



# SmokeLess States<sup>®</sup> National Tobacco Policy Initiative

An RWJF initiative

## SUMMARY

From 1993 to 2004, *SmokeLess States: Statewide Tobacco Prevention and Control Initiative* (renamed in July 2000 *SmokeLess States<sup>®</sup>: National Tobacco Policy Initiative*) supported statewide efforts to reduce tobacco use, particularly among children and youth.

*SmokeLess States* made grants to 48 statewide coalitions and two other coalitions (in the District of Columbia and Tucson, Ariz.) working in partnership with community groups to develop and implement comprehensive tobacco-control programs that included education, treatment and policy initiatives.

Beginning in 2000, the program shifted its focus to policy change only with a focus on comprehensive clean indoor air laws and tobacco tax increases, and expanded Medicaid coverage for tobacco dependence treatment to find matching funds which were used to support lobbying activities focused on policy change. No RWJF funds were used for these activities.

## Key Results

- Coalition policy campaigns, underwritten by their matching funds, led to increased excise taxes in 35 *SmokeLess States* (see [Appendix 7](#) for details), clean indoor air legislation in 10 states and ordinances to restrict youth access to tobacco products in 13 states.
- Eight coalitions defeated or blocked [preemption](#) bills and four states repealed or partially repealed preemption.
- The *SmokeLess States* grantees secured funds (at least \$10 million) for comprehensive tobacco prevention and control programs from the \$206 billion [Master Settlement Agreement](#) with the tobacco industry signed in 1998.

See the [Project List](#) for a list of funded coalitions. Coalitions in [Arkansas](#), [Delaware](#), [Maine](#), [Montana](#), [New Hampshire](#) and [Wisconsin](#) are profiled in Program Results that are linked to the Project List. Two tables highlighting the states' policy accomplishments

from 1994 through 2004 are available [online](#) under "SmokeLess States Accomplishments."

## Administration

To oversee the projects, RWJF established the *SmokeLess States* national program office at the American Medical Association (AMA) in Chicago. Thomas P. Houston, M.D., director of the AMA's Department of Preventive Medicine and Environmental Health, served as national program director. The first deputy director was Kathleen C. Harty, M.Ed. She was succeeded by Donna Grande, M.G.A., who was promoted to program co-director in 2000.

## Funding

RWJF's Board of Trustees authorized a total of approximately \$88 million for the 11-year program, which concluded in June 2004. RWJF supported the national program office at the American Medical Association with an additional \$10 million in RWJF grants, which fell outside the authorized amount for program activities.

## THE PROBLEM

In the early 1990s, substance abuse was a major public health problem. In its 1993 annual report, RWJF highlighted substance abuse as the primary cause of preventable illness, injury and death in America. At that time, tobacco use, in particular, resulted in more than 400,000 deaths each year, and added billions of dollars to the nation's health care costs.

Although smoking among adults had been on the decline for two decades, tobacco use among youth climbed dramatically enough during the early 1990s to be labeled a pediatric epidemic by public health officials. Between 1991 and 1994, the number of middle- and high school students who claimed to be "current smokers"—meaning that they had smoked cigarettes within the previous 30 days—increased 30 percent (from 14.3 percent to 18.6 percent).

At the time, the United States had no national policy for reducing tobacco use, and states were the major testing grounds for tobacco-control initiatives.

California had the strongest, most comprehensive tobacco-control model in the nation. In 1988, California voters passed the Tobacco Tax and Health Promotion Act of 1988 (Proposition 99), which increased the cigarette excise tax by 25 cents per pack—and earmarked 20 percent of the revenues for community- and school-based tobacco education and prevention programs and another 5 percent for research on tobacco-related diseases.

By 1992, the smoking rate among Californians dropped 25.4 percent (from 26.8 percent to 20 percent), even as adult smoking rates were on the rise nationwide. Analyses of California's tobacco-control efforts suggested that an approach that coupled public awareness/education with policy change more effectively reduces smoking than cigarette tax increases alone.

Nationally, the social and political climate was hospitable to a more aggressive stance on tobacco control:

- A national December 1992 Harris poll found that 76 percent of voters supported higher tobacco taxes to pay for health care reform.
- Public expenditures for health care related to smoking were continuing to rise.
- In early 1993, the Environmental Protection Agency classified secondhand smoke as a Class A human carcinogen responsible for disease and death in nonsmokers, including children.

The federal government was beginning to try its hand at tobacco prevention and control. Starting in 1991, the National Cancer Institute's (NCI's) Americans Stop Smoking Intervention Study, known as ASSIST (American Stop Smoking Intervention Study for Cancer Prevention), supported tobacco-control partnerships in 17 states.

Two years after the start of ASSIST, the Centers for Disease Control and Prevention's Office on Smoking and Health began funding tobacco-control efforts in other states to help them develop strategies to reduce smoking.

## CONTEXT

In 1990, Steven Schroeder, M.D., came to RWJF as its third president and brought with him a strong desire to tackle the problem of tobacco use. As a practicing physician, he had witnessed smoking's heavy toll firsthand and felt that RWJF could not improve the health of all Americans without addressing tobacco use.

As a first step, early in Schroeder's tenure as president, RWJF divested itself of all tobacco industry stocks. Then, in 1991, the RWJF Board of Trustees established three new grantmaking goals for RWJF; goal number three, as outlined in the foundation's 1990 annual report, was "to promote health and prevent disease by reducing harm caused by substance abuse."

RWJF made its first substantial investment in tobacco control in 1992 with the *Tobacco Policy Research and Evaluation Program*. This national program made up to \$5 million available to investigators from diverse disciplines to conduct research to help policy-makers adopt policies to reduce tobacco use, especially among children and youth.

With this program, RWJF hoped to bring fresh insights to addressing the nation's largest preventable health risk. (For more information, see the [Program Results](#) on the *Tobacco Policy Research and Evaluation Program*; a selection of its projects is described in separate reports linked to its [Project List](#).

After exploring the landscape of tobacco prevention and control—at both the state and federal levels—RWJF program staff concluded the following:

- State health departments often had trouble translating effective tobacco prevention and control practice into policy.
- California's Proposition 99 was reducing smoking rates and could be replicated in other states.
- A private-sector voice was needed in the arena of tobacco control.

RWJF had a long history of supporting research on policy, but had not yet ventured into advocating for new policies or changes in existing policies—known as policy advocacy.

To become the private-sector voice that advocated for tobacco-control policies, RWJF board members and staff had to become comfortable with policy advocacy. As RWJF senior program officers Michelle Larkin and Karen Gerlach contend in their chapter on *SmokeLess States* in RWJF's *Anthology: To Improve Health and Health Care, Volume VIII*, "Not all of the staff supported the idea, and some board members were still wary of the Foundation's involvement in tobacco control."

In addition, with any tobacco-control activities that it supported, RWJF had to define the line between [policy advocacy](#) and [lobbying](#) and make sure that grantees clearly understood this distinction.

Federal law prohibits foundations from lobbying or providing financial support for lobbying activities by grantees; however, foundations are permitted to support projects that include lobbying, so long as they support only the non-lobbying portion of the project. Grantees can use membership dues and other funds for lobbying.

## **PROGRAM DESIGN**

In April 1993, the RWJF Board of Trustees authorized up to \$10 million for a four-year program to support statewide efforts to reduce tobacco use, particularly among children and youth. RWJF named the program *SmokeLess States: Statewide Tobacco Prevention and Control Initiatives* (in 2000, the program was re-named *SmokeLess States: National Tobacco Policy Initiative*).

*SmokeLess States* made grants to statewide coalitions working in partnership with community groups to develop and implement comprehensive tobacco-control programs

that included education, treatment and policy initiatives. The program's initial objectives were to:

- Reduce the number of children and youth who start smoking.
- Reduce the number of people who continue smoking.
- Increase the public's awareness that reducing tobacco use is an important component of any major health care reform effort.

Coalition-building and collaboration were the very foundation of *SmokeLess States*. Although the grants themselves were housed within single organizations in the states, RWJF expected these organizations to assume statewide leadership roles in bringing together a diverse group of community organizations to collaboratively develop and implement comprehensive tobacco-control programs.

According to the original deputy director of the program, Kathleen Harty, "*SmokeLess States* funding...transformed loose federations of groups and individuals who occasionally worked together but had little systematic contact or communication, and no long-term plan or resources, into functional, cooperative, well-respected sources of tobacco control strategies and action."

State affiliates of the major tobacco-involved voluntary health agencies (American Cancer Society, American Heart Association and American Lung Association); tobacco-control organizations; consumer-oriented health care organizations; state medical, dental or hospital associations; state government agencies; and other groups with the ability to lead were eligible to apply.

Applicants were required to provide evidence of their qualifications to lead and to mobilize members of a statewide coalition. To encourage statewide collaboration from the outset, RWJF stipulated that only one application per state would be accepted. Applicants that could demonstrate strong commitment among coalition members and support from the governor and key legislators would be given priority in the selection process.

Applicants were invited to apply for a two-year capacity-building grant (RWJF expected to award up to 10 of these grants averaging \$200,000) or a project implementation grant of up to four years (RWJF expected to award approximately eight four-year implementation grants ranging between \$500,000 and \$1.2 million).

RWJF expected applicants applying for implementation grants to demonstrate evidence of financial support from other sources (a 30 percent match to RWJF funds over the life of the grant), including coalition members.

These matching funds were necessary because certain policy development activities would require lobbying and RWJF funds could not be used for lobbying. Since the tobacco industry asserted much of its power through lobbying, *SmokeLess States* grantees would have to lobby too.

RWJF clearly stated in its 1993 call for proposals that "grant funds may not be used to lobby for the passage of tobacco-related legislation or referenda." However, RWJF's grantees were legally allowed to use their own resources and matching funds that they raised privately to lobby.

In the original program, RWJF expected grantee states to:

- Mobilize existing or new statewide coalitions that would build organizational, technical and leadership capacity to develop and implement a comprehensive program for reducing tobacco use.
- Develop the capacity to launch a public education campaign designed to reduce the demand for tobacco.
- Improve the state's capacity to provide tobacco prevention and treatment programs.
- Develop and promote a policy agenda to reduce tobacco use (e.g., increased tobacco excise taxes, promotion of tobacco-free workplaces and public places and policy actions to limit youth access to tobacco).

### ***SmokeLess States* Grows in Size and Embraces Policy Change**

By 1996, *SmokeLess States* had become one of the largest and most visible philanthropic efforts to reduce tobacco use among youth. The grantee states had made significant progress in coalition development, public education about the hazards of smoking, prevention and treatment, and policy development.

In April 1996, the RWJF Board of Trustees renewed *SmokeLess States* for another four years, authorizing up to \$20 million to expand the program.

The second round of funding was designed to help states that had received capacity-building grants take the next step in their tobacco-control efforts and increase the number of state coalitions funded.

RWJF also felt that expanding the program to additional sites would allow more states to learn from one another and force the tobacco industry to wage its battles in more states, thus diluting its lobbying efforts.

The renewal provided for up to 21 new competitively selected implementation grants of up to \$1.5 million (RWJF expected the grants to average about \$800,000) for up to four years.

The nine states that had received *SmokeLess States* implementation grants were not eligible to compete for these funds; however, all other states, including the 10 states that received two-year capacity-building grants from RWJF in 1994, were eligible. Again, RWJF stipulated that only one application per state would be accepted.

This round of funding differed from the first round of funding in that grantee states were required to develop a policy plan and focus specifically on tobacco advocacy to reduce the use of tobacco by young people. This change signified that RWJF was more comfortable with advocacy and that its approach to policy work was maturing.

The renewal also established a Special Opportunities Grant Fund—an additional \$3 million—that existing *SmokeLess States* grantees and new grantees could use to respond quickly to unforeseen opportunities related to policy changes in their state (e.g., to launch a public education campaign in conjunction with a vote on an increase in the cigarette excise tax).

These funds, administered by the national program office, would be made available in 1998 or 1999 to grantees that made considerable progress between 1997 and 1999, and could demonstrate that they needed additional grant resources to reach their goals.

## Program Evolution

The initial program expansion in 1996 was followed by a period of significant uncertainty and change.

- The federal ASSIST program was scheduled to end in 1997, but was expanded for another year to fully realize the program's original design and effort.

The extension allowed state health departments in the 17 ASSIST-funded states to finalize a strategic plan and campaign effort to ensure increased funding through the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) to support the additional costs for tobacco-control funding in those states.

Effective elements of the ASSIST design were integrated into the new National Tobacco Control Program of the CDC/OSH and all 50 states were funded to support tobacco-control efforts but at a reduced level.

- State attorneys general brought lawsuits against the tobacco industry to recover the huge costs associated with providing health care to sick smokers through Medicaid and other state-funded health insurance programs. Ultimately, in 1998, 46 states and the tobacco industry signed the \$206 billion [Master Settlement Agreement](#).

The Master Settlement Agreement was intended to provide significant resources for tobacco-control efforts; however, the jury was still out as to the level of funding that could be secured for state health department and other coalition efforts to reduce and prevent tobacco use.

There was a belief that the funds paid by the tobacco industry would be used for tobacco control and prevention efforts thereby allowing other support (e.g., foundation and government resources) to be reduced. Anticipated levels of funding were never realized.

Because of the uncertainty and upheaval in the tobacco-control field, RWJF adopted a wait-and-see approach with *SmokeLess States*. Although the Board of Trustees authorized \$6 million in July 1998 to support the original nine implementation states whose funding would soon end, RWJF staff spent most of the subsequent year engaged in a comprehensive review of the structure, scope and accomplishments of *SmokeLess States*.

