
Community-based Action to Advance Health Equity in the Tobacco Control Movement

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EXECUTIVE SUMMARY

Study Background

Support for this report was provided by the Robert Wood Johnson Foundation as a part of the Lead Local Project. The actions described were not funded by the Foundation, and the views expressed and articles and references cited here do not necessarily reflect the views of the Foundation. Lead Local was an effort to examine the role of community power in advancing health equity. The goal of this study was to retrospectively examine the role of community power-building organizations in advancing the movement for tobacco control.

Summary

The movement to control tobacco has been one of the most significant public health initiatives of the last half century. Although it has made significant progress, the effort has had uneven and disparate impacts across the national population. This report examines the role of community power-building within the movement, arguing that a greater focus on community engagement and power-building (alongside initiatives such as litigation, public education campaigns, and lobbying) could help ameliorate some of the persistent disparities that remain, and help achieve success of the movement for all.

The report begins by conceptualizing the effort to control tobacco as a problem not only of policy, but also of power, meaning that its impact depends not only on changing policies but also shifting the underlying systems of power that lead to disparate impacts across particular communities. Community power-building can help solve problems of power because it focuses on developing the individual and collective capacities that structurally marginalized constituencies need to be able to advocate for change on their own terms—as such, community power-building focuses not only on things like winning policy battles, but on creating the long-term capacities that allow a community to ensure policies are implemented in ways that meaningfully impact their lives.

Then, we apply that framework to tobacco control, using three case studies to show the ways in which community power-building complemented other

approaches for change to build the tobacco control movement. We argue that community power-building for tobacco control substantiated the efforts of legal strategies, professional lobbying, and other efforts in three particular ways:

- First, community power-building helped local communities build power to advocate for the types of changes that would lead to more equitable impacts of policies;
- Second, community power-building helped ensure proper ongoing implementation of tobacco control policy, even after battles for passage had ended; and
- Third, community power-building efforts helped mitigate negative unintended consequences, ultimately leading to more durable long-term changes.

We examine cases illustrating each of these pathways. These lessons help us better understand the actual and potential pathways for change in the tobacco control movement, and point to ways in which advocates of other public health issues can support future calls for change.

Key findings:

- Community power-building can build leadership, organizational structures, and networks of relationships in marginalized communities that can sustain pressure for change and challenge attempted policy rollbacks.
- By involving community members through community power-building efforts, advocates can help secure long-term outcomes of the movement by preventing policy rollbacks and ensuring proper implementation of policies, and obviate potential harms that impose disproportionate impacts on structurally marginalized communities.
- Investing in community power-building efforts can build solidarity across vulnerable populations, thereby increasing cultural awareness and competency and facilitating both current and future cooperative policy efforts.

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Introduction

The public health community often highlights tobacco control as one of its foremost initiatives in modern history.¹ During the latter half of the 20th century, anti-tobacco campaigns yielded a number of important victories: smoke-free indoor air policies increased to cover the majority of people in workplaces, restaurants, and bars²; between 1993 and 2009, state cigarette excise taxes quadrupled from 29 cents to \$1.27 per pack; medical care for tobacco cessation increased exponentially, with Medicaid plans in 45 states and virtually all managed care plans covering at least some treatment. These and other policy changes helped reduce the smoking rate from over 40% in 1965 to 14% in 2017³ and prevented more than eight million premature deaths.⁴ No advocate could accomplish all of this alone. A variety of stakeholders,

including community-based groups, associations of medical professionals, researchers, legal experts, lobbyists, and policy experts worked together to fight hard-won victories for tobacco control through lobbying, public education and communications, court battles, and so on.⁵

Given the significant investments in tobacco control that the field of public health has made, it is an important case for understanding the pathways through which large-scale societal change on health-related issues happens. The effort to control tobacco not only achieved policy changes, but it also emerged as a movement with multiple players who were each consequential for its success. In this paper, we will thus refer to tobacco control as a movement, meaning that it was

¹ Centers for Disease Control and Prevention [CDC]. (1999). Achievements in public health, 1900-1999: Tobacco use—United States, 1900-1999. *Morbidity and Mortality Weekly Report*, 48(43), 986-993.

