cocktail servers in LGBT-oriented nightclubs are also disproportionately exposed to secondhand smoke—partly because of the tobacco industry's campaign to promote smoking in the LGBT community through promotions, sponsorships, and advertisements.

In Chicago, the Lesbian Community Cancer Project joined the Smoke-Free Chicago campaign to educate local leaders, nonprofits, and bar and restaurant owners about the importance of curbing tobacco exposure in LGBT communities.[16] At its Coming Out Against Cancer Ball in February 2006, the group adhered to the policy in Chicago's new clean-air law barring outdoor smoking within a radius of 15 feet from the entrance of a restaurant or bar, and talked about the importance of implementing the law early.

When Big Chicks, a popular lesbian bar, went smoke-free voluntarily right before the law passed, the project advertised the event and held several parties and meetings there. The group also partnered with the American Cancer Society in its Great American Smoke Out, held every year on the third Thursday of November to encourage smokers to quit for 24 hours in hopes that their decision will stick, distributing educational material during a smoke-free pub crawl.

The Lesbian Community Cancer Project also participated in Women's Health Day, Andersonville Street Fayre, Dyke March, Pride Parade, Halsted Street Days, and the Gay Games. By the end of the grant period in 2006, the group had enlisted 18 partners and 30 advocates to support its work.

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[16] Grant ID# 55840.

"Focusing on smoke-free events as a way to get people out and celebrate, rather than lecturing about the ill effects of smoking tobacco or even secondhand smoke, proved effective for us," the project staff reported.

"Shaping this with a political slant was also useful so people could take this on as a social justice issue…Most people, even those who were looking at this from a 'freedom to smoke' or 'choice' perspective, found it hard not to become involved after learning more about how the LGBT community was targeted, and how on top of that women, communities of color, people impacted by HIV/AIDS, and youth were also targeted."[17]

South Bronx: The Danger of Flavored Tobacco Products

Flavored cigarettes and cigars—ranging from Kool's Mocha Taboo to Camel Exotics' SnakeEyes Scotch—have strong appeal for young people, especially urban and minority youth.

The POINT Community Development Corporation, a youth organization in the South Bronx, worked closely with the American Lung Association of New York to educate policy-makers and the public about the dangers of flavored tobacco products, and the immediate need to restrict their sale.[18]

A survey by The POINT found that 19 percent of local stores were selling candy-flavored cigarettes or cigars. Tobacco use in the neighborhood was high: 28 percent of underage women and 71 percent of underage men smoked. Among adults, 50 percent of women and 63 percent of men were smokers.

"Tobacco is very big in this community, and it is becoming more and more common to see young people smoking cigarettes," a report from The POINT observed. "The addition of candy-flavored cigarettes makes it more apparent that the tobacco companies are targeting youth."

Some 25 youth in The POINT's Activists Coming to Inform Our Neighborhood (ACTION) leadership program received training in advocacy, including how to educate members of the New York City Council. After a council hearing in 2006 on a proposed ban on flavored tobacco products, the young people put their new skills to work, meeting with decision makers and participating in local forums and media events. But the council failed to act during the 2007 session.

The POINT and the New York chapter of the American Lung Association also worked with a coalition to push for a state ban on flavored cigarettes. Legislation passed the

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[17] A state clean indoor air law prohibiting smoking in virtually all enclosed public places and places of employment, including bars and restaurants, went into effect January 1, 2008. More information is available online.

[18] Grant ID#s 55833 and 59319

assembly and advanced in the senate, but the 2007 legislative session closed without a vote.

On a national level, the American Lung Association educated members of Congress on the importance of giving the Food and Drug Administration (FDA) the authority to regulate tobacco products. On September 22, 2009, the FDA announced a ban on cigarettes with fruit, candy, or clove flavors, and said it would examine options for regulating both menthol cigarettes and other flavored tobacco products.

On October 14, 2009, Mayor Michael Bloomberg signed legislation prohibiting the sale of most flavored tobacco products in New York City. The law—more extensive than the FDA ban—covers "chocolate, vanilla, honey, candy, cocoa, dessert, alcoholic beverage, herb or spice flavors," but exempts "tobacco, menthol, mint or wintergreen flavors."

The POINT's youth activists have since broadened their attack, targeting all tobacco advertising in their neighborhood. "We still have this great bunch of youth advocates that understand the issue," said Michael Seilback, vice president of policy and communications at the American Lung Association of New York, "and there are still legislative victories to be won."

Projects in the South

This region, including bordering states such as Missouri, Kentucky and West Virginia, has crippling rates of smoking, obesity, heart disease, stroke, and diabetes, coupled with higher poverty rates and lower education levels than other regions. Public health advocates working in southern states face a broad array of challenges.

South Carolina: Cleaning Up Indoor and Outdoor Air

Local tobacco-control policies have faced tough opposition in the tobacco-growing state of South Carolina.

In 2006, three South Carolina towns passed clean indoor air ordinances that included workplaces, restaurants, and bars. However, opponents immediately challenged two of the laws in court, effectively putting at risk any local efforts to go smoke-free.

The National African American Prevention Network joined with an unusual ally—a conservation group concerned about air pollution from the Port of Charleston—to push for policies to clean up both indoor and outdoor air.[19]

The network is one of six funded by the Centers for Disease Control and Prevention (CDC) that engage national and statewide partners in tobacco control and prevention

[19] Grant ID#s 59337, 63586, and 64505

activities in Black communities. For more information, see the sidebar Joint Campaign for Clean Indoor and Outdoor Air Scores Victories in South Carolina.

Alabama: Secondhand Smoke at Work

Alabama is the eleventh-worst among all states in workplace exposure to smoke, according to the CDC. In 2003, the legislature passed a clean indoor air law that excluded most workplaces.

In 2008, the DuBois Institute for Entrepreneurship, a nonprofit public health policy group in Dothan, Ala., created a coalition to work for a more comprehensive law.[20] The partners held advocacy trainings and workshops, lobby days at the state capitol, and public forums, and conducted media outreach. The faith community was a strong ally in these efforts.

The Alabama Senate passed a comprehensive clean indoor air bill in 2008, but the measure never made it to the house floor. Proponents introduced legislation again in 2009, held a public hearing, and debated the bill on the senate floor, but it again failed to go to a full vote.

"We simply ran out of time," the coalition reported. "The legislature got caught up in various wars around the budget, gaming, education funding, tax on food, etc. that caused a bottleneck of many important pieces of legislation."

Another Issue: Childhood Obesity

Also in 2008, the coalition spearheaded an effort to reduce the state's high childhood obesity rates. In particular, these advocates promoted a bill that would make physical education mandatory for K–8 students, as many were either exempt or allowed to substitute another class.

The Alabama House and Senate passed the bill by veto-proof margins. However, at the behest of the Board of Education, the governor pocket-vetoed the legislation by not signing it and letting the clock run out.

Though that was a setback, the coalition sees its work as a victory. "This was a major accomplishment because this was the first time any physical education/obesity legislation passed the legislature in Alabama," the coalition reported.