The national program office staff worked with RWJF staff to solicit input and feedback from key stakeholders, grantees and national partners to inform the decision-making. The national program office conducted three surveys of grantees and others to gather information and data to develop concepts for RWJF staff input.

The culmination of this assessment was a shift in direction for *SmokeLess States* and a significant program expansion.

In July 2000, the RWJF Board of Trustees authorized the final renewal of *SmokeLess States*, providing up to \$52 million over three years to expand the program to all 50 states and the District of Columbia.

At the same time, RWJF announced a major shift in direction for the program: it would focus only on policy change. The revised program's objective was to develop and implement strategies to improve the tobacco policy environment within states receiving grants under the program. Grantees were required to concentrate on advancing policies that would reduce tobacco use, such as:

- Increasing tobacco excise taxes.
- Enacting clean indoor air policies.
- Increasing coverage for state-funded cessation and counseling services.
- Encouraging the use of tobacco settlement funds and other funds for long-term comprehensive tobacco-control programs.

To underscore the importance of this change, RWJF and the national program office renamed the program *SmokeLess States: National Tobacco Policy Initiative*. Grantee states were expected to:

- Strengthen statewide coalitions and diversify the membership.
- Develop a plan to improve the tobacco policy environment within their state with the goal of reducing the use of tobacco.

- Educate the public about the need for stronger tobacco-control policies.

Previously funded coalitions were eligible for implementation grants of up to \$1.5 million over three years; other states were eligible for one-year capacity-building grants of up to \$200,000 and could subsequently apply for an implementation grant if they could show evidence of a diverse coalition, ample matching funds and a feasible plan for affecting tobacco policy. Again, RWJF would accept only one application per state.

In their chapter on *SmokeLess States* in RWJF's anthology: *To Improve Health and Health Care, Volume VIII*, Larkin and Gerlach write, "In this, the final phase of the program, the Foundation required states to concentrate exclusively on advancing policies that would reduce tobacco use." Toward this end, RWJF expected applicants to:

- Demonstrate an understanding of their state policy environment.
- Show evidence of the commitment by state government (the governor, key legislators, and other public officials) to the effort.
- Provide details of other efforts in the state to reduce tobacco use and how RWJF support could complement these efforts.
- Outline a policy plan to reduce tobacco use in the state.
- Outline current and planned efforts to diversify coalition membership (beyond the mainstream health voluntaries and medical societies) to include a broad range of community organizations reflective of the state's population.

The call for proposals stated clearly that, by law, RWJF funds could not be used for lobbying; therefore, applicants were required to address how they would carry out their proposed activities in compliance with this prohibition. RWJF expected applicants to demonstrate a financial commitment from other sources of at least a 50 percent match to RWJF funds, including ample unrestricted funds that could support lobbying.

Again, RWJF made additional money available to grantees (\$8 million) through the Special Opportunities Grant Fund to respond quickly to changes in the tobacco control policy environment in the state.

During the 11 years that *SmokeLess States* supported the efforts of 42 states and the District of Columbia, it was the longest and largest non-government-funded national initiative in tobacco prevention and control.

## **THE PROGRAM**

RWJF established the national program office at the American Medical Association (AMA) in Chicago. Thomas P. Houston, M.D., director of the AMA's Department of Preventive Medicine and Environmental Health, served as national program director.

The first deputy director was Kathleen C. Harty, M.Ed. She was succeeded by Donna Grande, M.G.A., who was promoted to program co-director in 2000. The national program office:

- Administered the site selection process.
- Administered the Special Opportunities Grant Fund (ID#s 032097 and 044013), which provided extra money to funded states for additional projects to enhance the impact of their efforts. RWJF's grants for the fund totaled \$7,081,286.
- Provided technical assistance and direction to the sites.
- Developed and conducted annual grantee program meetings with education sessions and information sharing.
- Developed resources to enhance state activities and support state campaign efforts.

For more information about the work of the national program office, see [Appendix 1](#). A national advisory committee assisted in site selection and provided policy and technical guidance to the national program office and to grantees. See [Appendix 2](#) for more information about the national advisory committee and a list of its members.

From 1994 to 2004, *SmokeLess States* supported 48 statewide coalitions and two other coalitions (in the District of Columbia and Tucson, Ariz.).

RWJF funded:

- Thirty-four states with capacity-building and implementation grants for the original *SmokeLess States* program (1994–2000).
- Twelve states for the Statewide Tobacco Prevention and Control phase (2000).
- Forty states for the National Tobacco Policy Initiative (2001–2003). Of the 40 states, 16 had not received prior grants under *SmokeLess States*.

See the [Project List](#) for a list of all the funded projects. See [Appendix 3](#) for more information about these awards.

## Additional Support

RWJF awarded other grants to the national program office and other organizations to support *SmokeLess States*:

- **Helping State Coalitions Respond to Unforeseen Opportunities in Tobacco Control and Tobacco Policy Change.** The Special Opportunities Grant Fund, which RWJF established in 1996, was the largest and most important additional support.

From 1997 to 2003, the national program office administered the Special Opportunities Grant Fund through two grants (ID#s 032097, and 044013), awarding

46 grants totaling nearly \$10.6 million. Most of these grants supported statewide public education campaigns that coincided with legislative campaigns to raise excise taxes or adopt clean indoor air ordinances.

According to Donna Grande, program co-director, "Providing an opportunity for states to submit smaller requests for funding to address unforeseen issues has helped advance many states' tobacco control policy efforts." Many of the proposals submitted and awards made under the Special Opportunities Grant Fund focused on the following issues:

- Improving or strengthening clean indoor air policies.
- Increasing excise taxes on tobacco products.
- Stimulating managed care organizations to incorporate smoking cessation programs.
- Allocating settlement funds for tobacco-control programs through state health departments.

Funds provided through the Special Opportunities Grant Fund, as with other RWJF awards within *SmokeLess States*, were not used for [lobbying](#).

The grantees were required to provide evidence of 50 percent matching dollars from their coalition partners. *SmokeLess States* staff and members of the program's national advisory committee evaluated applications for grants through the Special Opportunities Grant Fund. Examples of projects funded through the Special Opportunities Grant Fund are:

- New Jersey conducted a public awareness campaign against tobacco use that coincided with a legislative campaign to raise the tobacco excise tax.
- Colorado, Georgia, Illinois, Iowa and Utah conducted media projects that educated citizens about the need to use tobacco settlement dollars to fund comprehensive, statewide tobacco-prevention programs.
- Oregon expanded efforts to incorporate tobacco-cessation efforts into routine managed care visits.
- Connecticut, Illinois, Montana, Minnesota, New York and Nevada educated the public on secondhand smoke and the importance of protecting people through clean air regulations.

See [Appendix 4](#) for more information about these awards and a complete list of Special Opportunities Grant Fund grantees and brief descriptions of their projects.

RWJF also awarded an array of grants that provided additional support to the program. (For full descriptions, see [Appendix 5](#).) They fall into the following categories:

- **Assisting States to Develop Plans for Comprehensive Tobacco-Control Programs:** In 1999, RWJF established a \$500,000 Special Opportunities Grant Fund, to assist states in securing portions of their states' tobacco settlement monies to support tobacco-control efforts.
- **Consultant Services to Assist Unfunded States:** In 2001, RWJF awarded the national program office a \$72,268 grant to provide technical assistance to states that were not funded under the *SmokeLess States* program.
- **Surveys on Tobacco-Control Issues for *SmokeLess States* Grantees:** From 1994 to 2003, Mathematica Policy Research, a social policy research firm based in Princeton, N.J., conducted surveys in 30 *SmokeLess States* to assess the public's views on tobacco issues and their level of support for specific policies (Grant ID#s PC398 and 032284).
- **Training and Strategy Development Program for Grantees:** From 2001 to 2002, the national program office sub-contracted with Midwest Academy to provide training in grassroots organizing and advocacy to 25 states.
- **Technical Assistance to the *SmokeLess States* Program:** From 1994 through 1998, the Advocacy Institute worked with the national program office and state coalitions to develop effective strategies to thwart the influence of the tobacco industry through media advocacy (Grant ID#s 023488, 023844, 026857 and 029134).
- **Preemption Conference and Communications Activities:** The national program office held a meeting (August 2003) on [preemption](#) among grantees facing this challenge and sub-contracted with Citigate Communications for media and communications assistance to the national program office and select grantees (\$136,000).
- **National Conferences of state-level tobacco prevention professionals:** RWJF funded Prospect Associates in Silver Springs, Md. to hold three national conferences in 1997, 1998 and 1999 (Grant ID#s 032163, 035598 and 035956).
- **Educating the Public and Policy-Makers About Clean Indoor Air Issues:** From 1997 to 2004, RWJF funded Americans for Nonsmokers Rights in Berkeley, Calif., (Grant ID#s 030837 and 047293) and the Public Media Center, in San Francisco (Grant ID# 047292) to develop communications messages and materials to educate the public and policy-makers about clean indoor air issues.

## Communications

- The national program office produced and distributed a newsletter on program activities and developed a variety of reports for states, including *Preemption: Taking the Local Out of Tobacco Control*; *Fundamentals of Clean Indoor Air Policy*;

*Strategic Thinking on Tobacco Tax Increases*; and *When the Smoke Clears: A Decade of Progress Against Big Tobacco*.

- The newsletter and most of these reports are available on the *SmokeLess States website*, which the national program office staff created. The website also includes information about the program and its accomplishments, background information on tobacco-related issues, and Web links and resources.
- As of the posting of this report, it is no longer being updated. The national program office also sponsored many training conferences for grantees on communications issues and techniques, and media advocacy.
- National program office staff also published articles in journals such as the *Journal of the American Medical Association* and *Addiction*; and a chapter in an American Public Health Association book, *Addiction and Nicotine and Public Health*.
- They also made presentations to tobacco-control and health care organizations, including the National Tobacco Control Conference, American Public Health Association, World Conference on Tobacco OR Health, and the American Academy of Allergy and Immunology.
- Staff also provided expertise and support for several major tobacco-control events, including the 1996 National Tobacco Control Conference and the 11th World Conference on Tobacco OR Health in 2000. See the [Bibliography](#) for details.

## EVALUATIONS

RWJF funded two evaluations of the whole *SmokeLess States* program and one of the multi-grant project in Tucson, Ariz.

### Overall Program Evaluation 1

This evaluation covered the formation and development of statewide coalitions and their role in developing and implementing comprehensive tobacco prevention and control strategies and in developing products that summarized the lessons learned from *SmokeLess States*.

From January 1994 to June 2000, Shoshanna Sofaer, Dr.P.H., from George Washington University Medical Center and the City University of New York, conducted the first evaluation.

RWJF first awarded the Center for Health Outcomes Research at George Washington University Medical Center three grants totaling \$1,035,234 (ID#s 023589, 023714 and 026977). Sofaer worked in collaboration with LTG Associates, a woman- and minority-owned small business specializing in applied anthropology in Takoma Park, Md., and the Washington-based Advocacy Institute.

When Sofaer left George Washington University in 1998 and joined the City University of New York, the last grant was transferred to the Research Foundation of the City University of New York.

This evaluation collected quantitative and qualitative data on 12 *SmokeLess States* through site visits, interviews with coalition members, observation of coalition meetings and events, and review of grantee documents.

This evaluation produced three documents for tobacco-control professionals and other community activists:

- *Lifting the Smokescreen: 7 Stories from the Front Lines of Tobacco Control*, which provides detailed case studies of Alaska, Alabama, Arizona, Colorado, Vermont, West Virginia and Tucson, Ariz., based on qualitative data collected in the field.
- *Working Together, Moving Ahead: A Manual to Support Effective Community Health Coalitions*, which provides practical advice on common concerns and problems facing coalitions.
- *The Coalition Self-Assessment Survey: A Manual for Users*, which instructs coalitions in using the quantitative survey to obtain feedback from coalition members on how the coalition is performing and whether it is achieving its goals.

According to Sofaer, many coalitions outside of tobacco control are using *Working Together, Moving Ahead: A Manual to Support Effective Community Health Coalitions* and *The Coalition Self-Assessment Survey: A Manual for Users*.

### **Overall Program Evaluation 1 Findings**

Sofaer reported these key findings on coalitions and coalition-building to RWJF (June 1998):

- **Participants in the *SmokeLess States* coalitions identified the ability for tobacco-control advocates to speak together with a strong and unified voice as one of the most significant benefits of using statewide coalitions as a vehicle for policy advocacy.**
- **The strength and unity of that voice is enhanced by:**
  - **The inclusion and engagement of all major tobacco-control players.**
  - **Making sure that the coalition is, and is viewed as, independent of any single organization.**
  - **The development of consensus around policy objectives and policy advocacy strategies.** The latter is, in turn, facilitated by sophisticated and experienced staff; respected and trusted coalition leadership who are fully engaged rather than

figureheads; and the existence of a previous history of collaboration, both on tobacco control and on other health and social policy issues.

- **The strength and unity of the coalition's voice is undermined by poor role definition and poor communication between the coalition and those responsible for actual lobbying efforts.**

While funding of lobbying efforts must be separated from efforts funded by RWJF and many other funding streams (and must be sustained), problems occur when lobbyists fail to attend to the policy objectives articulated by the coalition.

At the same time, coalitions do best when they respect and take into consideration the knowledge and judgments of lobbyists. One factor affecting this relationship is the track record of coalition members in mobilizing visible support at critical junctures.

