

The SmokeLess States Program

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Editors' Introduction

Through the *SmokeLess States*[®] Program, The Robert Wood Johnson Foundation has supported the work of state tobacco-control coalitions across the nation. The program ranks among the largest investments ever made by the Foundation, with \$99 million authorized since 1992—more than a fifth of the Foundation's \$420 million portfolio of grants designed to reduce tobacco use in the United States.

In this chapter, Karen Gerlach and Michelle Larkin, the two program officers currently responsible for overseeing the SmokeLess States Program, chronicle its development, implementation, and impact. Two features about the program stand out. First, the Foundation encouraged its grantees (state tobacco-control coalitions) to be activists—to try to bring about social change rather than doing research to find out how social change can be brought about. Second, and following from the first, the Foundation unabashedly emphasized advocacy to bring about policy change. The authors trace the program's evolution from one with both educational and advocacy elements to one focused exclusively on advocacy. This meant that the Foundation had to be especially careful that its funds not be used for lobbying. It provided training to grantees and monitored the program vigilantly to be sure that federal laws prohibiting the use of Foundation funds for lobbying were scrupulously followed.

The SmokeLess States program relied on an approach to social change traditionally taken by The Robert Wood Johnson Foundation—the support of coalitions.¹ Thus, in addition to its insights on the role of advocacy, this chapter offers a window into the role of coalitions in bringing about social change.

The chapter complements the one by James Bornemeier in this year's *Robert Wood Johnson Foundation Anthology* that reviews the Foundation's investments to reduce the harm caused by tobacco.²

1. See, for example, Wielawski, I. "The Fighting Back Program." *To Improve Health and Health Care, Vol. VII: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2004; and Jellinek, P., and Schapiro, R. "Join Together and CADCA: Backing Up the Front Line." *To Improve Health and Health Care, Vol. VII: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2004.

2. Chapter One in this volume.

Prior to the early 1990s, The Robert Wood Johnson Foundation had not addressed the threat that tobacco use posed to life and health in the United States. Most of the Foundation's grantmaking had focused on improving the delivery of health care services. Those limited investments that had been made to improve health were largely directed toward preventing the use of illicit drugs.¹

When Steven Schroeder became the third president of The Robert Wood Johnson Foundation in 1990, he arrived with the understanding that the Foundation could not help to improve the health of all Americans unless it addressed the harm caused by tobacco. Even before taking office, Schroeder had made clear to the Foundation's Board of Trustees his desire to make tobacco a significant new area of the Foundation's grantmaking.² At the time, tobacco use caused 400,000 deaths a year.

The SmokeLess States Program Takes Shape

In 1992, the Trustees authorized the development of programs that would curb the use of tobacco, especially among young people for whom smoking was illegal.³ Schroeder designated Nancy Kaufman, a public health professional from Wisconsin, who had recently joined the Foundation as a vice president, to design the Foundation's tobacco-control programs, and Kaufman in turn asked Michael Beachler, who was a program officer with experience in health policy, to assist her. They worked under the umbrella of a Foundation group headed by Robert Hughes that was developing programs to curb substance abuse, including tobacco.

As one of its initial investments, the Foundation funded the *Tobacco Policy Research and Evaluation Program*, which supported research to examine policies that might have an impact on tobacco use—such as research demonstrating the link between cigarette excise taxes and reduced smoking rates.⁴ Understanding the policies that might affect tobacco use was an essential first step. Translating that evidence into practice was an important second step. Kaufman asked Beachler to determine how best to do this, and suggested that he familiarize himself with work going on in California—at that time the only state that had allocated substantial resources to tobacco control. Following the passage of its Proposition 99 in 1988, which imposed a tax on tobacco products and dedicated the revenue to addressing tobacco use, California designed and adopted a comprehensive program to reduce smoking throughout the state. The program included countermarketing, cessation services, research, and prevention efforts. After spending time in California and observing how the state was spending its tobacco tax funds, Beachler concluded that the California experiment was tailor-made for a Robert Wood Johnson Foundation demonstration program in which a variety of approaches could be tried in different states.