Kentucky: Promoting Medicaid Coverage of Tobacco Cessation Services

Kentucky, one of the nation's poorest states, also has the highest smoking rate. The state Medicaid Department spends $487 million annually to treat people with smoking-related

[20] Grant ID#s 63591 and 64498

diseases. However, the agency did not cover services and prescriptions to help people stop using tobacco.

In 2007, the Kentucky Medicaid Consortium, led by the American Cancer Society's Mid-South Division, worked to educate lawmakers about the importance of such services.[21] The Kentucky Legislature passed a bill that year mandating Medicaid coverage for cessation services. However, an array of bureaucratic obstacles prevented the legislature from fully funding the law. In 2008, with the state facing a $600 million budget shortfall, including a $200 million Medicaid deficit, the legislature again failed to fund it.

In Alaska and Massachusetts, *Tobacco Policy Change* coalitions also helped pass laws mandating Medicaid coverage of such services. "The challenge was the same for all three," said consultant Kitty Jerome. "Implementation needs a budget, and the states did not have the budget for it, so implementation was very slow to come."

For Kentucky, the funding did come. The 2010–12 state budget provides $3 million for a smoking-cessation program, which the federal government will match with $8.4 million.

North Carolina: Regulating Secondhand Smoke

In this tobacco-growing state, the North Carolina Alliance for Health undertook a two-pronged effort: to make all public places and workplaces smoke-free, and to address the state's obesity epidemic.[22]

Alliance staff conducted advocacy trainings, spearheaded a signature campaign in support of the smoke-free measure, and provided research-based information to other advocates and legislators. Membership in the alliance grew to 75 organizations, including health groups, minority organizations, and the faith community.

In May 2009, the North Carolina General Assembly expanded previous legislation that banned smoking in state government buildings, schools, prisons, and long-term-care facilities to include bars, restaurants, and lodging establishments that prepare and serve food and drink. The law protects 69 percent of the workforce—or some 2.8 million workers—and will save the state some $48 million annually owing to a drop in the number of heart attacks and hospitalizations, according to the alliance.

Since the alliance began its work, conventional wisdom about the impact of tobacco has changed significantly, the group reports. "Policy-makers no longer openly question the science and the arguments. Instead, they question whether regulating secondhand smoke is the appropriate role of government. We felt significant strides were made in this tobacco state when folks stopped questioning the science."

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[21] Grant ID# 59341

[22] Grant ID#s 52397, 63594, and 64501

The legislature also approved a law enabling local governments to raise sales taxes to encourage active living and expand public transportation. The legislature commissioned a Joint Legislative Childhood Obesity Task Force to review efforts of the Department of Health and Human Services, the Department of Public Instruction, and the Health and Wellness Trust Fund, and to develop a statewide strategic plan to prevent childhood obesity. The task force includes the alliance.

"Our education efforts are just beginning to scratch the surface of what needs to be done to raise awareness that obesity is a problem in need of more serious attention and funding from the state," the alliance reported. The "challenge will be to educate and convince legislators, media, and the public that the price of ignoring the obesity epidemic is far more than the price of the intervention."

Projects in Tribal Communities

For many tribes throughout North America, the use of traditional tobacco plants for spiritual, ceremonial, and medicinal purposes goes back thousands of years. Stories explaining how tobacco was introduced to native communities emphasize the plant's sacred properties. The teachings are clear: if used properly, tobacco has the power to heal and help. If used improperly, tobacco hurts and harms.

Today much tobacco use among American Indians has changed dramatically from those original purposes, and the use of commercial tobacco is at epidemic proportions in many tribal communities. Some 34 percent of native adults smoke—the highest rate among all racial and ethnic groups in the United States. Use of commercial tobacco is the main cause of two of every five deaths in Indian Country. The Indian Health Service alone spends $200 million per year to treat smoking-related illnesses.

Organizations in seven tribal communities worked through *Tobacco Policy Change* to regulate commercial tobacco. The groups faced a number of challenges, including confusion about the difference between ceremonial and commercial tobacco, and concerns about the economic impact of smoke-free laws on enterprises that provide income and employment in tribal communities, such as casinos.

Two of the seven organizations added a second health issue to their agenda in the last round of funding under the program. Synopses of the work of several of the tribal organizations follow.

Navajo Nation: Commercial Tobacco

Navajos use commercial tobacco—including chewing tobacco, cigarettes, and other products—at a higher rate than the overall U.S. population. Tobacco use begins young. One-fifth of Navajo youth in grades 5 and 6 chew smokeless tobacco. By grades 9 and 10, 56 percent of youth do.

Beginning in 2008, the Black Hills Center for American Indian Health spearheaded the Southwest Navajo Tobacco Education Prevention Project, an ambitious effort to make workplaces and public places within the 300,000-member Navajo Nation free of commercial tobacco.[23]

Read the sidebar Targeting Commercial Tobacco in the Navajo Nation for more details.

Fort Peck Reservation: Prohibiting Commercial Tobacco

The Fort Peck Tribal Health Department serves the Assiniboine and Sioux Tribes of the Fort Peck Reservation, in the extreme northeast corner of Montana. When the department began its *Tobacco Policy Change* effort in 2006, an existing secondhand smoke policy left nearly 80 percent of Fort Peck tribal members unprotected.[24]

A survey found that most tribal members were concerned about the health effects of commercial tobacco and secondhand smoke. They also believed that prohibiting the sale of commercial tobacco would not undercut businesses. Eight of 10 people surveyed also wanted to learn about traditional tobacco teachings.

The Health Department asked tribal elders to describe tobacco-related rituals and beliefs for the community, "to help our people differentiate between traditional tobacco versus the commercial tobacco," the department reported. "From there we were able to do work within the traditional law-making protocols and the Tribal Government."

A youth-led movement called A Rizing Nation used hip-hop to focus on the traditional tobacco teachings. During a two-day event, tribal members participated in workshops, a two-mile walk to the tribal office, performances, and talking circles. Youth from outlying communities were brought to the event at no charge.

"The Tribal Executive Board came and spoke to all the people who walked, shook their hands, and let the community members know that their doors are always open and admire the passion they have for change," the Health Department reported.

Two days later, on August 10, 2007, the tribal council passed the Fort Peck Tribes *Ohinni Candi Wakandapi/Chani Wakan K/Nusa* (Keep Tobacco Sacred) law. It covers all 11,000-plus enrolled members of the tribes, as well as other residents of the Fort Peck Reservation.

On December 1 of that year, the Union for the Indian Health Services, which had previously opposed tobacco-control policies, adopted its own ordinance prohibiting the use of commercial tobacco on its two campuses within the reservation.

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[23] Grant ID#s 64495, 63588, and 59340

[24] Grant ID# 59328

Nez Perce Tribe: Smoke-Free the Traditional Tribal Way

The roughly 3,300 members of the Nez Perce Tribe live predominantly on a reservation in southern Idaho. The tribe's tobacco-control policies date back to 1995, when it established a policy prohibiting smoking and chewing in office buildings and vehicles.

In 2005, tribal members promoted a policy to make doorways, covered walkways, and ventilation systems of facilities smoke-free.[25] The tribal council opposed the policy. In 2007, with funding from *Tobacco Policy Change*, a tribal coalition tried again, this time consulting tribal leaders first.