- **The strength and unity of the coalition's voice is also seriously undermined when coalition members are involved in personally driven conflicts that drain attention and resources.**

Such conflicts seem most difficult to resolve when staff members are weak and inexperienced and when only one or a very small number of organizations is actively engaged in the work of the coalition. When many competent players actively engage, it is less likely that personal conflicts among a small group will dominate the coalition process.

- **The number and range of members of many of the *SmokeLess States* coalitions has grown.** However, for the most part, health-related organizations still dominated, especially those for whom tobacco control is a distinct element of their mission.

These organizations tended to form a core group within coalitions that does much of the work (either on a voluntary basis or as actual grantees or subcontractors) and most of the strategy development.

This part of the coalition may be deemed highly "instrumental." In some coalitions, other members were involved in specific issues at specific times or may be members in name only.

In some but not all cases, such members felt excluded from decision-making. Even those not included in the instrumental core of the coalition can play a significant role in symbolizing and legitimizing the coalition's mission and objectives among multiple constituencies and stakeholders. A critical task for coalition leaders and staff is to educate and inform such coalition members and rally the troops on short notice.

- **Few *SmokeLess States* coalitions had substantial representation from grassroots tobacco advocacy organizations, business and labor, minority and ethnic group-specific organizations, law enforcement agencies, and youth organizations.**

Recruitment of nontraditional partners continued to be a challenge to most coalitions. There was evidence that more coalitions were taking these issues seriously and pursuing carefully designed outreach strategies, in part because they were beginning to recognize how nontraditional partners could increase their access to decision-makers, link them more effectively to related initiatives, provide new sources of expertise and (over time) leadership, and provide concrete resources.

- **The formality and complexity of coalition structure varied widely across states.**

The variation seemed to be related to the culture of the particular state and how people preferred to interact. The guiding principle seemed to be that people were looking for a structure that maximizes their ability to work comfortably and efficiently with each other.

Sometimes formal rules were viewed as creating a level playing field and supporting trust in the decision-making process. In other cases, informality was viewed as increasing participation and involvement across members.

Sometimes, delegation of responsibilities to committees and task forces was viewed as increasing efficiency, while in other coalitions, committees were seen as interfering with creative work. The fit of the coalition structure to the local culture might be a better predictor of success than the presence of any particular level of formality and complexity.

- **The political environment in many states made it difficult, if not impossible, for grantees to pursue positive and proactive policy strategies.** In some cases, the environmental problems were structural, related to the strength of the tobacco industry's economic role in the state and financial impact on the legislature.

In other cases, the problems were more situational, related to more recent public reactions against new taxes and, in particular, regulations affecting small businesses or businesses that were viewed as essential to economic development (e.g., restaurants and bars).

In such situations, many *SmokeLess State* coalitions had:

- Been forced to focus their policy advocacy resources on fighting back attacks from the tobacco industry, either in the form of legislation with [preemption](#) provisions or legislation to gut or create loopholes in previously passed laws or regulations.
- Emphasized the reduction of youth tobacco use over other issues because it was more politically viable and more difficult to oppose.
- Depended on the passage of local ordinances in place of state legislation.
- Put their energy into increasing public support through educational strategies, while waiting for a political environment that made more aggressive action possible.

- **These circumstances highlight the importance of mobilizing local efforts and increasing the linkage between local and state efforts.** Many grantees reached out to localities through the use of mini-grant programs.

Rarely, however, were mini-grants used as the basis for local coalition development or linked structurally to the statewide coalition. A few sites were creative in using local activities (particularly those with high levels of youth participation and/or leadership) as a way to dramatize issues and change public sentiment at the state level.

- **Major "wins" were achieved in several states, including Alaska, Arizona, Maryland and Oregon.** Key ingredients included the following:
  - High levels of public support for tobacco-control policies, including tax increases and the need to reduce smoking among young people.
  - Bipartisan support among elected officials for tobacco-control objectives.
  - The ability to demonstrate a broad base of support through the existence and active involvement of members of a coalition perceived to be independent (i.e., not linked to state government).
  - Effective linkage of the tobacco-control agenda to other health-related agendas such as increasing access to health care for the working poor (e.g., Oregon) or support for the financial viability of health care providers (e.g., Arizona).
- **In several sites—Arizona and Colorado, in particular—the resources available through *SmokeLess States* were essential in creating or enhancing the kind of structure, processes and staff support needed for coalition development.**

The experience of either success or failure can lead to more abrupt and unexpected changes in the pace and direction of coalition development. Maintaining cohesion in the face of significant failure is one kind of challenge (e.g., when a tax initiative failed to pass in Colorado).

Redefining future roles in the face of major achievements is another (e.g., when a tax initiative did pass in Arizona). Perhaps the most difficult and complex of all are situations where the coalition is called on to participate in and support a legislative effort when it may not really be ready to do so effectively.

In addition, Sofaer reported these key findings on coalitions and coalition-building to RWJF (February 2001):

- **Coalition members reported that perceptions of the effectiveness of their coalition in achieving specific programmatic and policy objectives is extremely highly correlated with the actual achievement of these objectives.**
- **The ingredients for success in achieving programmatic and policy objectives vary depending on the nature of the objective.** In particular, the kind of leadership

and decision-making processes needed to achieve an outcome such as a tobacco tax increase are different (sometimes exactly opposite) than those needed to achieve an outcome such as defeating [preemption](#).

This implies that coalitions need to be flexible in fitting structure and functioning to the objectives they are pursuing at a given time, rather than rigidly sticking to the "single right way" of running a coalition, which may well not exist.

- **What works in Vermont does not work in Illinois, and vice versa, especially with respect to the formality of the coalition structure and decision-making processes.** Whereas in Vermont formality of any kind is viewed as unnecessary, it is essential for the development and maintenance of trust in an environment such as Illinois, where interest group controversy is more likely.
- **Tobacco control can capture the energy and imagination of a wide range of actors in a wide range of environments.** Even in the most hostile environments for tobacco policy, where the industry has huge influence, people will battle for strategically chosen objectives, often at the local rather than the state level. Young people have a very significant role to play in tobacco control, and most coalitions are only beginning to tap into their potential.
- **Coalitions are created in order to pull together diverse perspectives and resources.** Coalitions that do not reach out for membership beyond the typical groups included in tobacco-control efforts are not taking full advantage of what coalitions can do. Skillful recruitment and management of a large and highly diverse coalition shows that inclusion is not only possible, but highly beneficial.

## Overall Program Evaluation 2

Tracking the media and political impact of state-level tobacco control under *SmokeLess States*. In November 2001, Frank J. Chaloupka, Ph.D., at the University of Illinois at Chicago School of Public Health, began the second evaluation, which ran through October 2007. RWJF awarded a \$2.3 million grant (ID# 041037) for this evaluation, which tracked tobacco legislation and media coverage of tobacco-control issues, and surveying states in *SmokeLess States* about their tobacco-control priorities. Evaluators and RWJF program staff identified three primary outcomes for the evaluation:

- News coverage of tobacco-related issues, with an emphasis on coverage of tobacco tax and clean indoor-air policies and Medicaid coverage of cessation products/services.
- The strength of state tobacco-control efforts, with an emphasis on resources devoted to tobacco control, the state tobacco-control infrastructure, and the focus of state tobacco-control coalition and program activities.
- Legislative activity around tobacco, with an emphasis on the policies that were the focus of the state coalitions.

Chaloupka reported the following findings to RWJF in November 2008:

### ***Findings: News Coverage of Tobacco Issues***

Chaloupka's team subcontracted with Burrelle's newspaper clipping service to read 1,492 English-language daily-circulating newspapers during calendar years 2002 and 2003. This process generated a total of more than 138,000 clips. The researchers then developed a coding scheme to apply to the clips with 13 themes and 34 topics. They randomly sampled one-third of the days each month to produce a representative sample of 40,397 newspaper articles, and then excluded 9 percent as not tobacco-focused. Most were hard news (74.5%), with letters to the editor the next largest category (10.8%).

The most frequently observed themes were:

- Environmental tobacco smoke and related bans (31%), with many articles covering the comprehensive ban implemented in New York City in 2003.
- Education, prevention and cessation programs (13%).
- Economic Issues (nearly 11%).

Prominent topics included:

- Clean indoor air policies (20.7%).
- Taxes and prices (7.1%).
- Tobacco farming (6.2%).

### ***Findings: Strength of Tobacco Control***

The researchers conducted a modified version of the Strength of Tobacco Control survey developed and first conducted in 1999 for evaluation of the National Cancer Institutes' ASSIST (American Stop Smoking Intervention Study) in 2002 and 2004, with funding from ID# 041037 and in 2006 with funding from a grant under RWJF's *Bridging the Gap* program.

They expanded the survey to incorporate information on the level of efforts on various activities, rather than a simple indicator of whether or not the program engaged in the activity. The survey was a two-step process with core respondents (state health department tobacco-control program leads or designated representative, representative of key voluntary agencies such as the American Cancer Society and representatives of state tobacco-control coalitions) surveyed in the first step and additional respondents identified by core respondents as actively engaged in state tobacco-control efforts surveyed in the second step.

Some 402 individuals completed the 2002 survey (up from 372 in 1999) as the *SmokeLess States* program expanded and greater resources were devoted to tobacco-control programs; 278 individuals completed the survey in 2004 and 201 in 2006 as the program ended and states reduced funding for tobacco-control programs.

Researchers constructed a score for tobacco control for each survey, reflecting a relative ranking of state tobacco-control efforts at the baseline (1999) and over time, with three subcomponents cores for resources, capacity and efforts.

- Resources: scores rose from baseline to the 2002 survey as *SmokeLess States* and state program funding increased, falling from 2002 to 2004 and remaining flat from 2004 to 2006.
- Capacity: scores generally increased from baseline through 2004 and dropped sharply from 2004 to 2006, largely reflecting the disbanding of many long-term state coalitions, particularly the *SmokeLess States* coalitions, and the loss of experienced staff from remaining programs.
- Efforts: scores reflected a shift towards more macro-level, policy-focused program and coalition activities from the baseline to 2002 and continuing through 2004, consistent with the focus of the *SmokeLess States* coalitions on policy advocacy, and then reverted to more individual-focused activities from 2004 to 2006 as state tobacco control activities were increasingly concentrated in state health departments.

### **Findings: Legislative Activity on Tobacco**

The researchers subcontracted with StateNet, a legislative monitoring service, to identify all tobacco-related measures introduced in state legislatures in 2002 and 2003. StateNet identified more than 5,600 bills. The researchers then developed and applied a detailed coding scheme to these bills including tax, clean indoor air and Medicaid coverage of tobacco cessation, which excluded some bills, resulting in a total of 4,049. The study found:

- The most frequently covered topics were those related to tobacco taxes (34.1%), Master Settlement Agreement (32.8%) and budget (29.5%); 10.6 percent included clean indoor air provisions; only 3.1 percent addressed Medicaid coverage.
- A total of 1,213 tobacco-related bills were enacted in this period, almost 30 percent of those introduced. The distribution of topics of enacted bills paralleled the distribution of introduced bills.
- For policy topics that were the focus of the *SmokeLess States* program, states enacted 311 laws addressing tobacco taxation, 60 addressing clean indoor-air laws and 15 addressing Medicaid coverage for cessation.
  - Tobacco tax: Most tax bills proposed increases in state cigarette and other tobacco excise taxes, with the average bill proposing a 45-cent increase in the cigarette

tax. Relatively few earmarked the tax revenues for state tobacco-control programs.

- Clean indoor air: Most of the bills proposed strengthening existing clean indoor air policies by expanding the venues covered by the policies (most frequently to restaurants and public worksites) and many strengthened coverage (moving from partial restrictions to complete bans).
- Medicaid coverage: Most provided coverage for smoking cessation medications and made this coverage available to Medicaid-eligible pregnant women or women of child-bearing age.

### **Major Findings**

The evaluators wrote: "In general, we found consistent evidence that the *SmokeLess States* program achieved its aims of strengthening state tobacco control policies, particularly tax and clean indoor air policies."

Specifically, they found greater support for *SmokeLess States* coalitions was associated with:

- Increased legislative activity around tobacco.
- A greater number of enacted tobacco-related policies.
- More legislative activity on clean indoor air policies and tobacco taxation.
- Enactment of stronger state clean-indoor-air policies.
- Higher state excise taxes on tobacco.
- Increased strength of state tobacco-control efforts.
- Higher scores for three sub-domains within the strength of tobacco control: resources, capacity and efforts.
- Higher scores for strength of tobacco control measures for state coalition activity/capacity, media advocacy and policy advocacy.
- Reductions in cigarette consumption.

See [Appendix 6](#) for details about the methodology and activities of these evaluations.

### **Tucson, Ariz. Evaluation**

Shoshanna Sofaer also conducted the evaluation of the Tucson, Ariz., project, first while she was at George Washington (ID# 029718) continuing when she moved to the City University of New York (ID# 033797). In addition, Joseph E. Bauer, Ph.D., originally at the Roswell Park Cancer Institute in Buffalo, N.Y., (later at the American Cancer

Society), and colleagues did an evaluation of the Full Court Press project in Tucson (ID# 044749).

### ***Tucson, Ariz. Evaluation Findings***

Sofaer reported the following findings to RWJF; they are also included in *Lifting the Smokescreen: 7 Stories from the Front Lines of Tobacco Control*.