To be sure that a new demonstration program would not duplicate other programs, especially the National Cancer Institute's American Stop Smoking Intervention Study, or ASSIST, Beachler attended a meeting of ASSIST grantees. He found that ASSIST, which supported tobacco-control partnerships in seventeen states, appeared to be reducing tobacco use, and also that the states had only limited resources to pay for efforts to reduce tobacco use. Beachler also met with staff members

from the Office on Smoking and Health at the Centers for Disease Control and Prevention, or CDC, to learn about its new investments in tobacco-control efforts in states that were not part of ASSIST. From these meetings, he learned that grantees at state health departments often found it difficult to get the attention of their governor, whose support was crucial to their success.

After reviewing their research and interviews, Foundation staff members concluded that a private-sector voice was needed to complement government-funded programs. They felt that The Robert Wood Johnson Foundation could most effectively translate policy research into policy change by awarding grants to coalitions of nongovernmental organizations that would educate the public and policy-makers about the tobacco problem and potential ways to address it. Thus the concept of the SmokeLess States program was born.

One of the first issues to be faced by The Robert Wood Johnson Foundation staff was the extent to which the Foundation should be involved in advocacy—that is, advocating for tobacco-control policies. While the Foundation had supported research on policy for many years, it had not worked to bring about changes in policy. Such work would involve taking a step that worried some members of the staff and the Board, so the program’s emphasis on policy advocacy was not given prominence, even though it was an important component from the beginning.

A second, related issue was that of lobbying. In state capitals across the country, the tobacco industry lobbied, and it lobbied hard. Lobbying by tobacco-control advocates would have to be done to counteract the actions of the tobacco industry. But federal law prohibits private foundations from lobbying, and grantees cannot legally use Foundation funds for that purpose. Legally, the Foundation’s grantees were allowed to use their own resources and matching funds raised privately to lobby. Federal regulations permit foundations to support projects that include lobbying, so long as they support only the nonlobbying portion of the project. Thus, the Foundation’s conditions of grant expressly prohibited Foundation funds from being used for lobbying.

A third issue was the selection of a National Program Office, or NPO. As the organization that would directly oversee the administration of the grants and provide technical assistance to the grantees, the NPO would play a key role in the program. The NPO had to be a large organization that was on the side of tobacco control, that commanded the respect of the Board and the staff alike, that possessed the administrative ability to manage a large program and the wherewithal to provide technical support to sites around the country, and that had the clout to go toe-to-toe with the tobacco industry, if necessary. The staff determined that the American Medical Association, or AMA, had many of these attributes and that it would be the most appropriate place to house the new SmokeLess States program. The AMA was offered the chance to become the NPO, and it accepted the offer.

In April 1993, the Foundation’s staff presented the new program, called SmokeLess States: Statewide Tobacco Prevention and Control, to the Board of Trustees. The Board authorized the program for \$10 million over four years. Thomas Houston, a physician who had worked for Doctors Ought to Care, an advocacy organization that engaged physicians in the fight against tobacco, and then had become the director of the AMA’s Department of Preventive Medicine and Environmental Health,

became the National Program director. As his deputy director he recruited Kathleen Harty, who had spent many years with the Department of Health in Minnesota working on tobacco control. Together, Houston and Harty worked with Foundation staff members to give final shape to the program and to guide its first group of grantee states.

The SmokeLess States Program and Its Early Challenges

The Foundation established three overall objectives for the SmokeLess States program: (1) reducing the number of children and young people who start using tobacco; (2) reducing the number of people who continue using tobacco; and (3) increasing the public's awareness that reducing tobacco use is an important component of any major effort at health care reform. To accomplish these goals, it sought applications from statewide coalitions made up of organizations such as the health volunteers (the American Cancer Society, the American Heart Association, and the American Lung Association), state medical societies, hospital associations, and others. The coalitions were to conduct public education campaigns, strengthen prevention and treatment capacity, and advocate for tobacco-control policies. To encourage collaboration among the various organizations working on tobacco control within a state, the Foundation allowed only one coalition per state to apply.