² Robert Wood Johnson Foundation [RWJF] (2011). *The Tobacco Campaigns*.

³ CDC (2017). *Current Cigarette Smoking Among Adults in the United States*.

⁴ Robert Wood Johnson Foundation (2011). *The Tobacco Campaigns*; Holford, T., Meza, R., Warner, K. E. et al. (2014). Tobacco Control and the Reduction in Smoking-Related Premature Deaths in the United States, 1964-2012. *JAMA* 311(2): 164-171.

⁵ See RWJF (2011), and also: Wolfson, M. (2017). *The Fight Against Big Tobacco: The Movement, the State and the Public's Health*. Routledge; Jacobson, P. D., &

Warner, K. E. (1999). Litigation and public health policy making: the case of tobacco control. *Journal of Health Politics, Policy and Law*, 24(4), 769-804; Balbach, E. D., Traynor, M. P., & Glantz, S. A. (2000). The implementation of California's tobacco tax initiative: the critical role of outsider strategies in protecting Proposition 99. *Journal of Health Politics, Policy and Law*, 25(4), 689-716; Chaloupka, F. J., Levy, D., & Huang, J. (2011). The impact of tax and smoke-free air policy changes. Princeton, NJ: Robert Wood Johnson Foundation Tobacco Retrospective Series, 201(1); Cox, E., Barry, R., Glantz, S. A., & Barnes, R. L. (2014). *Tobacco Control in California, 2007-2014: A Resurgent Tobacco Industry While Inflation Erodes the California Tobacco Control Program*.

constituted by various actors across multiple institutions who express new ways of thinking and agitate for institutional transformations.

Advocates worked within the courts, the education sector, mass media, academia, medicine, foundations, and, as we will show, in community-based organizations as well, with the ultimate goal of reducing and preventing tobacco use.

Many other analyses of the movement examine lobbying efforts, public education and communications campaigns, and prolonged legal battles as the principal tools advocates used to build the movement for tobacco control.⁶ Less work has examined the role community power-building efforts played alongside these other efforts. In this paper, we highlight community power-building to reveal the complex ways it contributed to the movement. These complexities provide us with a new window into strategies that may prove pivotal in ensuring that the movement has equitable impacts across the entire population.

Community power-building, as we define it, is the effort to build a strong grassroots base of solidarity and community power around a particular issue or policy within a community, often historically marginalized, to advocate for

change on that issue. It is distinct from mass communications efforts, which seek to engage or persuade a vast public; rather, community power-building equips community members themselves to become powerful advocates in their own right, often helping to create the leadership capacity, networks of relationships, and community governance structures that maintain and further build advocacy power over the long term and that can be called upon for other fights. We argue that community power-building efforts were and are a vital part of the tobacco control movement, particularly in engaging communities of color and low-income communities to campaign from the ground up in concert with top-down strategies to litigate, publish, lobby, and educate. Therefore, we argue that an examination of community power-building can impart new insights into the ways that policy changes can be won, equitably designed and distributed, and faithfully implemented.

The logic of our argument is simple: first, it begins with the idea that tobacco control—or any problem that necessitates a social movement—is a problem not just of policy but of power.⁷ Thus, any analysis of the movement's

⁶ For example, the 1998 Master Settlement Agreement between the tobacco industry and 46 states—a \$206 billion settlement—imposed landmark restrictions on tobacco marketing, including banning cartoon characters like Joe Camel in advertisements and preventing tobacco advertising at

events catering to young people, on transit systems, and outdoors. See RWJF (2011).

⁷ Amenta, E., Caren, N., Chiarello, E., & Su, Y. (2010). "The political consequences of social movements." *Annual Review of Sociology*, 36, 287-307.

outcomes must explain how the movement not only shifted policy outcomes or won court cases, but also how it did (or did not) shift power. Second, community power-building is a key element to shifting power because it seeks to build power within communities affected by an issue by turning them into agents of change. Taken alone, analyses of efforts such as lobbying, litigation, or public education campaigns often treat the public as consumers of mass communication or recipients of policy benefits won by professional advocates. Community power-building adds an important missing dimension by identifying communities and their members as agents in shaping and making possible those campaigns. Thus, it complements other advocacy efforts by focusing on developing another source of power, community power—one that uniquely equips members of affected communities to advocate for the changes they need. In particular, we argue that a focus on community power-building could amplify the ability of the movement for tobacco control to attain impacts that might be a struggle for policy change and litigation to obtain on their own: namely, community power-building can help achieve equitable distribution of impact, accountability for proper implementation, and mitigation of unintended policy consequences.