- **"The project provided compelling evidence about how coalitions grow and develop over time."** Stages of coalition development can be identified, but "coalitions do not necessarily progress through these stages in a linear fashion."
- **"A successful collaborative project must continually evolve and develop over time."** The two coalitions in Tucson, over a five-year period, persevered and "eventually were successful at both collaboration and reducing youth tobacco use."
- **"Management of a project must conform to the culture of the environment in which it is operating, and must be willing to change over time as the project matures and the environment changes."**
- **"Innovations are a big part of the ingredients for success in achieving youth tobacco use reduction.** For example, Full Court Press in Tucson funded a police officer to manage the enforcement arm of the project."
- **"Young people have a very significant role to play in tobacco control, and most coalitions are only beginning to tap their potential."**
- **"The presence of tobacco-tax funding provides an ideal environment for institutionalization of grant-funded activities.** However institutionalization can only be achieved with effective community collaboration."

Joseph E. Bauer's evaluation of the Full Court Press project reported the following key findings in "Community-Based Youth Tobacco Control Interventions: Cost Effectiveness of the Full Court Press Project," published in *Applied Health Economics and Health Policy* (5[3]: 167–176, 2006). Abstract available [online](#).

- **"Based on results from this study [the evaluators] conclude that, despite the relatively limited scale, [Full Court Press] represents a cost-effective investment in public health....** The cost per quit/non-initiation was about \$3789. This compares favorably [to the estimates] of the cost per quit of \$4270 when implementing the 1996 U.S. Clinical Practice Guideline for Smoking Cessation. [Both figures are in 2000 values].

"However, the cost per discounted life-year gained by the Full Court Press intervention was higher (\$3942) than the cost accrued following the guidelines (\$2923)."

According to Bauer, discounted life-years measures the savings of future dollars. The dollars are discounted because they are worth less in the future than today because of inflation.

Evaluators called even the higher costs of \$3942 per quit or non-initiation "very reasonable." They compared those costs to the costs of other public health interventions including mammography to screen for breast cancer in the U.S., which costs about \$60,000 per life-year gained while driver-side air bags costs \$30,000 per life-year gained.

- **The evaluators estimated that "more than 1000 high school students from the city of Tucson either quit or did not initiate smoking due to the [Full Court Press] community-wide initiation."** They also found evidence that "the theoretical model implemented in Tucson had an impact on youth smoking beyond the originally narrow targeted group."

The targeted group was 7th and 8th graders in 1996 attending school in Tucson. The evaluators found that their smoking rates declined from 20 percent in 1996 to 13.1 percent in 2000. However, because the intervention included changes in laws and school rules as well as media coverage, other adolescents were likely affected by the intervention, according to Bauer. The evaluation found that 24.3 percent of 9th and 10th graders smoked in 1996 compared to 17 percent in 2000. Similarly, 28.6 percent of 11th and 12th graders smoked in 1996 and 20.8 percent smoked in 2000. This was a "relative reduction in smoking prevalence of 27 percent, which exceeded the target of a 10 percent decline in youth smoking rate."

- **The evaluators noted the limitation that not having a control group posed for them.** "It made it impossible to absolutely determine if the observed effects were solely attributable to the project. We thus needed to rely on several well-reasoned assumptions, but assumptions never-the-less, in ruling out alternative explanations with respect to interpreting the observed decreases in smoking prevalence."

## OVERALL PROGRAM RESULTS

### Overall Results

The national program office reported the following results of *SmokeLess States* on the program's website, in its newsletter and to RWJF:

- **Coalition policy campaigns, underwritten by their matching funds, led to increased excise taxes in 35 *SmokeLess States* (see [Appendix 7](#) for details), clean indoor air legislation in 10 states and ordinances to restrict youth access to tobacco products in 13 states.**

Ten states defeated or blocked [preemption](#) bills and seven states repealed or partially repealed preemption. Sixteen states secured substantial commitments from the 1998

\$206 billion [Master Settlement Agreement](#) with the tobacco industry for comprehensive tobacco prevention and control programs.

The states used unrestricted funds from organizations other than RWJF to support lobbying activities. RWJF funds supported media campaigns and grass roots activities by the coalitions. Two tables highlighting the states' policy accomplishments from 1994 through 2004 are available [online](#) under "SmokeLess States Accomplishments."

- **35 *SmokeLess States* increased their cigarette excise tax.** The average increase was 51.3 cents per pack, with five states increasing taxes by \$1 or more.

According to the national program office, research has shown that youth consumption of tobacco products decreases 7 percent with every 10 percent increase in overall price.

With the shift in focus in 2000 for *SmokeLess States* to policy change only, RWJF established the goal of doubling the level of combined state/federal excise taxes on tobacco products by 2005; *SmokeLess States* achieved this goal by 2003. See [Appendix 7](#) for a list of cigarette excise taxes in the *SmokeLess States* for 1994 and 2004.

- **Seven *SmokeLess States* enacted statewide clean indoor air legislation banning smoking in all workplaces, including restaurants and bars.** These states are: California, Connecticut, Delaware, Maine, Massachusetts, New York and Rhode Island.

In addition, 1,500 counties, municipalities and towns nationwide passed strong clean indoor air ordinances. Among the major cities that are now smoke-free are Austin and El Paso, Texas.

According to the national program office, by May 2004, close to 30 percent of the U.S. population was covered by strong workplace smoking restrictions—a 50 percent increase from 2002.

In **Kentucky**, where tobacco accounts for 23 percent of the state's agricultural revenue, Kentucky ACTION (Alliance to Control Tobacco in Our Neighborhoods) used the Americans with Disabilities Act and the Rehabilitation Act of 1973 to convince public places such as the Kentucky Center for the Arts and the Freedom Hall at the Kentucky Fairgrounds to revise their smoking policies and ban smoking indoors.

- **13 states passed ordinances to restrict youth access to tobacco products.** These states include:
  - **Minnesota**, which passed a strong youth access law.
  - **New Jersey**, where the coalition worked with communities to shape local ordinances on youth access, vending machines and a billboard ban.

- **Maryland**, which helped advance statewide workplace smoking regulations.

- **Eight coalitions defeated or blocked *preemption* bills and four states repealed or partially repealed *preemption* during the program.** The coalitions that defeated *preemption* bills were in Arizona, Colorado, Kansas, Minnesota, Missouri, New Mexico, Ohio and West Virginia.

The coalitions that repealed or partially repealed *preemption* were in Delaware, Louisiana (partial), Nevada (local control was given to school boards), and South Dakota. Illinois repealed *preemption* after the program ended. For more information, see the "*SmokeLess States* Policy Focus Newsletter," Vol. 3, Issue 2.

- **The *SmokeLess States* grantees were successful in securing funds from the Master Settlement Agreement with the tobacco industry to support comprehensive tobacco prevention and control programs.**

States had to wage significant battles to secure this money for tobacco control because many of them faced significant fiscal crises during this time period that spurred legislatures to shift settlement dollars to general funds in order to balance their budgets.

Nonetheless, of the 23 states that secured substantial commitments (at least \$10 million) by the end of 2000 to fund tobacco-control programs with settlement monies, 16 were *SmokeLess States* grantees. Ohio received \$1.2 billion over 12 years, Maryland received \$300 million over 10 years and New York received \$150 million over five years.

Three Special Opportunities Fund grantees also secured commitments of at least \$10 million: Arkansas, Indiana and Nevada.

- **The statewide coalitions created comprehensive public education campaigns around policy options related to tobacco.** Grantees used billboards, radio, television, letters to the editor and newspaper editorials, as well novel vehicles to spread the tobacco prevention and control message. Examples of these campaigns are:
  - The **Alaska** coalition painted cartoon characters delivering nonsmoking messages on a city transit bus in Anchorage and sponsored Ramy Brooks, a musher who is a hero to many Alaska youth, in the 1,049-mile Iditarod dog sled race. Brooks met with hundreds of Alaska youth each year to discuss the advantages of staying tobacco-free.
  - With the governor's assistance, the **Colorado** coalition developed a partnership with a regional telecommunications company to issue discount cards for merchandise in 200 participating stores for youths who signed a smoke-free pledge.

- The **Florida** coalition sponsored a "Smoking Kills" race car in the three-day Grand Prix/World Challenge race and disseminated educational materials at the U.S. Women's Soccer Team's visit to Tampa and Pensacola.
- The **Illinois** coalition sponsored an anti-smoking tee shirt design contest in which more than 7,000 fourth- and fifth-grade students participated.
- **Some coalitions actively involved youth as partners in their tobacco prevention and control activities.** In some states, adolescents planned and led training sessions about tobacco and the marketing tactics of the tobacco industry for their peers. Young people also initiated and attended state capitol rallies and met with their local and state legislators to advance tobacco-control issues. Examples of the ways in which youth participated are:
  - The Full Court Press project, in **Tucson, Ariz.**, is entirely youth-focused. The youth involved with Full Court Press are activists who work with adults to make Tucson a healthier, smoke-free community. In 1997, Full Court Press joined with community leaders to work toward a city ordinance licensing tobacco vendors and banning self-service tobacco displays. Ultimately, Tucson was the first Arizona community to pass such an ordinance.
  - A teen-organized rally sponsored by the **Illinois** Coalition Against Tobacco was attended by several hundred teens, attracted national media coverage and won a prestigious Skyline award from the Chicago Chapter of the Public Relations Society of America.
  - **Nebraska** organized a teen rally at the state capitol to raise awareness about tobacco prices and tobacco control. The rally included an anti-smoking art contest. The winning illustrations were placed on buses in Lincoln and Omaha and on billboards throughout the state.
- **The coalitions and the national program office developed partnerships with other national tobacco-control organizations and organizations new to tobacco control and worked toward changing society's attitudes about tobacco use.** Examples of these partnerships are:
  - The **Virginia** coalition brought the public health community and the tobacco growers together, under the umbrella of the Southern Tobacco Communities Project, to discuss health and economic issues.
 

The project developed a "Core Principles Statement Between the Public Health Communities and the Tobacco Producers Community," which outlines the commitment of the two groups to work together to reduce the effects of tobacco while ensuring the prosperity and stability of the American tobacco farmer. It has been endorsed by more than 100 local, regional and national groups.

In conjunction with the American Heart Association, the American Cancer Society and the National Center for Tobacco-Free Kids, the project also

developed "False Friends: The U.S. Tobacco Companies' Betrayal of American Tobacco Farmers," which analyzes the trends and actions of the tobacco industry that led to the decline of the American tobacco farmer.

In 2000, the project culminated with the appointment of the President's Commission on Improving Economic Opportunity in Communities Dependent on Tobacco Production While Protecting Public Health.

- The **California** coalition worked with a group of actors, directors, writers and producers to educate them about the harms caused by tobacco products.
- Whenever possible, the national program office joined forces with other national tobacco-control efforts, including the Centers for Disease Control and Prevention's IMPACT program, the National Cancer Institute's Project ASSIST and the RWJF-funded National Center for Tobacco-Free Kids.

The groups often held joint meetings, shared research findings and written materials, and shared in each other's training sessions and policy strategy development. The groups jointly sponsored the annual National Conference on Tobacco OR Health.

- The national program office contracted with the Midwest Academy to provide additional training in grassroots organizing and advocacy to 25 states specifically selected by the national program office. The national program office staff collaborated with the states to make sure the training was as useful as possible.

The training ultimately helped many of the states pass clean indoor air ordinances and raise tobacco taxes.

- The national program office convened the American Cancer Society, the American Heart Association, the American Lung Association, the American Medical Association, Americans for Nonsmokers' Rights and the Campaign for Tobacco-Free Kids to outline and reach consensus on local clean indoor air efforts.

They jointly developed and endorsed a report, *Fundamentals of Clean Indoor Air*, which is available on the *SmokeLess States* [website](#). It includes Best Practices: Policy Elements, and Important Campaign elements.

- The national program office convened the alcohol and tobacco-control communities to share lessons learned and to explore the challenges and opportunities for merging efforts at the community level.

Partners and stakeholders included:

- The Campaign for Tobacco-Free Kids.
- The National Association of African Americans for Positive Imagery.

- The National Asian Pacific American Families Against Substance Abuse.
- Mothers Against Drunk Driving.
- Blackfeet Tribal Health Department.
- The Alcohol Policy Project at the Center for Science in the Public Interest.
- The American Cancer Society.
- The American Lung Association.
- The American Heart Association.
- The American Legacy Foundation.

The collaboration resulted in a report, *Thinking Strategically About Collaboration: Tobacco and Alcohol Control Policy*. According to co-director Grande, the report was instrumental to states and their campaigns for higher taxes and clean air laws and was useful to ethnic communities in their efforts. It is posted [online](#).

- The national program office worked with the U.S. Conference of Mayors and the National Governors Association to engage them in both tax and clean indoor air efforts.

This resulted in media exposure for *SmokeLess States'* campaigns and many of the governors and mayors wrote letters of support to the national program office and for the state coalitions.

### ***SmokeLess States Accomplishments by State***

The national program office created two charts that outline the policy accomplishments of grantee states, as well as their media/communications efforts and their coalition structures; these are available [online](#) under "SmokeLess States Accomplishments." The listing of states' accomplishments and efforts include the following:

#### ***Policy Accomplishments***

- **Maryland** raised the cigarette excise tax by 34 cents per pack to \$1.00 with a mandated appropriation of a minimum of \$21 million annually for tobacco use prevention and cessation programs.
- **New Jersey** raised the cigarette excise tax in 2002 by 70 cents per pack and in 2003 by 55 cents per pack to \$2.05 per pack—the highest cigarette excise tax in the nation at that time.