"It was important to have the tribal council involved early in our process of developing the Nez Perce Clean Air Policy," the coalition reported, "so that we could build support long before submitting the policy to them for approval."

Having the early involvement of the council helped the coalition anticipate and respond to objections. It also gave them time to understand and carefully explain the meaning of tobacco in Nez Perce culture. "Instead of relying on a 'pan-Indian' view of traditional tobacco use," the group reported, "we thought that we needed to use our own tribal experience with tobacco."

Youth on the staff of Students for Success, an existing organization serving Nez Perce young people, filmed interviews with nine tribal elders discussing their experience with tobacco used in the *Nimiipuunewit* or Nez Perce Way. The coalition used this information to gain community support for reducing exposure to secondhand smoke.

"The basic message was the contrast between use of traditional tobacco for healing and protection to the side effects of commercial tobacco products causing disease and harm," the coalition reported. "It was also important to stress the traditional Nez Perce value of tobacco … and to respect traditional, ceremonial, and sacred use of tobacco. This added legitimacy to our policy development."

A policy banning smoking in public facilities, and within 25 feet of their doorways, went into effect in March 2008—only the second such policy on tribal lands in the United States. "One lesson was to not attack smokers for their addictive habit," the coalition reported. "If we engage them with understanding and compassion, they have been more open to working with the new changes."

Indigenous Peoples Task Force: Campaigns Around Tobacco Control

The Indigenous Peoples Task Force was founded in 1988 to provide HIV education and direct services to the American Indian community in Minnesota. The task force has since broadened its focus to include the health effects of commercial tobacco.

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[25] Grant ID# 55931

With funding from *Tobacco Policy Change*, the task force set out to expand its Minnesota Native American Council on Tobacco.[26] First, the task force funded the *Circle* newspaper—a local publication supported through mini-grants from Blue Cross Blue Shield—to publish a seven-part series on the dangers of commercial tobacco, beginning in May 2007.

The task force then created a poster campaign urging tribal members to keep homes, community centers, and other public buildings smoke-free. A third campaign, Respect Our First Medicine—Tobacco, highlighted the difference between ceremonial and commercial tobacco use.

In March 2006, six of eleven tribes in Minnesota were members of the tobacco-control network. By 2007, all tribes except the Shakopee had joined.

Northwest Tribes: Economic Tensions Over Tobacco

The Northwest Portland Area Indian Health Board represents 44 tribes whose members live mostly in Idaho, Oregon, and Washington. A coalition representing key tribal leaders held a tobacco policy summit in August 2007 that drew some 25 tribal leaders and 25 advocates representing more than 40 tribes.[27]

As a result of the meeting, the health board drafted a resolution supporting a tobacco-control effort across all tribes in the United States. The effort would include preventing youth smoking, reducing exposure to secondhand smoke, promoting cessation efforts, eliminating the use of native imagery to promote commercial tobacco use, and respecting the ceremonial use of traditional tobacco.

The Affiliated Tribes of Northwest Indians approved the resolution, but the National Congress of American Indians did not. The health board reported:

"There was great tension between the issues of economics of smoking on tribal lands and the public health needs of tribal members. Sales of commercial tobacco and the attraction of smokers to economic enterprises situated on tribal lands is perceived to be an important contribution to many Tribes' economic development efforts."

[26] Grant ID# 59327

[27] Grant IDs 59324 and 55862

EVALUATION FINDINGS

The evaluators reported these findings to RWJF:

Effectiveness of the Program Model

From a survey of 76 project directors and representatives of their project partners representing 66 projects, evaluators reported:

- 76 percent of survey respondents felt they understood more about the advocacy process as a result of their involvement with *Tobacco Policy Change*.
- 90 percent of survey respondents reported that the grant strengthened their relationships with allies.
- 86 percent of survey respondents felt that their project won them more support from local policymakers. Respondents also reported that their project won them support from state health and advocacy organizations (84%), city officials (52%), and national health and advocacy organizations (38%).
- 43 percent of survey respondents reported that their coalition is continuing to work on health challenges beyond tobacco.

Factors in Grantee Effectiveness

- The level of community engagement affected the ability of coalitions to inform and sustain policy changes.
- A legitimate presence and history working in a community enabled grantees to leverage relationships and social capital to engage the community in a policy agenda.
- Culturally relevant strategies are essential to policy change, as shown by groups working in tribal regions, Latino communities, and others.
- *Tobacco Policy Change* coalitions consisted of groups with varying backgrounds, access to power and resources, and priorities, and the ability of these groups to navigate complex new relationships was central to their success.
- Policy templates, training modules, and toolkits, often offered by technical assistance providers, provided important guidelines, blueprints, and educational support.

Recommendations for Future Work on Tobacco Control

In interviews, project directors and partner organizations expressed appreciation for RWJF's efforts to broaden the tobacco movement to include the communities most affected, and to build social movements rather than relying on a technocratic approach to

policy change. Interviewees offered these recommendations to future funders of such work:

- Creating a foundation for policy work in communities that are disparately affected by an issue requires a significant investment.
- All communities, but especially those that are negatively affected by issues, need culturally relevant programs designed by people with a strong understanding of local social, political, and economic realities.
- The program staff of *Tobacco Policy Change* made notable efforts to work with credible community leaders. However, finding and assessing the capacity of leaders and groups that are "really doing the work" remains challenging. Informants called for mapping a community's organizing infrastructure and leadership capacity before working to bolster them.
- Engaging communities, earning their trust, and allowing their voices to inform strategies require time and facilitation. Grant requirements and timelines need to accommodate and support this approach.

Informants also pointed to continued high smoking rates in these communities, and expressed concern that funders are no longer allies in this fight.

SIGNIFICANCE OF THE PROGRAM

In their report to RWJF, the three senior consultants noted:

"Tobacco Policy Change [TPC] has had a significant impact on the infrastructure supporting tobacco policy advocacy nationally and, through the project-specific work of its grantees, it has also impacted tobacco control at the state, local, and tribal levels.

"Nationally, organizations such as the *Campaign for Tobacco-Free Kids*, Americans for Non-Smokers Rights, and the American Cancer Society have been persuaded over the course of TPC's four rounds of funding to generally be more inclusive of several of TPC's less traditional partners, and more attentive in general to communities around the country that have not experienced significant progress in tobacco-policy advocacy. This impact has been partly the result of TPC consultants and RWJF staff advocating for new approaches among national partners, but more frequently due to the successes of TPC grantees in their policy campaigns that have validated TPC's mission.

"When TPC began, it can safely be said that the tobacco policy advocacy movement nationwide generally understood that it was not doing a good job of engaging those communities most impacted by tobacco use. By demonstrating to the movement how that

engagement can happen and lead to successful policy outcomes, TPC has helped advance the movement in a meaningful and lasting way."

LESSONS LEARNED

In interviews and reports, grantees, senior consultants, and evaluators suggested these lessons from *Tobacco Policy Change*:

Strategies for Policy Campaigns

1. **Working to pass local and state clean indoor air policies is far more cost-effective than encouraging businesses to go smoke-free voluntarily.** "We were surprised at how small an investment it took to achieve such a huge outcome," said Dan Carrigan, who directed local campaigns in South Carolina that produced clean indoor air ordinances. An earlier effort to ask individual businesses to adopt such policies voluntarily had "yielded virtually no outcome."