Recognizing that state coalitions were in various stages of readiness to take on this work, the Foundation offered two types of grants under the program: a two-year capacity-building grant and a four-year implementation grant. The Foundation staff expected to award ten capacity-building grants averaging \$200,000 and eight implementation grants, ranging from \$500,000 to \$1.2 million each.

To help the Foundation and the NPO staff assess and select grantees, a National Advisory Committee was created. Joseph Califano, the former secretary of the Department of Health, Education and Welfare, served as its first chairman. With the guidance of the National Advisory Committee and the NPO, the Foundation selected nineteen state coalitions for funding: Alaska, Arizona, Colorado, Florida, Illinois, Kansas, New Jersey, Vermont, and West Virginia, each of which was awarded an implementation grant, and Alabama, Georgia, Kentucky, Maryland, Minnesota, Nebraska, Nevada, Oregon, Virginia, and Washington, which received capacity-building grants. Most of the coalitions were housed in one of the three major health volunteers; two were housed in their state's medical society.

These coalitions, which began their SmokeLess States grants in 1994, addressed tobacco use in different ways. Some focused on educating the public, others on involving young people, still others on public policy; many coalitions worked on a combination of approaches simultaneously. Alaska's coalition, for example, capitalized on the Iditarod dogsled race, working in partnership with event organizers and sponsoring a dogsled musher to educate Alaskans about the harms of tobacco use. New Jersey's coalition concentrated on increasing public support for raising tobacco excise taxes. It used its grant resources to educate the public about tobacco-related harm and the positive impact that higher tobacco taxes have on deterring youth use.

As the coalitions matured, it became clear that they needed assistance understanding the difference between advocacy and public education, which they were legally permitted to do with Foundation

funds, and lobbying, which they were not. To make sure that grantees did not violate the prohibition on lobbying with Foundation funds, the Foundation and the NPO provided training and guidance on the difference. In general, direct lobbying involves communications to a legislator reflecting a view on specific legislation while grassroots lobbying involves a communication with the members of the general public that encourages them to take action on specific legislation. Neither type of lobbying can be done using Foundation funds. Advocacy, that is, educating policy-makers and the community generally about issues and the measures that can be taken to address them, is not lobbying.

Since the difference is not always crystal clear, the charge of lobbying can be used as a threat by those who oppose what a foundation and its grantees are doing. A case in point occurred in Colorado. The grantee in that state, the Coalition for Tobacco-Free Colorado, was interested in conducting a media campaign to educate the public about the benefits of increasing the price of tobacco as a way to reduce smoking. (A tobacco tax increase was to appear on the November 1994 ballot.) Shortly after an invitation to bid on the contract for the media campaign was sent to various firms, The Robert Wood Johnson Foundation received a letter from Covington & Burling, a well-known Washington, D.C., law firm that represented tobacco companies. This letter, addressed to the Foundation's proposal manager, Ed Robbins, suggested that the Foundation's support for the Colorado coalition crossed the line into activities that were prohibited under the Internal Revenue Code. The letter stated in part:

Given the sponsors, the context and the timing of the proposed media campaign, there is at the very least a substantial risk that the campaign will fail to qualify as an "educational" activity, or as "nonpartisan analysis, study, or research," within the meaning of the relevant statutes and Treasury regulations. This, obviously, could have adverse tax consequences for the foundation. More to the point, our clients and we would strenuously object to any use of private foundation funds to support what can fairly be viewed here as a lobbying effort, either expressed or implied. This would adversely affect the interests of our clients, and it would also be contrary to the public policies reflected in the Internal Revenue Code restrictions on the use of tax-deductible funds for legislative activity.

After consulting with Sidney Wentz, the chairman of the Board of Trustees who was himself an attorney, and J. Warren Wood, the Foundation's general counsel, Robbins responded with a brief assurance that the Foundation's funds were being used in accordance with the law. In December 1994, another letter, addressed this time to Wentz, was sent to the Foundation from a congressman representing a tobacco-producing state. The congressman appended to his letter copies of his correspondence with the Internal Revenue Service questioning the Foundation's tax-exempt status and requesting that the IRS investigate the Foundation's use of resources, particularly its tobacco-control investments. Wentz answered the letter, explaining that the Foundation prohibited the use of its funds for lobbying. No Internal Revenue Service action was forthcoming.