- **New York** enacted a statewide comprehensive smoke-free workplace law in 2003 following an earlier enactment of several local ordinances around the state, including New York City.
- **Ohio** passed a 31-cent tax increase in June 2002, resulting in a 114 percent increase in tax-generated revenue and a 9 percent decrease in cigarette consumption in the first year alone. Eight communities in the state also passed clean indoor air ordinances.

### **Media/Communications Efforts**

- **Arizona** focused its media plan on local control and the positive health effects of smoke-free workplaces, with targeted outreach to Hispanic, Native American, youth and faith communities.
- **Colorado's** SHOUT (Stay Healthy Oppose Using Tobacco) distributed more than 30,000 cards to youth taking the pledge to remain tobacco-free. These cards provided discounts from 200 participating merchants.
- **Ohio** conducted a media campaign to educate the public about using settlement funds for a comprehensive statewide tobacco-prevention program.

### **Coalition Structure**

- The **Alaska** Tobacco Control Alliance included state and county agencies, the American Cancer Society, the American Heart Association, the American Lung Association, a variety of ethnic organizations, substance abuse groups, law enforcement and many educational and grassroots groups.
- The Coalition for a Tobacco-Free **Louisiana** is a network of nonprofit organizations, state agencies, for-profit organizations and individuals.
- The Campaign for a Healthy **Rhode Island** is a traditional coalition of health organizations, businesses, community groups, physicians and grassroots activists.

## **CONCLUSION**

National program office staff, RWJF and project directors heading the statewide coalitions concluded that:

- ***SmokeLess States* had a significant impact on the tobacco-control atmosphere within the states and nationwide.** In general, according to the national program office, former RWJF Program Officer Michael Beachler (one of the original architects of *SmokeLess States*) and project directors heading the statewide coalitions, *SmokeLess States* has had a significant impact on the tobacco-control atmosphere within the states and nationwide.

"*SmokeLess States* helped make tobacco excise taxes palatable to the general public as a way to reduce smoking and fund tobacco control," noted Beachler.

Project directors in Arkansas, Maine and New Hampshire expressed the same opinion. Robin Hobart, M.P.P., M.P.H., a consultant to *SmokeLess States*, wrote in a guest editorial in the *SmokeLess States* newsletter in mid-2004: "This smoke-free revolution is the work of many organizations and individuals...but there is no doubt that *SmokeLess States* has been a vital partner; building coalition infrastructures, developing capacity and providing resources to support the tens of thousands of local and state advocates."

## LESSONS LEARNED

1. **Building truly diverse coalitions is hard work.** In the end, the efforts to diversify coalitions were not as successful as RWJF and the national program office would have liked. When the program expanded in 2000, states were expressly asked to diversify their coalitions. Yet, many states made only half-hearted efforts to do so.

They explained that it took too much time and too many resources. Neither RWJF nor the national program office were cognizant of just how tough diversification was for coalitions. Many coalitions did not understand that their tobacco-control efforts would not be sustainable if the movement did not represent the population of the state. (Program Officers/Larkin and Gerlach)

2. **It is crucial to clearly define everyone's role and expectations at the outset of every coalition activity.** This lesson also underscores the need for conflict resolution procedures and periodic strategic reviews of program and administrative efforts. (Evaluator/Sofaer, from Tucson project)
3. **State coalitions can serve as a mediator for local coalitions in conflict.** Playing such a role can be tricky, the potential rewards are great. (Evaluator/Sofaer, from Tucson project)
4. **Program management staff plays an important and often unofficial role in running a coalition.** Because of this they need to be very aware of and responsive to the needs of coalition members. Their role may change over time, from providing resources to conducting program activities to providing official or unofficial leadership. (Evaluator/Sofaer, from Tucson project)
5. **Innovations are a big part of success in tobacco control, but being sensitive to the community context is crucial as well.** (Evaluator/Sofaer, from Tucson project)
6. **Institutionalization is possible with effective community collaboration, and is helped greatly by the presence of external funding** (e.g., tobacco tax or otherwise). (Evaluator/Sofaer, from Tucson project)
7. **It is critical to continually recognize the contributions and successes of grantees.** The national program office made a significant effort to do this. Each year of the program, an annual meeting of grantees was held in the state that had the greatest

policy victory the previous year. In hindsight, these successes should have been celebrated more than once a year. (Program Officers/Larkin and Gerlach)

8. **Hiring very competent staff (and enough of them) is critical to running a large national program.** Managing a complex program requires staff with content expertise, technical assistance expertise, patience and diplomacy. (Co-Director/Houston)
9. **When developing a national advisory committee, RWJF and the national program office must carefully consider its composition, leadership, role and longevity.** Issues that need to be addressed include whether the committee needs to exist after proposal review and site visits, whether committee members will also serve as technical assistance consultants, and whether committee members understand that their role is advisory and not operational. (Co-Director/Houston)
10. **The national program office staff for a large and complex national program must have vision, foresight, strong managerial and communication skills, financial management expertise and the ability to "think on their feet."** Managing staffing and budget issues while maintaining content expertise in order to provide technical assistance requires a delicate balance of energy and time. (Co-Director/Grande)
11. **National programs should develop and define clear benchmarks and other measures of success from the outset.** *SmokeLess States* did not do this until the latter years of the program and the adjustment was difficult for many grantees. Establishing clear expectations earlier on would have helped the national program office more effectively manage the nuances of the state coalitions and grantees' work. (Co-Director/Grande)

## AFTERWARD

Several state project directors have begun their own exit strategy from tobacco-control work and others are gearing up for reduced funding for their continued effort in tobacco-control.

In 2004, RWJF initiated a new national program, *Tobacco Policy Change: A Collaborative for Healthier Communities and States*. This three-year, \$12-million program is internally managed by RWJF program staff with guidance from an advisory group. It provides resources and technical assistance for local, regional and state-based organizations and tribal groups interested in implementing effective tobacco prevention and cessation policy initiatives.

Applicants need not have previous experience with tobacco-related work, but they must demonstrate significant experience in policy advocacy. The program emphasizes tobacco-control advocacy to address tobacco-related health challenges in communities of color

and among low socioeconomic groups and other groups that suffer disproportionately from tobacco-related disease.

In December 2004, the program awarded 25 grants to statewide and local organizations across the country, all of which are in states that were *SmokeLess States* grantees.

The grantees are addressing a variety of issues, including clean indoor air, tobacco excise taxes, insurance coverage for tobacco cessation and the involvement of communities of color in tobacco prevention efforts. Grants of \$50,000 and more require a 1:1 cash match by grantees. These matching funds may support lobbying activities, which RWJF funds cannot support.

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## APPENDIX 1

### The National Program Office

RWJF selected the American Medical Association (AMA) as the national program office because it deemed that the AMA, the national membership organization for physicians, had the resources and credibility to manage *SmokeLess States*. In addition, over the previous few years, the AMA had developed staff expertise, convened national meetings, and advocated for public policies to develop comprehensive tobacco prevention and control programs. According to Larkin and Gerlach, as they explain in their chapter on *SmokeLess States* in RWJF's 2005 *Anthology*, the AMA was a suitable national program office because it:

- Was a large organization on the "right" side of the tobacco issue.
- Had the administrative capacity to manage a large program.
- Had the capacity to provide technical support to sites around the country.
- Had the clout to go toe-to-toe with the tobacco industry.

Over the 11 years of *SmokeLess States*, the AMA provided significant in-kind support to the national program office, including pro bono legal work, administrative assistance, office space, accounting services, communications assistance, information technology assistance, and promotion through a variety of AMA publications and membership vehicles.

### Staff

Thomas P. Houston, M.D., the program director for *SmokeLess States*, had also worked for Doctors Ought to Care, an advocacy organization that engaged physicians in the fight against tobacco. The first deputy director, Kathleen C. Harty, M.Ed., had spent many years working on tobacco-control issues at the Minnesota Department of Health and was a recipient of the Surgeon General's Medallion for her work in tobacco control. In February 1999, Harty left *SmokeLess States* to become executive director for the Minnesota Partnership for Action Against Tobacco, a nonprofit agency funded by the Minnesota tobacco settlement money (in 2000 Harty became the program's grants liaison officer based in St. Paul, Minn.). Donna R. Grande, M.G.A., assumed the role of deputy director in July 1999. Grande had served as project director for the Tucson Arizona *SmokeLess States* project, Full Court Press, and was the National Cancer Institute project officer for the ASSIST program. Jordanka Lazarevic served as communications director until the last phase, when Debbi Flores took over that role.

At the beginning, all staff was based in Chicago. But because *SmokeLess States* was so large, with grantees geographically spread across the country, the national program office hired five grant liaison officers to work individually and on site with groups of grantees. Over the course of the program, grant liaison officers were based in Atlanta; Chicago; Las Vegas; Seattle; Florence, Mass.; St. Paul, Minn.; and Portland, Ore.

## Activities of the National Program Office

### **Technical Assistance and Direction**

- **Provided consultation and technical assistance to applicants** during the site selection process.
- **Held an annual meeting of all grantees** to review progress; exchange information; provide training in communication, coalition-building and crisis management; and showcase their accomplishments. The national program office held these meetings in the state that made the most significant policy advance during the previous year (e.g., passed the largest excise tax increase or the most comprehensive clean indoor air legislation). In the early years of the program, these meetings were a forum for grantees to share their experiences and highlight their accomplishments; in the latter years, the meetings offered training to grantees in conflict negotiation, time management, strategic planning, campaign organizing, fund raising, communications and other areas. See the [Bibliography](#) for the dates and locations of the annual meetings.
- **Made technical assistance site visits** to nearly every site every year to assess needs and improve performance.
- **Held monthly technical assistance conference calls** with every site (two calls a month with 16 states on each call) during the first five years of the program. As the program grew, these calls became cumbersome and too lengthy, and the national program office shifted to topic-specific technical assistance conference calls.
- **Provided technical assistance to grantee sites through a number of other means**, including e-mail, training sessions, special reports and distribution of pertinent literature from other organizations in the tobacco-control field. In March 2002, the national program office held a skills workshop for weak performing states to provide intensive training and technical assistance. In addition, the national program office held three regional meetings in 2002 to bring communities of color into the tobacco-control effort. The national program office also offered one-on-one sessions in diversity training and conflict resolution as needed by sites.
- **Held reverse site visits**, bringing groups of grantees with similar issues, problems and challenges together at the national program office for in-depth discussion and planning.

- **Conducted a media survey** of all 32 grantees in 1997 to determine their media plans, media training capacity, presence or capacity to create a project website, and their overall media-related needs.
- **Helped statewide coalitions develop op-ed pieces and letters to the editor** that were timed to coincide with legislative campaigns to raise cigarette excise taxes.
- **Worked with grantees to help them understand the November 1998 \$206 billion Master Settlement Agreement**, and develop plans and strategies to secure funds from the settlement for state tobacco prevention and control, as well as tobacco-related health care. In 1999, grantees focused on securing allocations from their states' settlements to fund tobacco control and prevention. The national program office served as a clearinghouse for all relevant materials, and provided a variety of technical assistance around the issue.
- **Developed training materials for grantees**, including *Media Plan Guidelines* and a *Proposed Tobacco Settlement Issues Review Paper*. The national program office augmented these materials with one-on-one technical assistance as needed.
- **Provided ongoing technical assistance to help grantees understand the fine line between advocacy and lobbying.** The national program office reviewed grantee materials and strategies and also provided legal review by in-house AMA attorneys who provided their services as an in-kind contribution to the program.

### **Other National Program Office Activities**

In addition to providing a variety of technical assistance to grantees, the national program office engaged in the following activities:

- **Served as a liaison between *SmokeLess States* and other national organizations involved in tobacco control and prevention.** The national program office worked with the Center for Tobacco-Free Kids, the AMA, the American Cancer Society, IMPACT, the National Cancer Institute's ASSIST program, the CDC's Office on Smoking and Health, American Legacy Foundation, American Lung Association, American Heart Association, the Advocacy Institute, National Institutes of Health, the National African American Tobacco Prevention Network and APPEAL. The national program office also reached out to state medical societies to encourage them to embrace tobacco-related issues and work with their statewide coalitions. (See the *SmokeLess States* [website](#) for a list of national partners and links to their websites).
- **Partnered with the AMA and American Cancer Society to co-host the 11th World Conference on Tobacco OR Health** in Chicago in August 2000. Thomas P. Houston, *Smokeless States* co-director, served as the conference's co-chairperson. Donna Grande, the other co-director, served as the chairperson for the prevention subcommittee. RWJF was also a major partner in this conference. See [Program Results](#) on ID#s 039809, 036507, 029689, and 029398 for a report on the conference and RWJF's support.

- **Developed and organized the Tobacco Advocacy Caucus**, a national gathering of public health organizations and grassroots tobacco advocacy groups to share ideas about the attorneys general negotiations with the tobacco industry. Information generated at these meetings was shared with grantees.

## APPENDIX 2

### The National Advisory Committee

RWJF formed a 14-member national advisory committee chaired by Joseph Califano, the former Secretary of the Department of Health, Education and Welfare, and the founder, chairman and president of the National Center on Addiction and Substance Abuse at Columbia University. The major health voluntary organizations (e.g., American Cancer Society) were represented on the committee. Committee members reviewed proposals, selected sites for funding, and provided policy and technical guidance to the national program office.