2. **Organizing and promoting large-scale community events is important to effective advocacy.** Houston Communities for Safe Indoor Air planned and promoted town hall meetings and other events that reached many people and won extensive media coverage. These efforts helped convince the city council to approve a clean indoor air policy, according to the coalition.

3. **To reach communities most exposed to tobacco, work with local organizations.** "As we engaged organizations that had little previous experience in tobacco-control work, the process shifted from 'Here is what RWJF will do for you' to 'What does the community want and how can we help?'" said Senior Policy Adviser Marjorie Paloma.

4. **Effective education in support of policy change takes years.** The North Carolina Alliance for Health educated legislators, the media, and local residents about the need for both a tobacco tax and smoke-free indoor air policies for years. By 2009, these constituencies no longer questioned the dangers of secondhand smoke. Instead, the debate had shifted to the proper role of government in preventing exposure.

Training and Preparing for Policy Campaigns

5. **A successful policy campaign requires leaders with key personality traits and skills.** "You have to be fearless," said Carla Freeman, senior consultant, "and not afraid to say, 'This is our agenda. What is yours? Where can we negotiate? Here's how much money we have. How much do you have?' When you get into policy and all the intricacies…it's a lot more than going to a health fair."

6. **Ensure that a community can identify with campaign leaders.** Often "campaign leaders and the campaign team do not reflect the cultural essence of the community," the Houston coalition reported. "Houston Communities for Safe Indoor Air was able

to break barriers by being representative of almost all populations in ways and on subjects not frequently discussed—childhood obesity and tobacco change policy."

7. **A deep understanding of the culture in which advocates are working is essential.** For example, in the South, it is difficult for people to ask for things directly, so advocates must work with more subtlety, said Freeman. "Pushing back against leadership is just not what they do. They truly are 'iron fists in velvet gloves' type of people. It is a cultural thing."

8. **Nonprofits need intensive training in policy advocacy**. "A certain skill set in the policy arena did not exist in the world of the smaller nonprofits," Freeman noted. *Tobacco Policy Change* offered an array of workshops, webinars, and direct technical assistance to fill that gap.

9. **When targeting communities most affected by tobacco, engage minority-serving organizations to provide technical assistance.** A number of such organizations provided outreach and technical assistance to *Tobacco Policy Change* grantees, including the Praxis Project, the National African American Tobacco Prevention Network, the Latino Council on Alcohol and Tobacco, the National LGBT Tobacco Network, and Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL), said Freeman.

10. **Empower smaller organizations to work with major tobacco-control groups.** The Houston coalition forged a partnership with major heart, lung and cancer organizations. "The new people we funded did not say to the established organizations, 'Beat it. We are new here. Your time is up,'" said senior consultant Jerry Spegman. "They said, 'Okay, now that we have resources, how can we all work together?'"

    However, the Lesbian Community Cancer Project (LCCP) hit a brick wall when attempting to work with larger advocacy organizations. "At that time, in those groups, it was pay to play," said senior consultant Kitty Jerome. "The LCCP didn't have any money to kick in to the campaign. The culture that says that those with money are going to run a campaign is hard to break."

11. **Tobacco policy work requires a strong, diverse coalition.** During the project, membership in the North Carolina Alliance for Health grew to 75 organizations, including health groups, minority organizations, and the faith community. The alliance noted that this growth was key to their effectiveness in promoting a smokefree law covering all workplaces—including bars and restaurants.

12. **Consistent communication builds and sustains trust among coalition partners.** The North Carolina Alliance for Health relied on regular meetings, e-mail updates, and action alerts to keep coalition members informed.

13. **Plan advocacy campaigns carefully and well in advance.** During the first year of funding, an unexpected change in the city council's timeline caught the Houston

coalition off guard. “We did not have time to prepare basic informational packets with materials such as fact sheets, studies, and research in a format helpful to the cause,” the coalition reported. “In the second year, we were well prepared with materials relevant to the community.”

Executing Policy Campaigns

14. **Cultivate strong relationships with key legislative champions and give them the information they need to push for policy change.** “Your local government leaders have to have total belief and buy-in to what you are trying to accomplish,” the New Orleans coalition reported. “You must … provide those leaders with research-based proof that the type of work has taken place elsewhere and was successful. If needed, bring in individuals that have had success to support your project.”

15. **Youth advocates are particularly effective in educating policymakers.** South Bronx youth played a key role in the campaign to ban flavored tobacco products in New York City. “Any time a youth advocate is before an elected official, that works so much better than when adult advocates are there,” said Michael Seilback, vice president of policy and communications for the American Lung Association in New York.

16. **When working with youth advocates, find ways to build continuity in the face of turnover.** As high school seniors working with The POINT in the South Bronx began leaving the program for college or work, the group asked older students to train younger ones. That not only ensured continuity but also helped older students develop as advocates and public speakers, the group reported.

17. **Be willing to shift gears when the political landscape changes.** After New York City and the FDA banned the sale of flavored tobacco products, youth activists in the South Bronx shifted their focus to banning all tobacco advertising in their neighborhood. “You have to be flexible enough so that your eggs are not all in one basket,” said Seilback. “Whether legislation passes or not, there are ways to redirect a campaign, to say, ‘Let’s do more. Let’s pivot to something else.’”

18. **State coalitions and their national partners need to communicate well to avoid conflicting messages.** Despite efforts of the North Carolina Alliance for Health, “at times there was no dialogue to appropriately inform the coalition of the messaging coming from the national organization [we worked with],” the alliance reported. “It takes time to build the trust and the relationships.”

19. **Policy wins can be hobbled if the legislature does not allocate funds for implementing new laws.** Several states approved policies supporting Medicaid funding for smoking-cessation services. But tough budget battles in state legislatures slowed, or stopped, implementation.

Policy Campaigns in Tribal Communities

20. **Engage tribal elders and leaders early and keep them engaged throughout a policy campaign.** The teachings of elders on sustaining tribal culture often reinforce health messages. "Personally invite all tribal leaders and elders to your events, so they can see your process of change," advised the Northwest Portland Area Indian Health Board.

    "The engagement of our local tribal leaders" helped the health board push its tobacco-control resolution forward."

    On the Nez Perce reservation, an effort to enact smoke-free laws originally faltered because tribal leaders were not on board. Under *Tobacco Policy Change*, coalition leaders engaged elders early, and that was key to winning approval of a smoke-free ordinance in 2008, said Project Director Joyce McFarlan.

21. **Distinguishing between commercial tobacco and ceremonial tobacco is essential in most tribal communities.** After interviewing tribal elders, the Nez Perce coalition stipulated that its clean indoor air policy would not infringe on traditional, ceremonial tobacco use. The coalition set up a tipi (tepee) at community events to draw people to learn about their tobacco policy and to highlight the differences between the healing purposes of traditional tobacco and the addictive and harmful results of commercial tobacco.

22. **Outside partners and funders can play a significant role in tribal tobacco policy campaigns.** During *Tobacco Policy Change*, several tribal groups worked with outside tobacco-control experts and organizations for the first time—and benefited from the partnership.