**The Evolution of the
SmokeLess States
Program**

During the first few years of the SmokeLess States program, the nineteen state coalitions were, by and large, able to develop and maintain coalitions dedicated to reducing smoking and, in the process, to professionalize the tobacco-prevention movement. In the first year of the program (1994–1995), four states—all of which had coalitions funded under the SmokeLess States program—

raised their excise taxes on cigarettes. Although each of these coalitions was engaged in an educational campaign about the impact of tobacco taxes on smoking rates, it is unclear, given the short time that they had been Foundation grantees, what role their Foundation support played in the policy gains.

These changes, plus the reductions in youth smoking that were being reported out of California, demonstrated to other states in the program that policy change was possible and that it could be advanced by using a combination of Foundation funds and unrestricted resources. The approach of disseminating scientifically rigorous research on policy (some of which was supported by the Tobacco Policy Research and Evaluation Program) to a general audience demonstrated that policy change was possible and that it could be effective in reducing tobacco use.

In 1996, the staff reviewed the SmokeLess States program and determined that it was continuing to fulfill an important need in the field by focusing attention on changing policies to reduce tobacco use. Before taking the program forward for a renewal, the staff assessed tobacco-control activities occurring throughout the country. For the tobacco-control field, it was an exciting time. On the federal level, the Food and Drug Administration, or FDA, announced that it would regulate advertising and marketing of tobacco products to young people. It also asserted that it had the authority to regulate nicotine as a drug and cigarettes as the delivery device. The ASSIST program still had two years of funding remaining, though it appeared unlikely that it would be renewed. Finally, the CDC was increasing its support for state health departments to work on tobacco prevention and treatment. The activities of the SmokeLess States coalitions complemented these efforts and, in many instances, enabled the state health departments to go beyond the traditional public health education approach and to reach a broader segment of the state's population.

**Program Renewals:
Focusing on Tobacco
Policy**

Increasing federal interest and investment in tobacco-control efforts, rising youth smoking rates, and the SmokeLess States grantees' initial ability to develop functioning coalitions, creative educational campaigns, and increasingly sophisticated policy advocacy prompted the Foundation staff to request a \$20 million expansion of the program. In April 1996, the Board approved a second round of grants, increasing the number of state coalitions to thirty over a four-year period. There were some differences between this round and the first round. First, while grantees were funded to strengthen statewide coalitions, to foster public awareness efforts to denormalize tobacco use, and to enhance tobacco prevention and treatment capacity, the *Call for Proposals* specifically asked applicants to address tobacco policy issues in their state. This change signified that the Foundation's comfort level with advocacy work had increased, and that its overall approach to policy work was maturing. Second, all of the grants awarded under this round—which ranged from \$200,000 to \$1.5 million—were implementation grants. Finally, and perhaps most significantly, the program incorporated a “special opportunities fund,” with \$3 million held in reserve for those times when coalitions needed additional support to respond to unforeseen opportunities. This fund, which was administered by the AMA, allowed for a quicker response than would have been possible at the Foundation.

The next year, 1997, was a turbulent one for tobacco control. The National Cancer Institute announced that the ASSIST program would close in 1999, and that responsibility for funding state tobacco control efforts would be assumed by the CDC. Smoking rates were declining slightly among adults, but remained high among young people. The science of tobacco control was improving the understanding of the problem and its solutions, but it was also making clear that it would be a long time before significant reductions in tobacco-related disease and death occurred. State attorneys general were bringing lawsuits against the tobacco industry requesting damages for the huge costs states incurred to treat sick smokers. At The Robert Wood Johnson Foundation, Michael Beachler, the primary architect of the SmokeLess States program, left the Foundation. Early in 1998 (a year that also saw the signing of the \$206 billion Master Settlement Agreement between forty-six states and the tobacco industry), Karen Gerlach, an epidemiologist, became the Foundation's officer responsible for overseeing the program.