In 2000, to reflect SmokeLess State's major shift in focus to tobacco policy only, RWJF restructured the composition and role of the national advisory committee. Although representatives of the major health voluntary organizations remained, membership was broadened to include representatives from the Centers for Disease Control and Prevention's Office on Smoking and Health, the American Legacy Foundation, the California Tobacco Control Program, the National Center for Tobacco-Free Kids, and Asian Pacific Partners for Empowerment and Leadership. National advisory committee members took on the additional duties of conducting annual site visits with national program office and RWJF staff members, providing technical assistance to grantees and ensuring the inclusiveness of communities of color in the coalition process.

### *Members of the SmokeLess States National Advisory Committee*

#### 1993–1999

##### **Joseph Califano—Chair**

Former Secretary of the Department of Health, Education and Welfare  
Chairman and President  
National Center for Addiction and Substance Abuse at Columbia University  
New York, N.Y.

##### **Carolyn Martin—Vice Chair**

Policy Consultant  
American Lung Association of Sacramento-  
Emigrant Trails  
Sacramento, Calif.

##### **Michael Begay**

Assistant Researcher  
Institute for Health Policy Studies  
University of California, San Francisco  
San Francisco, Calif.

##### **David Bourne, M.D., M.P.H.**

Director of Chronic Disease  
Arkansas Department of Health  
Little Rock, Ark.

##### **Joe Cherner**

Tobacco Activist  
New York, N.Y.

**Ron Davis, M.D., M.P.H.**

Deputy Director  
Michigan Department of Health  
Lansing, Mich.

**Harold Freeman, M.D.**

Chief of Surgery  
Harlem Hospital  
New York, N.Y.

**Anthony Najera, M.A.**

Vice President  
American Lung Association of California  
Sacramento, Calif.

**Ann Northup**

Legislator  
Frankfort, Ky.

**Candace Pierce-Lavin**

Director of Governmental Affairs  
Massachusetts Division of the American  
Cancer Society  
Boston, Mass.

**Bob Robinson, Dr.P.H.**

Assistant Director for Program Development  
Centers for Disease Control and Prevention  
Office on Smoking and Health  
Rockville, Md.

**Alberta Tinsley-Williams**

City Council Member  
Detroit, Mich.

**Joe Tye, M.B.A.**

Founder  
Stop Teenage Addiction to Tobacco  
Boston, Mass.

**Helen Weatherbee, J.D.**

Director  
State Medicaid Department  
Department of Health and Human Services  
Jackson, Miss.

**2000–2004**

**David Bourne, M.D., M.P.H.**

Medical Director  
Preventive Health Services  
State of Arkansas Department of Health  
Little Rock, Ark.

**Jerelyn H. Jordan**

Project Officer  
Office on Smoking and Health  
Centers for Disease Control and Prevention  
Atlanta, Ga.

**Cyndi Lewis**

Western Regional Advocacy Representative  
Campaign for Tobacco-Free Kids  
LaConner, Wash.

**Adin C. Miller, M.P.A.**

Director of Grants  
American Legacy Foundation  
Washington, D.C.

**Antonio P. Najera, M.A.**

(Retired)  
Carmichael, Calif.

**Robin Shimizu**

Assistant Chief  
Department of Health Services  
Tobacco Control Section  
Sacramento, Calif.

**Makani N. Themba-Nixon**

Executive Director  
The Praxis Project  
Washington, D.C.

**Bob Vollinger, M.S.P.H.**

Tobacco Control Research Branch  
Behavioral Research Program  
Division of Cancer Control and Population  
Sciences  
National Cancer Institute  
Rockville, Md.

**Cassandra Welch**

Director, Field Advocacy  
American Lung Association  
Washington, D.C.

**Helen Wetherbee, J.D., M.P.H.**

Director of the State Medicaid Program  
Department of Health and Human Services  
Jackson, Miss.

**Seth Winick**

Austin, Texas  
Joon-Ho Yu  
Seattle, Wash.



## APPENDIX 3

### *SmokeLess States Grants to States*

RWJF awarded the first 19 grants in August 1994:

- Nine states received four-year implementation grants: Alaska, Arizona, Colorado, Florida, Illinois, Kansas, New Jersey, Vermont and West Virginia.
- Ten states received two-year capacity-building grants: Alabama, Georgia, Kentucky, Maryland, Minnesota, Nebraska, Nevada, Oregon, Virginia and Washington.

In 1995, RWJF also awarded the first of two grants to fund Full Court Press, a comprehensive effort to reduce tobacco use among youth in Tucson, Ariz.; the second grant was awarded in 1999.

In 1996–1997 the national program office and national advisory committee recommended and RWJF funded:

- 15 implementation grants to Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Iowa, New York, North Carolina, Ohio, Oklahoma, Rhode Island, Utah and Wisconsin. Awards totaled more than \$10 million.
- Implementation grants to seven of the 10 sites that had received capacity-building grants in 1994: Georgia, Kentucky, Maryland, Nebraska, Oregon, Virginia and Washington.

Between 1998 and 2001, RWJF provided funding to the District of Columbia and 14 states to continue implementation of their *SmokeLess States* projects: Alaska, California, Colorado, Florida, Georgia, Illinois, Kansas, Maryland, Nebraska, New Jersey, Oregon, Vermont, Washington, and West Virginia.

In 2000, RWJF made grants to 11 states and the District of Columbia for Statewide Tobacco Control Programs: Alaska, Florida, Hawaii, Iowa, Kentucky, New Jersey, North Carolina, Oregon, Vermont, Virginia and Washington.

In August 2000, RWJF announced the reauthorization of the *SmokeLess States* program at \$52 million for the *National Tobacco Policy Initiative*. The national advisory committee was selected and convened in January 2001, and recommended awards throughout 2001 and the first half of 2002. Forty states were funded to work on tobacco policy; the following 16 states had not received funding under the program before:

Arkansas, Idaho, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, New Hampshire, New Mexico, North Dakota, Pennsylvania, South Dakota, Tennessee, Texas and Wyoming.

From mid-2002, RWJF made only a few additional *National Tobacco Policy Initiative* grants and Special Opportunity Grants and the national program office moved more fully into technical assistance and strategic planning for the program.

See the [Chart of Grants to States 1994–2004](#).

For a list of all RWJF grants to each state under *SmokeLess States*, see the [Project List](#).

Chart of Grants to States 1994–2004						
State	1994 Capacity Building	1994 Implement	1996–97 Implement	1998–01 Implement	2000 Statewide Tobacco Control	2001 National Tobacco Policy*
Alabama	X					X
Alaska		X	X	X	X	X
Arizona		X				X
Arkansas						X*
California			X	X		X
Colorado		X	X	X		X
Connecticut			X			X
Delaware			X			X
D.C.				X	X	X
Florida		X		X	X	
Georgia	X		X	X		X
Hawaii			X		X	X
Idaho						X*
Illinois		X		X		X
Iowa			X		X	X
Kansas		X		X		X
Kentucky	X		X		X	
Louisiana						X*
Maine						X*
Maryland	X		X	X		
Massachusetts						X*
Michigan						X*
Minnesota	X					X
Mississippi						
Missouri						X*

Montana						X*
Nebraska	X		X	X		X
Nevada	X					X
New Hampshire						X*
New Jersey		X		X	X	X
New Mexico						X*
New York			X			X
North Carolina			X		X	X
North Dakota						X*
Ohio			X			X
Oklahoma			X			
Oregon	X		X	X	X	
Pennsylvania						X*
Rhode Island			X			X
South Dakota						X*
Tennessee						X*
Texas						X*
Utah			X			X
Vermont		X		X	X	
Virginia	X		X		X	
Washington	X		X	X	X	X
West Virginia		X		X		X
Wisconsin			X			X
Wyoming						X*

\* States new to the program

## APPENDIX 4

### Special Opportunities Funds Grantees

#### Special Opportunities Funds Awards

The national program office awarded the following grants under the Special Opportunities Grant Fund of \$7,081,286. Each grant was to raise awareness and educate the public and policy-makers about specific tobacco issues, often through media campaigns:

- One grant in 1997 to New Jersey.
- Four grants in 1998 to Arizona, New York, Oregon and West Virginia.

- Eleven grants in 1999 to Colorado, Georgia, Illinois, Iowa, Kentucky, Nebraska (two grants), Maryland, Minnesota, Oregon and Utah.
- Three grants in 2000 to Wisconsin, Washington, D.C., and Oregon.
- Four grants in 2001 to Montana, Nebraska, North Dakota and Oregon.
- Twenty-three grants in 2002 and 2003, including to Connecticut, Montana, Oregon, Illinois, Minnesota, New York and Nevada.

### Issues Addressed by Projects

- **Alaska**—The need for a tobacco tax increase and the effect of a price increase on tobacco consumption.
- **Arizona**—A Tobacco Oversight Panel to train local leaders in fundraising and community organizing.
- **Arkansas**—General public education (two grants).
- **California**—The *Smoking Cessation Benefits Everyone* campaign.
- **Colorado**—The importance of a well-funded comprehensive tobacco-control program using settlement funds; increase the diversity of participants in an effort to increase the tobacco tax; and implement clean indoor air legislation (three grants).
- **Connecticut**—The need for clean indoor air policies and create a media campaign to elevate the issues the repeal of [preemption](#) and of clean indoor air (two grants).
- **District of Columbia**—The importance of a well-funded comprehensive tobacco-control program using settlement funds and increase awareness of the need for clean indoor air policies (two grants).
- **Georgia**—A media campaign about the importance of a well-funded comprehensive tobacco-control program using settlement funds.
- **Illinois**—The importance of a well-funded comprehensive tobacco-control program using settlement funds; the dangers of secondhand smoke in the city of Chicago (two grants).
- **Iowa**—Conduct a series of "Lunch and Learn" presentations around the state about the importance of a well-funded comprehensive tobacco-control program using settlement funds.
- **Kentucky**—Launch a media campaign promoting the use of settlement funds for tobacco control, place weekly inserts in a farmers' publication highlighting collaboration between tobacco farmers and health advocates, and conduct a summit with 50 farmers and 50 health advocates, as well as policy-makers, to show commitment to a common agenda; support the Southern Neighbors Project, a partnership of public health organizations in Georgia, Kentucky, North Carolina,

South Carolina, Tennessee, Virginia and West Virginia focusing on bringing the benefits of higher cigarettes taxes to southern, tobacco-producing states; and support a media campaign for clean indoor air policies in several communities (four grants).

- **Maryland**—The effect of price on tobacco consumption.
- **Minnesota**—Designate 11 percent of the settlement funds to tobacco prevention; the dangers of secondhand smoke (two grants).
- **Montana**—Address recent developments in the Montana tobacco-control policy landscape; support the efforts of the Protect Montana Kids coalition (a statewide coalition to coordinate tobacco advocacy efforts comprised of the American Cancer Society, the American Heart Association and the American Lung Association); dangers of secondhand smoke; and defend the clean air ordinance in Helena (four grants).
- **Nebraska**—Make tobacco tax a viable option for filling holes in the state budget; the effect of higher prices on tobacco consumption (two grants).
- **New Jersey**—The health consequences of smoking and the effect of an increase in price on tobacco consumption.
- **New York**—The benefits of tobacco-control policy change; the dangers of secondhand smoke.
- **New Mexico**—Work with 22 Native American tribes on the effects of tobacco use and the importance of tobacco-control policy.
- **Nevada**—The dangers of secondhand smoke.
- **North Carolina**—Produce a 20-minute video to educate policy-makers about the importance of helping tobacco farmers reduce or eliminate their dependence on growing tobacco.
- **North Dakota**—The dangers of secondhand smoke and the benefits of smoke-free public places for the citizens of Minot; preserve a clean indoor air ordinance passed in Minot and share this story with other communities in the state (two grants).
- **Oregon**—Integrate tobacco cessation into managed care organizations; create a campaign, Make it Your Business, to persuade businesses and insurers to cover and promote tobacco cessation for employees (three grants).
- **Rhode Island**—A grassroots effort to build strength for a statewide tobacco-control effort.
- **Texas**—The importance of increasing tobacco excise taxes in order to reduce consumption (two grants).
- **Utah**—The need for a comprehensive tobacco-control program using settlement funds.

- **Wisconsin**—The need for a comprehensive tobacco-control program using settlement funds; a grassroots clean indoor air campaign (two grants).
- **West Virginia**—Tobacco industry tactics and the need to reduce tobacco use.

## APPENDIX 5

### Additional Support for *SmokeLess States*

RWJF made the following grants that provided additional support for the program's work:

- **Assisting States to Develop Plans for Comprehensive Tobacco-Control Programs:** In 1999, RWJF established a \$500,000 Special Opportunities Grant Fund (ID# 036581), which was also administered by the national program office, to assist states that were not then funded by *SmokeLess States* in securing portions of their states' tobacco settlement monies to support tobacco-control efforts. Nine states received awards: Alabama, Arkansas, Idaho, Indiana, Nevada, South Carolina, South Dakota, Tennessee and Wyoming. The states used the funding, which ranged from \$40,000 to \$60,000, to develop statewide proposals for comprehensive tobacco prevention and control programs, and to secure funding for these programs from the 1998 [Master Settlement Agreement](#) with the tobacco industry.
- **Consultant Services to Assist Unfunded States:** In 2001, RWJF awarded the national program office a \$72,268 grant (ID# 043417) to provide technical assistance to states that were not funded under the *SmokeLess States* program. The technical assistance focused on strategic planning for tobacco control and coalition development. Technical assistance consultants went on-site to help each of these states and the District of Columbia develop a cohesive strategy and proposal for funding.
- **Surveys on Tobacco-Control Issues for *SmokeLess States* Grantees:** From 1994 to 2003, Mathematica Policy Research, a social policy research firm based in Princeton, N.J., conducted surveys in 30 *SmokeLess States* to assess the public's views on tobacco issues and their level of support for specific policies, such as tobacco tax increases and the dedication of revenues to tobacco-control programs (Grant ID#s PC 398 and 032284, \$2,881,762 total). Coalitions used the survey results to demonstrate public support for tobacco-control policies.
- **Training and Strategy Development Program for Grantees:** From 2001 to 2002, the national program office sub-contracted with Midwest Academy to provide training in grassroots organizing and advocacy to 25 states (Grant ID# 043899, \$230,077). Midwest Academy is the nation's oldest and best-known school for community organizations, citizen organizations and individuals committed to progressive social change.