    "Sometimes when you live in Navajo Nation, you feel very isolated from the rest of the world," said Project Director Patricia Nez Henderson. "RWJF was phenomenal in saying, 'You don't need to stop here. Look beyond tribal communities. There are so many resources outside the tribe willing to help out.'"

23. **When working with tribes with casinos, educate rather than conveying an "anti-tobacco" attitude.** Staff of the Indigenous People's Task Force said that having a neutral stance enabled them to maintain positive relationships with Minnesota tribes with casinos that also had varying political structures and traditions. (Indigenous People's Task Force Report)

Expanding Policy Advocacy to Tackle a Second Area

24. **It is possible to transfer policy advocacy skills from one issue area to another.** "No matter what issue a person is working on, he or she can apply those advocacy skills to address tobacco policy," Paloma said. "Policy skills like goal setting, coalition building, media development, strategic communications, and power

analysis—all can be focused on any issue. We need to recognize the skill set and open up the application process to policy advocates working in other fields."

25. **Adding a second public health policy challenge can strain nonprofit capacity.** Some coalitions reported that the cost of working on two health challenges outweighed the benefit. Some reported that the tobacco-control agenda required so much attention that the second agenda received short shrift.

    Other coalitions reported that they were unable to marshal the kind of evidence base they had used to work on tobacco to tackle the second challenge, or found it difficult to broker essential new relationships. (Evaluation Report)

26. **Focusing on more than one policy issue can help diversify and/or broaden partnerships with community groups.** The South Carolina project found "the grant's two-policy strategy to be an effective means of combining resources. Our partnership more than doubled our efforts and effectiveness. It provided a great synergy. We each had good relationships, contacts, and audiences that proved very useful to the other's issue/effort in the arenas of government, the legislature, the medical and conservation communities, and local community or social issue leaders."

    The Kentucky grantee noted that "this project brought together groups that had not previously worked together to reach a common goal. Because the experience of working together was a positive and successful one, these organizations are continuing to work together on other tobacco projects in conjunction with the Medicaid smoking cessation project as well as focusing their energies to address the broader issue of access to healthcare."

27. **A two-prong policy approach has the potential to build relationships with key decision makers and to diversify funding.** "The project helped to develop key relationships with legislators where there was no previous relationship," the Kentucky project reported. "Along with expanding our tobacco control partnerships, the project has helped to generate continued funding resources through Pfizer. The project has also had an impact on the medical community as they have become increasingly involved in the issue as they discover that their recipients should have access to this benefit [smoking cessation treatment through Medicaid]."

    The South Carolina project also found value in engaging "non-traditional" partners. "We found some of our most energetic advocates to be from groups not usually associated with health initiatives," the project reported. "We continue to seek relationships with those who are actively engaged in community issues. These are the policy leaders in the community that elected officials trust and sometimes fear. This includes groups like the NAACP, the League of Women Voters, and Trident United Way."

28. **Connecting tobacco policies with other health-related policies helps broaden the vision of what it means to be a healthy community.** The New Orleans Department of Health invited the project director for *Tobacco Policy Change* "to partner with

them in their planning to address the 'upstream' causes of social determinates of health for this city. It is now easier to have access to policy makers on issues important to the health of the city," the project reported.

The Wellness Council of West Virginia's second policy focus—reinvigorating the Main Street model for neighborhood revitalization—drew the support and backing of the First Lady of West Virginia. "[She] Lady invited the council to report recent successes and program endeavors to the Healthy Lifestyle Coalition established by Governor Manchin," the grantee reported, "and is complimentary of the work the coalition is pursuing with regards to improving the health of the state's people."

AFTERWARD

A number of coalitions are continuing their policy advocacy efforts regarding tobacco control and other health challenges. However, with the close of the program, RWJF is not closely tracking former grantees' activities.

Prepared by: Kelsey Menehan
Reviewed by: Sandra Hackman and Molly McKaughan
Program Officers: Marjorie Paloma, Michelle Larkin and Karen K. Gerlach
Grant ID: PAD
Program Area: Public Health

APPENDIX 1

Project List

Alaska Native Health Board (Anchorage, Alaska)

ID# 52402 (December 2004–November 2005) $57,541

Project Director

Annette Marley, MPH

(907) 743-6110

amarley@anmc.org

Juneau Affiliate, Inc. National Council on Alcoholism and Drug Dependence (Juneau, Alaska)

Supporting an ordinance to end smoking in bars and private clubs

ID# 59330 (December 2006–December 2007) $69,855

Project Director

Wendy Hamilton

(907) 463-3755

Whamilton-ncaddj@ak.net

American Cancer Society, Inc., Mid–South Division (Birmingham, Ala.)

Building a grassroots campaign to support the introduction and passage of a smoke-free ordinance in Jackson, Mississippi

ID# 59333 (December 2006–December 2007) $80,701

Project Director

Jennifer Myrick

(601) 321-5501

jennifer.myrick@cancer.org

Developing and conducting a smoke-free campaign in Tuscaloosa, Ala.

ID# 59336 (December 2006–December 2007) $128,397

Project Director

Pam Bostick

(334) 875-6160

pam.bostick@cancer.org

Pursuing a public policy change to mandated coverage of smoking cessation services by Medicaid

ID# 59341 (December 2006–December 2007) $70,677

Project Director

Shannon Pratt

(502) 560-6027

shannon.pratt@cancer.org

Dubois Institute for Entrepreneurship, Inc. (Dothan, Ala.)

Advancing statewide smoke-free policies and implementing an anti-obesity project in Alabama

ID# 64498 (July 2008–December 2009) $151,913

ID# 63591 (January 2008–June 2008) $50,000

Project Director

Michael B. Jackson

(877) 233-5743, ext. 1

mjackson@dife.us

Coalition for a Tobacco Free Arkansas (Little Rock, Ark.)

Implementing a comprehensive smoke-free workplace education campaign

ID# 55846 (December 2005–November 2006) $5,164

Project Director

Katherine Donald

(501) 687-0345

kdonald@arfreshair.com

American Nonsmokers' Rights Foundation (Berkeley, Calif.)

Expanding and enhancing the database system to track and report on tobacco-related laws

ID# 56051 (February 2006–April 2008) $148,178

Project Director

Cynthia D. Hallett, MPH

(510) 841-3045

cynthia.hallett@no-smoke.org

Public Health Foundation Enterprises, Inc. (City of Industry, Calif.)

Comprehensive campus-based effort to reduce tobacco use, sales, and events, and increase cessation treatment

ID# 52383 (December 2004–November 2005) $103,425

Project Director
Gordon Sloss
(916) 339-3424
gordon@cynanonline.org

Mission City Community Network, Inc. (North Hills, Calif.)

Promoting tobacco-free policies to reduce daily exposure to secondhand smoke among low-income people

ID# 52382 (December 2004–November 2005) $49,998

Project Director
Juanita Arvizu
(818) 895-3100
juanitaa@mccn.org

Public Health Institute (Oakland, Calif.)

Efforts to restrict tobacco sponsorship of rodeos

ID# 59344 (December 2006–December 2007) $88,137

Project Director
Andrea Craig Dodge, MPH, MSW
(510) 302-3324
acdodge@phi.org

California Tobacco Control Alliance (Sacramento, Calif.)