With all this turmoil in tobacco control and a new program officer overseeing SmokeLess States, a decision was made to buy some time in order to assess how best to move forward. In order to do that without losing some states whose funding would be ending soon, in July 1998, the Foundation's Board authorized \$6 million to continue support for the original nine implementation states. Several months later, Kathleen Harty left as the deputy director of the NPO in order to lead the Minnesota foundation created as a result of the state's settlement with the tobacco industry. She was replaced by Donna Grande, who brought years of experience at the national level with ASSIST and at the state level with Arizona's SmokeLess States project. (Grande was named codirector of the National Program in 2000.)

In late 1999, Michelle Larkin joined the Foundation from the CDC's Office on Smoking and Health. She worked with other Foundation staff members to conduct a wide-ranging review of SmokeLess States. Foundation staff members spent much of the year talking to the program's national partners (the federal government, the major health voluntary organizations, and other organizations working on tobacco control) and assessing the makeup of the National Program Office and the National Advisory Committee. This review led to a request for what became the program's final renewal, in July 2000. The Board authorized \$52 million over three years to expand SmokeLess States to all fifty states and the District of Columbia, with a major shift in the direction of the program. The program would now focus solely on advocacy regarding tobacco policy. To highlight the significance of the shift, the tag line of the name was changed from "Statewide Tobacco Prevention and Control" to "National Tobacco Policy Initiative," the National Advisory Committee was restructured, and a new logo was designed.

In this, the final phase of the program, the Foundation required states to concentrate exclusively on advancing policies that would reduce tobacco use. These included increased prices (through excise taxes, for example), comprehensive clean indoor air policies, and expanded public and private insurance coverage of tobacco dependence treatment. Coalitions funded under previous rounds of the SmokeLess States program could apply for implementation grants of up to \$1.5 million over three years. States that were not funded previously under the SmokeLess States program could apply for a capacity-building grant, which allowed them time to develop the coalition and its policy action plan.

If their capacity-building benchmarks, such as diversifying the coalition's membership, securing matching dollars, and developing a clear and achievable policy action plan, were met, the coalition could then apply for an implementation grant.

In their proposals for an implementation grant, applicants needed to demonstrate an understanding of the policy environment within the state, to provide details of other efforts in the state to reduce tobacco use, and to explain how the Foundation's support would complement those efforts. They had to present a policy plan and show that financial resources from other organizations, including unrestricted funds that could be used for lobbying, would be available. They were also required to address how they would carry out program activities while complying with the Foundation's terms of grant. To build a stronger base of support for the policy efforts that would become the focus of the grant, applicants were required to diversify their coalitions beyond the mainstream organizations, particularly the health voluntaries and the medical societies that had been the mainstays of the program in previous years. The Foundation and NPO staffs believed that broader membership would better reflect the makeup of society as a whole and would allow new organizations to bring their perspectives and their power bases to the issue.

With the new policy focus of SmokeLess States, it became necessary to revisit the membership of the National Advisory Committee, or NAC, which was changed to bring in representatives of new organizations that would be essential partners in getting work done in the states. In addition to representatives from the American Cancer Society, the American Heart Association, and the American Lung Association, the Foundation added to the committee representatives from the federal government's National Institutes of Health and CDC, the American Legacy Foundation, the Tobacco-Control Section of the California Department of Health Services, the Center for Tobacco-Free Kids, and the Asian Pacific Partners for Empowerment and Leadership. Four of the original National Advisory Committee members were also included in the new committee.

Additionally, the role of the NAC changed. In addition to their primary responsibility for reviewing proposals and recommending sites for funding, the committee's members took on additional duties: reviewing benchmarks proposed by the coalitions, conducting site visits with the NPO and Foundation staff members, and providing technical assistance to grantees.