- **Additional Technical Assistance to the *SmokeLess States* Program:** From 1994 through 1998, the Advocacy Institute worked with the national program office and state coalitions to develop effective strategies to thwart the influence of the tobacco industry through media advocacy (Grant ID#s 023488, 023844, 026857 and 029134, totaling \$617,651). The Advocacy Institute is a Washington-based organization that facilitates capacity building workshops and seminars that aim to strengthen social movements. The institute helped *SmokeLess States* grantees by:
  - Producing two strategic documents—*Smoke and Mirrors: How the Tobacco Industry Buys and Lies Its Way to Power and Profits*, which also included a step-by-step guide for the *SmokeLess States* coalitions to use in training tobacco-control advocates to combat the tobacco industry, and a *Directory of Tobacco Industry Representatives and Spokespeople*.
  - Monitoring the tobacco-settlement process in Washington and providing an ongoing analysis.
  - Producing a 40-page analysis of the tobacco settlement entitled, *Evaluating the Proposed Settlement: A Comparison with the Koop-Kessler Report and with Current Public Policies and Efforts*.
  - Fine-tuning SCARCNet, the computer network for tobacco-control professionals, and placing it [online](#), thus making it more accessible and cost-effective for users; SCARCNet featured the materials produced under these Advocacy Institute grants.

(See [Program Results](#) on ID# 038127 for more information on SCARCNet.)

- **Preemption Conference and Communications Activities:** The national program office held a meeting on [preemption](#) (August 2003) among grantees facing this challenge and sub-contracted with Citigate Communications for media and communications assistance to the national program office and select grantees (\$136,000).
- **Educating the Public and Policy Makers About Clean Indoor Air Issues:** From 1997 to 2004, RWJF funded Americans for Nonsmokers' Rights (Grant ID#s 030837 and 047293; 1997 to 2004, \$329,262) and the Public Media Center (Grant ID# 047292; 2002 to 2004, \$390,000) to develop communications messages and materials to educate the public and policy-makers about clean indoor air issues:
  - Americans for Nonsmokers' Rights, based in Berkeley, Calif., is the leading national organization dedicated to nonsmokers' rights. The organization provided strategic direction to state coalitions on clean indoor air issues, including attending project meetings, coordinating the legal review of advertising messages produced by the Public Media Center and overseeing focus group testing of communications products for clean indoor air media campaigns.

- The Public Media Center, a San Francisco-based nonprofit advertising and communications agency specializing in social change issues, developed advertising messages and provided media planning and buying assistance to support grantees' efforts to educate the public on clean indoor air issues.

## APPENDIX 6

### **SmokeLess States Evaluations**

#### **Evaluation 1: A Focus on Coalitions and Coalition-Building**

The evaluation led by Sofaer focused on the formation and development of statewide coalitions and their role in developing and implementing comprehensive tobacco prevention and control strategies and developed products that summarized the lessons learned from *SmokeLess States*. Beginning during the initial application phase of the program, Sofaer and a team of researchers visited 12 states around the country that were viewed as likely applicants to *SmokeLess States* to explore the process of coalition formation or expansion in response to the program's call for proposals. After RWJF and the national program office selected grantees for the first round of funding, Sofaer and her team focused their research visits on 12 sites actually funded under *SmokeLess States*: nine implementation sites (Alaska, Arizona, Colorado, Florida, Illinois, Kansas, New Jersey, Vermont and West Virginia) and three capacity-building sites (Alabama, Maryland and Oregon).

The research team developed a Coalition Self-Assessment Survey to generate quantitative data about coalition development, functioning and effectiveness. The survey was based on concepts from existing surveys, a literature review, new concepts from their observations of state coalitions, and input from experts in the field of tobacco control and related fields. Researchers used the final version of the survey to assess the 12 *SmokeLess States* coalitions. Through repeat site visits, in-depth interviews with coalition members, observations of coalition meetings and events, and review of grantee documents, the evaluation team collected detailed qualitative and quantitative data on the sites.

#### **Evaluation 2: The Media and Political Impact of State-Level Tobacco Control Under SmokeLess States**

This evaluation, which continues through November 2005, gathers data on the media and political impact of the *SmokeLess States* initiative by:

- Tracking proposed and passed tobacco-control legislation.
- Tracking newspaper coverage of tobacco-control issues.
- Conducting a survey of the priority of tobacco-control issues within *SmokeLess States* (e.g., the resources, capacities, partnerships and strategies devoted to the issue) using

the National Cancer Institute's (NCI's) Strength of Tobacco Control Survey, which was developed to evaluate the NCI's ASSIST program. Chaloupka and his evaluation team fielded the survey in 2002 and again in 2004; they surveyed more than 700 people, including tobacco-control leaders at the state health departments and representatives of state tobacco-control programs, *SmokeLess States* coalitions and other coalitions, and voluntary tobacco-control organizations.

## APPENDIX 7

### Cigarette Tax Rates in *SmokeLess States* Working on Tax Campaigns: 1994 and 2004 (Source: *SmokeLess States Newsletter*, 2004, Volume 3, Issue 2)

State	Cigarette Tax—1994	Dollars per Pack—2004
Alaska	.29	1.00
Arizona	.58	1.18
Arkansas	.315	.59
California	.37	.87
Connecticut	.50	1.51
Delaware	.24	.55
Georgia	.12	.37
Hawaii	.60	1.40
Idaho	.28	.57
Illinois	.44	.98
Kansas	.24	.79
Kentucky	.03	.03
Louisiana	.20	.36
Maine	.37	1.00
Maryland	.36	1.00
Massachusetts	.51	1.51
Michigan	.75	1.25
Minnesota	.48	.83
Missouri	.17	.17
Montana	.18	1.70
Nebraska	.34	.64
Nevada	.35	.80
New Hampshire	.25	.52
New Jersey	.40	2.05
New Mexico	.21	.91
New York	.56	1.50
North Dakota	.44	.44

Ohio	.24	.55
Oregon	.38	1.18
Rhode Island	.56	1.71
South Dakota	.33	.53
Tennessee	.13	.20
Texas	.41	.41
Utah	.265	.695
Vermont	.50	1.19
Washington	.565	1.425
West Virginia	.17	.55
Wisconsin	.38	.77
Wyoming	.12	.60

## APPENDIX 8

### Glossary

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

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

**Policy advocacy**—The effort to influence public opinion and public policy through various forms of persuasive communication other than lobbying. This communication may include public education activities carried out through news conferences, advertising, special events, public service announcements, letters to the editor, editorials, direct mail campaigns, etc. *SmokeLess States* grantees made use of a wide variety of these communication channels to advocate for tobacco-related policy change.

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

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### **Audio-Visuals and Computer Software**

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*Pfizer Portfolio of Public Health Issues, Volume 19, Number 1: Tobacco Settlement Funds: Big Money, No Small Plans*, a 20-minute video. Chicago: Citigate Communications, Spring 2002, more than 8,000 copies distributed.

### **Grantee Websites**

[www.smokelessstates.org](http://www.smokelessstates.org). This website provides information about tobacco-related issues and the efforts to combat tobacco use through local, state and national policies. Chicago, American Medical Association, 2000.

## **Evaluation Bibliography**

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Eisenberg M. "Integrating a School-Based Health Intervention in Times of High-Stakes Testing: Lessons Learned From Full Court Press." *Health Promotion Practice*, 10(2): 284–292, 2008. Abstract available [online](#).

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Levy DT, Ross H, Powell L, Bauer JE and Lee HR. "The Role of Public Policies in Reducing Smoking Prevalence and Death Caused by Smoking in Arizona: Results from the Arizona Tobacco Policy Simulation model." *Journal of Public Health Management and Practice*, 13(1): 59–67, 2007.

Ross H, Powell LM, Bauer J, Levy DT, Peck RM and Lee H-R. "Community-Based Youth Tobacco Control Interventions: Cost Effectiveness of the Full Court Press Project," *Applied Health Economic Health Policy*, 5(3): 167–176, 2006. Abstract available [online](#).

### **Reports**

Carney BT and Sofaer S. *Lifting the Smokescreen: 7 Stories from the Front Lines of Tobacco Control*. New York: Baruch College, 1998. Available [online](#).

Clegg-Smith K, Wakefield M, Siebel C, Szczypka G, Slater S, Terry-McElrath Y, Emery S and Chaloupka F. *Coding the News: The Development of a Methodological Framework for Coding and Analyzing Newspaper Coverage of Tobacco Issues*. Chicago: University of Illinois at Chicago, 2002. Available [online](#).

Sofaer S. *Working Together, Moving Ahead: A Manual to Support Effective Community Health Coalitions*. New York: Baruch College, 1998. Available [online](#).

Kenney E and Sofaer S. *The Coalition Self-Assessment Survey: A Manual for Users*. New York: Baruch College, 1998. Available [online](#).

### **Survey Instruments**

"The Coalition Self-Assessment Survey," Baruch College School of Public Affairs, fielded in 1994 and early 1995.

## PROJECT LIST

Reports on a selection of projects managed under this National Program are listed below. Click on a project's title to see the complete report, which typically includes a summary, description of the project's objectives, its results, post grant activities and a list of key products.

### ARKANSAS

#### *National Tobacco Policy Initiative*

American Cancer Society, Mid-South Division  
Little Rock, Ark.  
Grant ID# 041928  
Website: [www.arfreshair.com](http://www.arfreshair.com)

### DELAWARE

#### *Implementation*

American Lung Association of Delaware  
Wilmington, Del.  
Grant ID# 031385

#### *National Tobacco Policy Initiative*

American Lung Association of Delaware  
Wilmington, Del.  
Grant ID#s 041522, 041539

### MAINE

#### *National Tobacco Policy Initiative*

Consumers for Affordable Health Care Foundation  
Portland, Maine  
Grant ID# 041925

### MONTANA

#### *National Tobacco Policy Initiative*

American Cancer Society, Northwest Division  
Seattle, Wash.  
Grant ID# 041906

#### *Special Opportunities Grant (with South Dakota and Wyoming)*

American Heart Association, Pacific Mountain Affiliate  
Seattle, Wash.

Grant ID# 050844

## **NEW HAMPSHIRE**

### *National Tobacco Policy Initiative*

American Lung Association of New Hampshire  
Bedford, N.H.  
Grant ID# 041926

## **WISCONSIN**

### *Implementation*

American Cancer Society, Wisconsin Division  
Pewaukee, Wis.  
Grant ID# 031383

### *National Tobacco Policy Initiative*

Smoke-Free Wisconsin  
Madison, Wis.  
Grant ID# 041530  
Website: [www.smokefreewi.org](http://www.smokefreewi.org)

## **ALABAMA**

### *Capacity Building*

American Cancer Society, Alabama Division  
Birmingham, Ala.  
Grant ID# 024445

### *National Tobacco Policy Initiative*

American Cancer Society, Mid-South Division  
Birmingham, Ala.  
Grant ID#s 041914, 046088

## **ALASKA**

### *Implementation*

Alaska Native Health Board  
Anchorage, Alaska  
Grant ID#s 024455, 035248, 037597

### *Statewide Tobacco Prevention and Control Initiatives*

Alaska Native Health Board  
Anchorage, Alaska

Grant ID# 040329

*National Tobacco Policy Initiative*

Alaska Native Health Board

Anchorage, Alaska

Grant ID# 041591

Website: [www.anhb.org](http://www.anhb.org)

**ARIZONA**

*Implementation*

American Cancer Society, Arizona Division

Phoenix, Ariz.

Grant ID# 024456

*National Tobacco Policy Initiative*

American Cancer Society, Southwest Division

Tucson, Ariz.

Grant ID# 041544

Website: [www.smokefreearizona.org](http://www.smokefreearizona.org)

**Tucson, ARIZONA**

*Project to Reduce the Use of Tobacco Among Youth*

American Cancer Society, Arizona Division

Phoenix, Ariz.

Grant ID# 026934

American Cancer Society, Southwest Division

Tucson, Ariz.

Grant ID# 036678 (Supplemental Support)

**CALIFORNIA**

*Implementation*

Public Health Institute

Oakland, Calif.

Grant ID#s 031386, 032000, 041354

*National Tobacco Policy Initiative*

American Cancer Society, California Division

Sacramento, Calif.

Grant ID# 041915

Website: [www.tobaccofreealliance.org](http://www.tobaccofreealliance.org)

## **COLORADO**

### *Implementation*

Colorado Tobacco Education and Prevention Alliance

Denver, Colo.

Grant ID#s 024460, 035395, 038035, 041067

### *National Tobacco Policy Initiative*

Grant ID# 041526

Website: <http://ctepa.org>

## **CONNECTICUT**

### *Implementation*

Capital Area Substance Abuse Council

Bloomfield, Conn.