Educational campaign to promote insurance coverage of tobacco cessation treatment

ID# 52405 (December 2004–November 2005) $50,000

Project Director
Kirsten Hansen, MPP
(916) 554-0390
kirsten.hansen@tobaccofreealliance.org

Youth Leadership Institute (San Francisco, Calif.)

Land-use policy advocacy campaign to reduce tobacco use among Latino youth in San Francisco's Mission District

ID# 55851 (December 2005–November 2006) $142,084

Project Director
Margaret Libby

(415) 836-9160

Colorado Tobacco Education and Prevention Alliance (Denver, Colo.)

Colorado Youth Access Project

ID# 59322 (December 2006–December 2007) $102,409

Project Director

Kimberly Hills

(303) 756-6163

khills@ctepa.org

Increasing the number of smoke-free sites in the Denver metropolitan region through collaborative educational activities

ID# 55843 (December 2005–November 2006) $137,950

ID# 52403 (December 2004–November 2005) $149,500

Project Director

Christopher Sherwin

(303) 756–6163

Whitman-Walker Clinic, Inc. (Washington, D.C.)

Increasing the involvement of gay, lesbian, bisexual and transgender communities in clean air campaigns in Cleveland, Ohio, and St. Paul, Minnesota

ID# 052399 (December 2004–November 2005) $39,219

Project Director

Donald Hitchcock

(202) 797-3516

coalition@lgbthealth.net

Human Services Coalition of Dade County, Inc. (Miami, Fla.)

Building grassroots support for an increased tobacco tax to fund tobacco cessation programs and expand health coverage for low-income Floridians

ID# 59345 (December 2006–December 2007) $75,000

Project Director

Lisa Margulis, MSW

(954) 791-7314

lisam@floridachain.org

Georgia Public Interest Research Group Education Fund (Atlanta, Ga.)

Promoting smoke-free indoor air and clean outdoor air through the promotion of public transit

ID# 63587 (January 2008–December 2008) $45,422

ID# 64494 (July 2008-February 2009) $106,344

Project Director

Sandra Glaze

(404) 892-3405

sglaze@georgiapirg.org

Project Director

Matthew Davis

(404) 575-4060

mdavis@pirg.org

American Lung Association of Georgia (Smyrna, Ga.)

Recruiting, educating, and training advocates to achieve a goal of smoke-free public places and places of employment

ID# 052394 (December 2004–November 2005) $74,552

Project Director

June Deen

(770) 434-5864

june@alaga.org

American Cancer Society, Inc., Hawaii Pacific, Inc. (Honolulu, Hawaii)

Promoting an increase in smoke-free workplaces and protection of master settlement funds for tobacco control

ID# 52389 (December 2004–November 2005) $150,000

Project Director

Deborah M. Zysman, MPH

(808) 946-6851, ext. 203

dzysman@cancer.org

Nez Perce Tribe (Lapwai, Idaho)

Expanding tobacco policy control among the Nez Perce

ID# 59331 (December 2006–December 2007) $66,974

Project Director

Joyce McFarland

(208) 843-7303

joycem@nezperce.org

Le Penseur Youth and Family Services (Chicago, Ill.)

Supporting efforts to limit the number of tobacco retailers in the rebuilding efforts in the Lower Ninth Ward of New Orleans

ID# 63590 (January 2008–June 2008) $50,000

ID# 64497 (July 2008–December 2009) $174,956

Project Director

Patrick Keen

(504) 895-7050

elcano@bellsouth.net

Project Director

Reginald Summerrise

(773) 375-8637

lepenseur@att.net

Lesbian Community Cancer Project (Chicago, Ill.)

Lesbian, gay, bisexual and transgender advocates for a smoke-free Chicago project

ID# 55840 (December 2005–November 2006) $50,000

Project Director

Jessica Halem

(773) 561-5116

jessica@lccp.org

American Lung Association of the Upper Midwest (Dba American Lung Association of Illinois (Springfield, Ill.)

Public awareness campaign to increase the number of smoke-free communities in Illinois

ID# 52404 (December 2004–November 2005) $138,900

ID# 55839 (December 2005–November 2006) $148,737

Project Director

Katherine A. Drea

(217) 787-5864

kdrea@lungil.org

Indiana Latino Institute, Inc. (Indianapolis, Ind.)

Collaborative activities among faith leaders to advocate an increase in the tobacco tax and reduce tobacco use in Indiana

ID# 55849 (December 2005–November 2006) $48,027

Project Director

Aida McCammon, MSW

(317) 472-1055

amccammon@indianalatino.com

Indiana Rural Health Association (Terre Haute, Ind.)

Advancing smoke-free policy efforts in 20 Indiana communities and furthering state policies to fully fund the Healthy Indiana plan

ID# 63596 (January 2008–June 2008) $50,000

ID# 64503 (July 2008–December 2009) $155,145

Project Director

James E. Miller

(317) 769-4857

jmiller@indianarha.org

University of Kentucky Research Foundation (Lexington, Ky.)

Advancing comprehensive clean indoor air and radon policies in Northern Kentucky

ID# 63589 (January 2008–June 2008) $49,068

ID# 64496 (July 2008–December 2009) $220,032

Providing clean indoor air policy resources and technical assistance to policymakers and health advocates

ID# 52392 (December 2004–November 2005) $149,290

Project Director

Ellen J. Hahn, DNS, RN

(859) 421-6948

ejhahn00@email.uky.edu

Kentucky Action, Inc. (Louisville, Ky.)

Enlisting the help of the African-American and faith communities in a campaign to increase Kentucky's tobacco tax

ID# 52401 (December 2004–November 2005) $150,000

Project Director

Stephanie Uliana

(502) 797-5248

sjoesandfur@aol.com

Medical Foundation, Inc. (Boston, Mass.)

Building public support and increased funding for tobacco cessation programs in Boston

ID# 52386 (December 2004–November 2005) $49,893

Project Director

James T. White MSCED

(617) 451-0049

jwhite@tmfnet.org

American Cancer Society, Inc., Massachusetts Division, Inc. (Framingham, Mass.)

Sustaining Medicaid smoking cessation benefits in Massachusetts

ID# 59325 (December 2006–December 2007) $80,947

Project Director

Russet Breslau

(508) 270-4652

russet.breslau@cancer.org

Sociedad Latina, Inc. (Roxbury, Mass.)

Advocating for the use of state tobacco tax and master settlement dollars to support youth tobacco prevention

ID# 52384 (December 2004–November 2005) $46,500

ID# 55831 (December 2005–November 2006) $50,000

Mobilizing youth and families to campaign against the use of unregulated tobacco advertising practices directed at school children by local merchants

Project Director

Melissa Y. Luna

(617) 442-4299, ext. 19

melissa@sociedadlatina.org

Medchi Foundation, Inc. (Baltimore, Md.)

Providing policy education and grassroots outreach to encourage enactment of smoke-free air laws in Maryland

ID# 52398 (December 2004-November 2005) $76,214

Project Director

Kari M. Appler

(301) 960-2957
kappler@danya.com

City of Portland (Portland, Maine)

Eliminating smoking in rental housing units

ID# 59343 (December 2006–December 2007) $72,158

Project Director
Tina H. Pettingill, MPH
(207) 874-8449
thp@portlandmaine.gov

Indigenous Peoples Task Force (Minneapolis, Minn.)