The Foundation received proposals from all fifty states and the District of Columbia, and awarded grants to forty-two states and the District. Some state coalitions, including many that had been grantees in the program for years, had difficulty adapting to a policy-only approach to reducing tobacco use. Many tried hard to continue their past efforts that were more educational in nature, such as holding health fairs and distributing brochures on the harm caused by tobacco. In a few states, the department of health had grown to rely on the coalition to implement many of its programs and to garner public support for tobacco-prevention and cessation initiatives. While this remained an important role in the field, it was no longer the objective of the Foundation-funded program. Moreover, the close connection between the coalitions and the state health departments complicated the coalitions' ability to do policy-related work, since governmental agencies are prohibited from taking an active role in making policy.

To assist the coalitions' transformation from programmatic to policy activities, the NPO staff made site visits and provided technical assistance on developing policy action plans. Where intensive assistance was needed, the NPO staff made referrals to experts on particular issues, such as strategic planning, grassroots organizing, working with diverse populations, fundraising, and media relations. Despite the intensive technical assistance provided by the NPO, some coalitions were unable to make the transition to a policy focus, and did not meet their benchmarks. The more hands-on approach to technical assistance created some apprehension among the NPO staff and many of the states, especially those that had been in the program from the beginning. As a consequence, there was a high turnover of staff members at the NPO, resulting in a loss of continuity there and some loss of momentum in the states.

Despite the challenges, the state coalitions supported in the last round of SmokeLess States achieved more than had been expected. Although the precise impact of the Foundation's support cannot be determined, more than thirty states raised their cigarette excise taxes, some more than once. In addition, six states—Connecticut, Delaware, Maine, Massachusetts, New York, and Rhode Island—as well as many cities and towns, enacted comprehensive clean indoor air laws that cover all workers, including those in restaurants and bars. The methods employed by the coalitions are illustrated by the examples of New York State and Oregon.

- Over the years, the New York coalition had developed good relationships with policy-makers. When legislators were found to be interested in learning more about clean indoor air, the coalition took the opportunity to educate them through nonpartisan research and analysis on the health and economic benefits that California and other smoke-free places were experiencing. This evidence, coupled with results from opinion polls showing public support for clean indoor air, helped to spur action. The coalition knew that lobbying assistance would be needed, so it used matching dollars (that is, money not from The Robert Wood Johnson Foundation) and hired some experienced lobbyists. A bill eliminating smoking in public places throughout the state was introduced and passed.
- The coalition in Oregon had two primary goals: to expand Oregon's smoke-free workplace law and to increase access to smoking-cessation services. It also had the secondary goal of building momentum for a cigarette tax increase. Because Oregon was experiencing substantial budget deficits, the coalition felt that the time was right to pursue its secondary goal, so it focused its attention on increasing the tax on cigarettes. It conducted an extensive public education campaign. It also raised over \$240,000 in non-Robert Wood Johnson Foundation funds to lobby legislators about the allocation of the tax dollars and to support the measure on the ballot. In September 2002, Oregonians approved a ballot measure raising the cigarette excise tax by sixty cents.

In 2003, Risa Lavizzo-Mourey became the Foundation's fourth president. She took over at a time when less money was available for programs and the Foundation was reconsidering its priorities. Through a process in which the Foundation developed a more focused grantmaking approach, tobacco was selected as one of eight areas that would continue to receive funds in the future. The amount of support would be, however, much less than it had been in the past, and in July 2003 it became clear that the SmokeLess States program would not be renewed. In August 2003, the Foundation notified the AMA that the NPO would close in May 2004, although some grants under the program would continue beyond that date. Soon thereafter, this was made public in a letter

co-signed by Lavizzo-Mourey and Michael Maves, the chief executive officer of the AMA. Many of the grantees reacted with great disappointment to the announcement and expressed concern for the future of tobacco-control advocacy in their states. Since the announcement, Foundation staff members have been working to determine the most strategic ways to maintain the policy infrastructure that had been supported by the SmokeLess States program. As of mid-2004, that future is still being planned.

Concluding Thoughts

As the SmokeLess States program draws to a close, we, the program officers at The Robert Wood Johnson Foundation overseeing it, would like to offer some reflections. The Foundation invested more than \$99 million in SmokeLess States during the ten years the program was active. This represents over 20 percent of the \$420 million the Foundation invested in tobacco control since 1992. These are remarkable resources and represent a long-term commitment for a private foundation. The magnitude of the problem of tobacco use, however, required large financial and human resources over an extended period of time, and our concern is that even these resources might not have been sufficient to make the gains permanent.