Grant ID# 031387

### *National Tobacco Policy Initiative*

Mobilize Against Tobacco for Children's Health (MATCH)

Wethersfield, Conn.

Grant ID#s 041527, 042420

Website: [www.matchcoalition.com](http://www.matchcoalition.com)

## **DISTRICT OF COLUMBIA**

### *Implementation*

American Cancer Society, District of Columbia Division

Washington, D.C.

Grant ID# 031372

### *Implementation*

Cause Children Count Coalition

Washington, D.C.

Grant ID# 037879

### *Statewide Tobacco Prevention and Control Initiatives*

Cause Children Count Coalition

Washington, D.C.

Grant ID# 040586

### *National Tobacco Policy Initiative*

DC Agenda Support Corporation

Washington, D.C.

Grant ID# 044306

## **FLORIDA**

### *Implementation*

American Cancer Society Florida Division

Tampa, Fla.

Grant ID#s 024457, 035818

### *Statewide Tobacco Prevention and Control Initiatives*

American Cancer Society Florida Division

Tampa, Fla.

Grant ID# 037930

## **GEORGIA**

### *Capacity Building*

State of Georgia Department of Human Resources

Atlanta, Ga.

Grant ID# 024450

### *Implementation*

American Cancer Society, Georgia Division

Atlanta, Ga.

Grant ID# 030066

### *Implementation*

American Cancer Society, Southeast Division

Atlanta, Ga.

Grant ID# 037929

### *National Tobacco Policy Initiative*

American Lung Association of Georgia

Smyrna, Ga.

Grant ID#s 041923, 050842 (Special Opportunity Grant)

## **HAWAII**

### *Implementation*

American Cancer Society, Hawaii-Pacific Division

Honolulu, Hawaii

Grant ID# 031373

### *Statewide Tobacco Prevention and Control Initiatives*

American Cancer Society, Hawaii-Pacific Division

Honolulu, Hawaii

Grant ID# 040018

*National Tobacco Policy Initiative*

American Cancer Society, Hawaii-Pacific Division  
Honolulu, Hawaii  
Grant ID#041918  
Website: [www.tobaccofreehawaii.org](http://www.tobaccofreehawaii.org)

**IDAHO**

*National Tobacco Policy Initiative*

Idaho Primary Care Association  
Boise, Idaho  
Grant ID#s 041902, 045143  
American Heart Association  
Dallas, Texas  
Grant ID# 049223  
Website: <http://idahopca.org>

**ILLINOIS**

*Implementation*

Illinois Coalition Against Tobacco  
American Heart Association of Metropolitan Chicago  
Chicago, Ill.  
Grant ID# 024458

*National Tobacco Policy Initiative*

American Heart Association, Midwest Affiliate  
Chicago, Ill.  
Grant ID#s 035393, 038437, 041529  
Website: [www.ilcat.org](http://www.ilcat.org)

**IOWA**

*Implementation*

American Cancer Society, Iowa Division  
Des Moines, Iowa  
Grant ID# 031375

*Statewide Tobacco Prevention and Control Initiatives*

American Cancer Society, Midwest Division  
Des Moines, Iowa  
Grant ID# 039565

*National Tobacco Policy Initiative*

American Lung Association of Illinois/Iowa  
Springfield, Ill.  
Grant ID# 044309

**KANSAS**

*Implementation*

American Lung Association of Kansas  
Topeka, Kan.  
Grant ID#s 024459, 035390, 037928

*National Tobacco Policy Initiative*

Kansas Smokeless Kids Initiative  
Topeka, Kan.  
Grant ID# 041541

**KENTUCKY**

*Capacity Building and Implementation*

American Lung Association of Kentucky  
Louisville, Ky.  
Grant ID#s 024448, 030065

*Statewide Tobacco Prevention and Control Initiatives*

American Lung Association of Kentucky  
Louisville, Ky.  
Grant ID# 040296  
American Cancer Society, Mid-South Division  
Grant ID# 041538

**LOUISIANA**

*National Tobacco Policy Initiative*

Louisiana Public Health Institute  
New Orleans, La.  
Grant ID# 041924  
Website: <http://tobaccofreeliving.org>

**MARYLAND**

*Capacity Building and Implementation*

Medical and Chirurgical Faculty of Maryland

Baltimore, Md.

Grant ID#s 024453, 030068, 041355, 041539

## **MASSACHUSETTS**

### *National Tobacco Policy Initiative*

Massachusetts Coalition for a Healthy Future

American Cancer Society, New England Division

Framingham, Mass.

Grant ID#s 041545, 041921

## **MICHIGAN**

### *National Tobacco Policy Initiative*

American Cancer Society, Great Lakes Division

Lansing, Mich.

Grant ID# 041919

Tobacco-Free Michigan Action Coalition (TFMAC)

Grant ID# 041929

Website: [www.tobaccofreemichigan.org](http://www.tobaccofreemichigan.org)

## **MINNESOTA**

### *Capacity Building and Implementation*

Minnesota Coalition for a Smoke-Free Society 2000

Minneapolis, Minn.

Grant ID#s 024451, 030069

### *National Tobacco Policy Initiative*

Minnesota Smoke Free Coalition

St. Paul, Minn.

Grant ID# 041537

Website: <http://smokefreecentralmn.org>

## **MISSISSIPPI**

### *Implementation*

Partnership for a Healthy Mississippi

Jackson, Miss.

Grant ID# 041930

Website: [www.healthy-miss.org](http://www.healthy-miss.org)

## **MISSOURI**

### *National Tobacco Policy Initiative*

Missouri Partnership on Smoking or Health  
American Lung Association of Eastern Missouri  
St. Louis, Mo.  
Grant ID#s 041907, 045146

## **NEBRASKA**

### *Capacity Building and Implementation*

Health Education  
Lincoln, Neb.  
Grant ID#s 024449, 030067, 041374

### *National Tobacco Policy Initiative*

Health Education  
Lincoln, Neb.  
Grant ID# 041536

## **NEVADA**

### *Capacity Building*

American Cancer Society, Nevada Division  
Las Vegas, Nev.  
Grant ID# 024446

### *National Tobacco Policy Initiative*

American Cancer Society, Southwest Division  
Phoenix, Ariz.  
Grant ID# 041904  
Website: [www.tobaccofreenv.com](http://www.tobaccofreenv.com)

## **NEW JERSEY**

### *Implementation*

Medical Society of New Jersey  
Lawrenceville, N.J.  
Grant ID#s 024461, 035505, 037619

### *Statewide Tobacco Prevention and Control Initiatives*

Medical Society of New Jersey  
Lawrenceville, N.J.  
Grant ID# 040470

*National Tobacco Policy Initiative*

Medical Society of New Jersey  
Lawrenceville, N.J.  
Grant ID# 041523

**NEW MEXICO**

*National Tobacco Policy Initiative*

American Cancer Society, Southwest Division  
Santa Fe, N.M.  
Grant ID# 041908  
Website: [www.smokefreeabq.com](http://www.smokefreeabq.com)

**NEW YORK**

*Implementation*

Center for a Healthy New York  
American Cancer Society, New York State Division  
Syracuse, N.Y.  
Grant ID# 031384

*National Tobacco Policy Initiative*

American Cancer Society, Eastern Division  
Londonville, N.Y.  
Grant ID# 041909

**NORTH CAROLINA**

*Implementation*

American Cancer Society, Southeast Division  
Raleigh, N.C.  
Grant ID# 031376

*Statewide Tobacco Prevention and Control Initiatives*

American Cancer Society, Southeast Division  
Raleigh, N.C.  
Grant ID# 039566

*National Tobacco Policy Initiative*

North Carolina Group to Alleviate Smoking Pollution  
Norwood, N.C.  
Grant ID# 042138

## **NORTH DAKOTA**

### *National Tobacco Policy Initiative*

North Dakota Tobacco Policy Initiative  
North Dakota Medical Association  
Bismarck, N.D.  
Grant ID# 041900

## **OHIO**

### *Implementation*

American Cancer Society, Ohio Division  
Dublin, Ohio  
Grant ID# 031377

### *National Tobacco Policy Initiative*

American Cancer Society, Ohio Division  
Dublin, Ohio  
Grant ID#s 041535, 050374 (Special Opportunities Grant)

## **OKLAHOMA**

### *Implementation*

American Cancer Society, Heartland Division  
Kansas City, Mo.  
Grant ID# 031374

## **OREGON**

### *Capacity Building and Implementation*

American Heart Association, Oregon Affiliate  
Milwaukie, Ore.  
Grant ID#s 024447, 029549

### *Implementation*

Oregon Health and Science University  
Portland, Ore.  
Grant ID# 037801

### *Statewide Tobacco Prevention and Control Initiatives*

Oregon Health and Science University  
Portland, Ore.  
Grant ID# 041118

## **PENNSYLVANIA**

### *National Tobacco Policy Initiative*

American Cancer Society, Pennsylvania Division

Hershey, Pa.

Grant ID# 041898

American Lung Association of Pennsylvania

Camp Hill, Pa.

Grant ID# 045145

## **RHODE ISLAND**

### *Implementation*

Progreso Latino

Central Falls, R.I.

Grant ID# 031388

### *National Tobacco Policy Initiative*

American Cancer Society, New England Division

Pawtucket, R.I.

Grant ID#s 041912, 045140

## **SOUTH DAKOTA**

### *National Tobacco Policy Initiative*

American Cancer Society, Midwest Division

Pierre, S.D.

Grant ID# 041913

### *Special Opportunities Grant (with Montana and Wyoming)*

American Heart Association, Pacific Mountain Affiliate

Seattle, Wash.

Grant ID# 050844

Website: [www.sdtobaccofree.org](http://www.sdtobaccofree.org)

## **TENNESSEE**

### *National Tobacco Policy Initiative*

American Cancer Society, Mid-South Division

Nashville, Tenn.

Grant ID# 046088

## **TEXAS**

### *National Tobacco Policy Initiative*

PTA Texas Congress

Austin, Texas

Grant ID#s 041931, 050650

Families Under Urban and Social Attack

Houston, Texas

Grant ID# 052176 (Special Opportunities Grant)

## **UTAH**

### *Implementation*

American Cancer Society, Utah Division

Salt Lake City, Utah

Grant ID# 031382

### *National Tobacco Policy Initiative*

Brigham Young University

Provo, Utah

Grant ID# 041533

## **VERMONT**

### *Implementation*

State of Vermont Department of Health

Burlington, Vt.

Grant ID#s 024462, 035335, 037596

### *Statewide Tobacco Prevention and Control Initiatives*

American Cancer Society, New England Division

Coalition for a Tobacco-Free Vermont

Montpelier, Vt.

Grant ID# 040294

Website: [www.tobaccofreevermont.org](http://www.tobaccofreevermont.org)

## **VIRGINIA**

### *Capacity Building and Implementation*

University of Virginia School of Medicine

Charlottesville, Va.

Grant ID#s 024452, 030070

*Statewide Tobacco Prevention and Control Initiatives*

University of Virginia School of Medicine  
Charlottesville, Va.  
Grant ID# 040587

**WASHINGTON**

*Capacity Building and Implementation*

Washington DOC (Doctors Ought to Care)  
Tukwila, Wash.  
Grant ID#s 024454, 030072, 037927

*Statewide Tobacco Prevention and Control Initiatives*

Washington DOC (Doctors Ought to Care)  
Tukwila, Wash.  
Grant ID#040628

*National Tobacco Policy Initiative*

American Cancer Society, Great West Division  
Seattle, Wash.  
Grant ID#s 041906, 045147, 050428 (Special Opportunities Grant)  
American Heart Association, Pacific Mountain Affiliate  
Grant ID#s 041538, 042421

**WEST VIRGINIA**

*Implementation*

West Virginia Hospital Research and Education Foundation  
Charleston, W.Va.  
Grant ID# 024463

Healthcare Education Foundation of West Virginia  
Charleston, W.Va.  
Grant ID#s 035391, 038436

*National Tobacco Policy Initiative*

Healthcare Education Foundation  
Charleston, W.Va.  
Grant ID# 041922  
Website: [www.ctfww.com](http://www.ctfww.com)

## WYOMING

### *National Tobacco Policy Initiative*

American Heart Association, Desert/Mountain Affiliate  
Tempe, Ariz.

Grant ID#s 041894, 045144

### *Special Opportunities Grant (with Montana and South Dakota)*

American Heart Association, Pacific Mountain Affiliate  
Seattle, Wash.

Grant ID# 050844

- National RWJF *SmokeLess States*® Program Helps Arkansas Raise Cigarette Excise Tax and Implement Tobacco-Control Efforts (October 2005)
- National RWJF *SmokeLess States*® Program Helps Delaware Develop Comprehensive Clean Indoor Air Act and Increase Taxes on Cigarettes (October 2005)
- National RWJF *SmokeLess States*® Program Helps Maine Increase Cigarette Taxes and Implement Tobacco-Control Efforts (July 2008)
- National RWJF *SmokeLess States*® Program Helps Montana Increase Cigarette Excise Tax to One of Highest in Country and Implement Tobacco-Control Efforts (October 2005)
- National RWJF *SmokeLess States*® Program Helps New Hampshire Promote Tobacco-Control Efforts (October 2005)
- National RWJF *SmokeLess States*® Program Helps Wisconsin Decrease Smoking Rates Among Middle and High School Students and Implement Tobacco-Control Efforts (October 2005)