Developing and implementing a statewide tribal smoke-free advocacy campaign

ID# 59327 (December 2006–December 2007) $99,939

Project Director
Sharon Day
(612) 870-1723, ext. 11
smarieday@aol.com

Mille Lacs Band of the Minnesota Chippewa Tribe (Onamia, Minn.)

Advocacy and information dissemination for the enactment of policies and procedures to reduce commercial tobacco use at cultural events

ID# 052390 (December 2004–November 2005) $47,960

Project Director
Peggy A. Frisch, RN
(320) 384-0149
pegannfrisch@hotmail.com

University of Missouri-Columbia Medical School Foundation, Inc. (Columbia, Mo.)

Using campus-community alliances to reduce both tobacco use and intimate partner violence

ID# 63583 (January 2008–August 2008) $38,737

ID# 64491 (July 2008–December 2009) $137,304

Project Director
Kevin d. Everett PhD
(573) 882-3508
everettk@health.missouri.edu

Lori New Breast (Heart Butte, Mont.)

Engaging Native American tribal governments in tobacco reduction policy development

ID# 57077 (April 2006–December 2006) $40,210

Project Director

Lori New Breast

(406) 226-5520

mahnokini@3riversdbs.net

Fort Peck Tribes (Poplar, Mont.)

Implementing and enforcing a commercial tobacco-free ordinance in a Native American tribe

ID# 59328 (December 2006–December 2007) $75,000

Project Director

Nicole Toves

(406) 768-5973

cocotoves@yahoo.com

North Carolina Pediatric Society Foundation (Raleigh, N.C.)

Promoting an increased tobacco tax to prevent tobacco use initiation and encourage tobacco cessation

ID# 52397 (December 2004–November 2005) $53,000

Building support for policy changes to make all workplaces smoke-free by 2010 and to halt and reverse the growing obesity epidemic in North Carolina

ID# 63594 (January 2008–June 2008) $50,000

ID# 64501 (July 2008–December 2009) $147,546

Project Director

Pamela Seamans, MPP

(919) 968-6611

pamseamans@nc.rr.com

American Lung Association of New Hampshire (Bedford, N.H.)

Promoting clean indoor air in New Hampshire, ensuring that all workplaces are covered and anti-preemption language is avoided

ID# 52388 (December 2004–November 2005) $65,667

Project Director

Mindy Sweeney

(603) 641-8866

Institute of Medicine and Public Health of New Jersey, Inc. (Lawrenceville, N.J.)

Increasing public debate and demand for smoke-free environments and advancing state and local smoke-free policies

ID# 52385 (December 2004–November 2005) $147,625

Project Director

Lawrence Downs, JD

(609) 896-1766

ldowns@msnj.org

American Lung Association of the City of New York, Inc. (New York, N.Y.)

Promoting policies to deter the tobacco industry from targeting minority youth

ID# 55833 (December 2005–November 2006) $50,000

ID# 59319 (December 2006–December 2007) $62,243

Project Director

Corrina Freedman

(212) 889-3370, ext. 14

cfreedman@alany.org

Greater Cleveland Health Education and Service Council, Inc. (Cleveland, Ohio)

Promoting clean indoor air in the greater-Cleveland area

ID# 59320 (December 2006–December 2007) $147,273

Project Director

Catherine Roscoe-Herbert, DNP, APRN, BC, GNP

(216) 268-5381

roscoeherbert@aol.com

ID# 55837 (December 2005–November 2006) $150,000

ID# 052381 (December 2004–November 2005) $104,932

Project Director

Joyce A. Lee, MA, RN

(216) 851-2171

American Cancer Society, Inc., Ohio (Columbus, Ohio)

Educational campaign to increase tobacco taxes, protect tobacco prevention funds, and reduce tobacco use among minority populations

ID# 52393 (December 2004-November 2005) $127,808

Project Director
Tracy E. Sabetta
(614) 760-2848
tsabetta@cancer.org

Ohio African American Communities for Optimum Health, Inc. (Columbus, Ohio)
Advancing a tobacco retail licensure and charity care policies in Columbus, Ohio
ID# 63593 (January 2008–June 2008) $49,148

Project Director
Octavia Carter, BSW
(614) 306-1247
carter.octavia@sbcglobal.net

Tobacco-Free Coalition of Oregon (Milwaukie, Ore.)
Changing company insurance policies to cover tobacco cessation as a standard benefit
ID# 55844 (December 2005–November 2006) $103,248

Project Director
Dawn Robbins
(503) 774-4146
dawn@tobaccofreeoregon.org

Northwest Portland Area Indian Health Board (Portland, Ore.)
Supporting tobacco control policy priorities among northwestern tribes, including clean indoor air laws and higher taxes on cigarettes
ID# 59324 (February 2007–January 2008) $75,000

Project Director
Gerry Rainingbird, MS
(503) 228-4185
grainingbird@npaihb.org
ID# 55852 (December 2005-November 2006) $127,666

Project Director
Nichole Hildebrandt
(503) 228-4185

Clean Air Council (Philadelphia, Pa.)
Workshops for restaurant and bar workers to encourage tobacco policy change in Pennsylvania

ID# 55835 (December 2005–November 2006) $43,791

Project Director
Tim Kelly
(215) 567-4004, ext. 110
tkelly@cleanair.org

South Carolina African American Tobacco Control Network (Summerville, S.C.)

Advancing local smoke-free laws in South Carolina by emphasizing the importance of local control and exposing the threat of preemption

ID# 63586 (January 2008–August 2008) $50,000

ID# 64505 (July 2008–December 2009) $300,000

Project Director
Dan Carrigan
(843) 509-5272
dancarrigan@msn.com

Supporting smoke-free indoor workplace and public place ordinances in South Carolina

ID# 59337 (December 2006–December 2007) $81,000

Project Director
Dianne Wilson
(843) 209-3832
cwilson298@aol.com

Aberdeen Area Tribal Chairmen's Health Board (Aberdeen, S.D.)

Collecting and aggregating data from the 2008 American Indian adult tobacco survey

ID# 64092 (June 2008–May 2010) $110,925

Project Director
Donald K. Warne, MD, MPH
(605) 229-3846
dwarne@aatchb.org

Developing and strengthening a clean indoor air policy for the Northern Plains tribes

ID# 59339 (December 2006–December 2007) $74,960

Project Director
Favian E. Kennedy, MSW
(605) 721-1922, ext. 112
researchone@aatchb.org

Black Hills Center for American Indian Health (Rapid City, S.D.)