Those of us at The Robert Wood Johnson Foundation who were responsible for the SmokeLess States program should have acted sooner and more aggressively in developing comprehensive approaches to sustaining the efforts of the states. The program relied heavily on the three major health voluntary organizations—the American Cancer Society, the American Heart Association, and the American Lung Association—to provide financial support, particularly funds that could be used to support lobbying efforts the Foundation could not and did not support. In retrospect, we should have encouraged the coalitions to diversify their funding sources earlier so that the burden didn't fall so heavily on these organizations. When an economic downturn hit in 2000–2001, their ability to support these efforts declined significantly. We should also have helped the coalitions reach out to local funding sources. Although the NPO did provide guidance about fundraising to the coalitions in the final years of the program, it may have been too late to keep some of the coalitions afloat financially.

A second thought is that the efforts to diversify the coalitions were not as successful as we would have hoped. When the program was expanded in 2000, we expressly requested that states diversify their coalition membership. Yet even when diversification became one of the benchmarks for progress, many states made only minimal efforts to expand. They explained that diversification took too much time and too many resources, thus diminishing what was available to do the work of the coalition. We were naïve. We did not realize how difficult diversification was going to be for most of the coalitions. We do not believe that most of them understood why we were adamant about diversification—that the movement will not survive if it does not grow to represent the population of the state. Although the NPO made a heroic effort, and many states made significant progress, there is still much work to be done to truly diversify the movement. We believe it is critical for this work to continue.

A third thought is that clear benchmarks and the ability to measure progress are critical. Benchmarks allowed the NPO and the grantees to work together to make adjustments along the way. As important as it is to know if progress was being made, measuring coalitions' performance against the benchmarks met with strong resistance, especially among those who had not been previously monitored in such a

manner. We believe that utilizing benchmarks and offering technical support to help coalitions meet them were well worth the effort, and improved the performance of the coalitions. In many instances, the coalitions were successful in meeting the benchmarks, but some were unable to meet them, and we had to make tough decisions about whether to continue supporting their efforts.

A fourth observation is that advocacy, though not a strategy employed frequently by foundations, can be an effective way to improve the health of the public. Yet advocacy work is messy, and overseeing it is time-intensive. This kind of grantmaking requires astute legal assistance and strong leadership. Fortunately, SmokeLess States was able to benefit from both. The program forged new ground at the Foundation, but, despite its success, there has been minimal uptake of advocacy as a tool in our grantmaking arsenal. Perhaps we should do more to interest other foundations in this approach to addressing important social issues.

Finally, we learned how vital it is to recognize the contribution of grantees and their staffs. Each year of the program, an annual meeting of the coalitions was held in the state that had experienced the greatest policy victory in the previous year. Originally, the meeting was held in the state that increased its tobacco tax the most, but the final annual meeting was held in Delaware to recognize the coalition and the state for enacting the most comprehensive clean indoor air law in the country. These events not only helped the grantees see one another on their home turf instead of at a conference center but they also allowed us to recognize the grantees for the hard work they had done. In hindsight, we should have celebrated their achievements more than just annually.

Despite these challenges, we believe that the program was a success. It exceeded our policy advocacy expectations and provided important insights into how to do this work more effectively. Many of these coalitions continue to expand their membership, moving toward a more inclusive power base. Most of the SmokeLess States coalitions have expressed intentions to continue to work on tobacco-policy advocacy post SmokeLess States and are engaged in securing resources to support this work.

The demonstration program that was SmokeLess States ended in 2004. The AMA, the National Program Office staff, and the grantees showed great commitment and dedication to this important work. The health of all Americans has been improved by their efforts. Time will tell what the lasting impact will be.

Notes

1. Hughes, R. "Adopting the Substance Abuse Goal: A Story of Philanthropic Decision Making." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999.
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3. Chapter One in this volume.
4. Gutman, M. A., Altman, D. G., and Rabin, R. L. "Tobacco Policy Research." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999.

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