Advancing comprehensive tobacco-free and tribal wellness policies on the Navajo Nation

ID# 63588 (January 2008–June 2008) $49,969

ID# 64495 (July 2008–December 2009) $149,990

Implementing a comprehensive tobacco-free policy for the Navajo nation

ID# 59340 (December 2006–December 2007) $74,965

Project Director

Patricia Nez Henderson, MD, MPH

(605) 348-6100

pnhenderson@bhcaih.org

Texas A&M Research Foundation (College Station, Texas)

Implementing a grassroots education and advocacy campaign to protect nonsmokers from secondhand smoke

ID# 59338 (December 2006–December 2007) $63,906

Project Director

Jorge Vanegas

(979) 845-7070

Chud-director@tamu.edu

Project Director

Laura Trevino

(877) 447-9355

ltrevino@archmail.tamu.edu

Change Happens! (Houston, Texas)

Collaborative activities to educate the public and policymakers about the benefits of clean indoor air policies

ID# 052391 (December 2004–November 2005) $100,502

ID# 55836 (December 2005–November 2006) $100,900

Advancing the statewide clean indoor air act and educating Houston residents about health issues resulting from obesity

ID# 63595 (January 2008–June 2008) $50,000

ID# 64502 (July 2008–December 2009) $149,944

Project Director

Helen R. Stagg, MSW

(713) 374-1285

hstagg@fuusa.org

American Cancer Society, New England Division (Williston, Vt.)

Promoting an increased tobacco tax to prevent tobacco use initiation and encourage tobacco cessation

ID# 55832 (December 2005–November 2006) $50,848

Project Director

Deborah Dameron, MSPH

Advocating for programs to reduce adult smoking and address disparities in treatment among low-income and mentally ill people in Vermont

ID# 59346 (December 2006–December 2007) $81,295

Project Director

Kelly Stoddard

(802) 872-6352

kelly.stoddard@cancer.org

American Cancer Society, Great West Division (Seattle, Wash.)

Statewide coalitions to discourage tobacco use and promote responsible public policies for New Mexico's minority communities

ID# 55848 (December 2005–November 2006) $150,000

Project Director

Cynthia Serna

(505) 260–2105

cynthia.serna@cancer.org

Statewide project focusing on educating, promoting, and implementing tobacco-free workplace policies among Latino-owned businesses

ID# 55847 (December 2005–November 2006) $50,000

Project Director

Cindy Roragen, MA

(775) 798–6877, ext. 13

croragen@cancer.org

Center for Multicultural Health (Seattle, Wash.)

Eliminating secondhand smoke exposure by supporting clean indoor air policies and the use Master Settlement funds for tobacco prevention and cessation

ID# 52406 (December 2004–November 2005) $50,000

ID# 55841 (December 2005–November 2006) $50,000

ID# 59323 (December 2006–December 2007) $50,000

Project Director

Shelley Cooper-Ashford

(206) 461-6910, ext. 219

shelleyc@cschc.org

Black Health Coalition of Wisconsin (Milwaukee, Wis.)

Organizing communities of color and others to advocate for clean indoor air policies

ID# 52395 (December 2004–November 2005) $43,071

Project Director

Patricia McManus, PhD

(414) 933-0064

bhcpmc@aol.com

Partnership of African American Churches (Institute, W.Va.)

Influencing tobacco use and prevention policy development by addressing issues that affect communities of color in West Virginia

ID# 52400 (December 2004–November 2005) $51,000

Project Director

James l. Patterson, MA

(304) 768-7688

patterson@paac2.org

Wellness Council of West Virginia (Saint Albans, W.Va.)

Addressing clean indoor air regulations and government change promoting local environments favoring physical activity in five West Virginia counties

ID# 63585 (January 2008–June 2008) $50,000

ID# 64492 (July 2008–December 2009) $254,948

Project Director

Patty M. Deutsch, MSW, MA

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patty.deutsch@wcwv.org

Project Director

Sharon M. Covert

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sharon.covert@wcwv.org

Boys and Girls Club of Northern Arapaho Tribe (Riverton, Wy.)

Strengthening education and advocacy within the Native American community to reduce smoking and the effects of secondhand smoke

ID# 52396 (December 2004–November 2005) $45,000

Project Director

Glenda Trosper

(307) 332-5880

APPENDIX 2

Senior Program Consultants

Carla Freeman
Roswell, Ga.

Kitty Jerome
Florence, Mass.

Jerry Spegman
Lewisburg, Pa.

APPENDIX 3

Executive Committee—Original Members

William V. Corr
Executive Director
Campaign for Tobacco Free Kids
Washington, D.C.

Cynthia Hallett
Executive Director
American Nonsmokers' Rights Foundation
Berkeley, Calif.

Sherri Watson Hyde
Executive Director
National African American Tobacco Prevention Network
Durham, N.C.

Rod Lew
Executive Director
Asian Pacific Partners for Empowerment and Leadership
Oakland, Calif.

Felix Lopez, JD
Executive Director
National Latino Council on Alcohol and Tobacco Prevention
Washington, D.C.

Makani Themba-Nixon
Executive Director
Policy Advocacy on Tobacco and Health/The Praxis Project, Inc.
Washington, D.C.

APPENDIX 4

Evaluation Methodology

The evaluators invited 225 project directors and representatives of their project partners to complete an online survey, launched in August 2010. Some 76 respondents representing 66 projects completed the survey, for a response rate of 41 percent.

The evaluators conducted 81 interviews with project directors, representatives of partner organizations, and technical assistance providers at 30 sites. These represented varied geographic regions and racial and ethnic communities, and focused on a variety of policy changes. The evaluators also interviewed RWJF senior staff and program consultants about the most important factors to probe during the interviews with project directors and their partners.

The evaluators conducted four site visits: to the Team Navajo/Southwest Navajo Tobacco Education Prevention Project (Arizona), the Texas A&M/Colonias Project (College Station, Texas), Le Penseur/The Joseph Project (New Orleans), and Houston Communities for Safe Indoor Air.

To gain insight into the composition of the coalitions and their quarterly progress, the evaluators reviewed their project proposals, budgets, interim/benchmark reports, and final reports, as well as sample legislation, media campaign strategies, press clippings, and findings from studies conducted by the grantees.

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Report

Evaluation Report

Lennon MC, Borgman-Arboleda C, Kulick CK and Anderson A. *Tobacco Policy Change Program Evaluation.* New York: Center for Human Environments, Graduate Center, City University of New York, 2012.

Education or Toolkit

Toolkit, Toolbox or Primer

Meeting the Match: A Guide to Fundraising for the Tobacco Policy Change Program. Princeton, NJ: Robert Wood Johnson Foundation, 2010. Available online.

Meetings or Conferences

Paloma M. "Tobacco Policy Change: Using Policy and Advocacy to Promote Tobacco Control and Address Other Public Health Problems." American Public Health Association annual meeting, October 31, 2011, Washington. Abstract, audio, and video available online.

Jerome K, A Gaillard, K Weich Reusche and A Revis. "Community Coalition Mobilization Breakthroughs," National Conference on Tobacco or Health, October 2007, Minneapolis. Presentation available online.

Freeman C, K Jerome, M Paloma and J Spegman. "Empowering Advocates: Public Health Advocacy from the Lens of Tobacco Advocacy." American Public Health Association annual meeting, October 27, 2008, San Diego. Abstract available online.

SIDEBAR LIST

- **Joint Campaign for Clean Indoor and Outdoor Air Scores Victories in South Carolina**
- **Targeting Commercial Tobacco in the Navajo Nation**
- **Leveraging Policy Advocacy Skills to Tackle the Nation's Toughest Health Challenges: A Q&A with Marjorie Paloma, PhD, RWJF Senior Policy Advisor**