Our paper unpacks this argument as follows. First, we begin with an examination of what it means to understand tobacco

control as a problem of power. Second, we examine how community power-building—in general—seeks to build local power, thereby aiding issue advocacy efforts. Third, we apply these ideas to the movement for tobacco control, showing that examining the role of grassroots agents of change in the movement for tobacco control reveals key insights about the distribution of impact, implementation, and long-term consequences of policy changes. Finally, we draw on three case studies to exemplify the limits of studying tobacco control without studying community power.

Understanding Tobacco Control as a Problem of Power

For obvious reasons, tobacco control is a problem of policy, as existing policies help shape the possible range of behavior. By fighting for stricter rules, advocates sought to restrict tobacco's reach. But what does it mean to understand tobacco control as a problem of power? Answering this question begins with understanding the complex and multi-faceted ways in which power works. We define power by building on existing work, adopting a definition that emphasizes two key dimensions of power: first, that power is not the mere accumulation of resources, but instead has to be understood as a dynamic relationship, and second,

that power operates at multiple levels.

First, we define power as being the property of a dynamic relationship, not a static trait of an organization or movement. Sometimes people mistake resources for power, assuming that having more money, more engaged supporters, or a better message is equivalent to power. With respect to tobacco control, advocates might be tempted to argue that developing better public health messages, moving public opinion, or raising a lot of money is equivalent to having power. This approach, however, mistakes the accrual of resources as a proxy for power. Previous research has shown that movements can win public opinion and still not accrue power; likewise, they can raise a lot of money and fail to win power.⁸ Many different factors are theorized to affect policy change, including having more money, more supporters, a better message, superior technology, and winning elections. Research shows that while all of these factors matter, none are dispositive.⁹

For a movement like tobacco control, this distinction between

power and resources means that the movement must focus not just on accruing resources, but on strategically deploying those resources. Power is ultimately a dynamic exchange of interests and resources. One person (or movement) has power over another if she has resources that serve the other person's interests and vice versa. Resources matter to building power, in other words, only insofar as they can be used in service of another stakeholder's interests. Individuals, organizations, and movements have power in some instances but not in others. For example, a litigator may hold status and influence in the courtroom, successfully persuading a judge to make a particular decision, but that same person may be powerless in trying to convince legislators to change tobacco policy. The goal for any social movement is not only to win isolated victories—in courtrooms, elections, legislatures, and so on—but ultimately to shift the structural power dynamics that make institutions (like tobacco companies) so consequential in shaping people's individual behaviors.

⁸ See, e.g. Theda Skocpol, "2013. "Naming the Problem: What It Will Take to Counter Extremism and Engage Americans in the Fight Against Global Warming". Scholars Strategy Network Report. Cambridge, MA.

⁹ Baumgartner, Frank, Jeffrey M. Berry, Marie Hojnacki, David C. Kimball, and Beth L. Leech. 2009. *Lobbying and Policy Change: Who Wins, Who Loses, and Why*. Chicago: University of Chicago Press. We should emphasize that this approach to defining

power does not imply that resources do not matter. Any movement seeking to make change is, by definition, fighting entrenched power structures that have already institutionalized their power into status quo policy. In this uphill battle, having more of any of these resources—money, people, electoral victories, etc.—is both needed and helpful. The impact all of them have on policy outcomes, however, is very contingent. None can clear a path to victory.

The second key dimension of power to understand is that it operates at varying levels of visibility.¹⁰ If power is the ability to shape a target's interests, what are the factors that do so? As political theorist Steven Lukes famously articulated, there are three "faces" of power. The first face of power refers to the visible exercise of power—such as one side winning votes on a city council, campaigns getting candidates elected into office, advocates winning smoking bans on private property, or parents punishing their children for smoking. In all of these cases, one side exerts its interests over another in a visible display of power.

Lukes argues, however, that power is not just about who wins in such visible contests, but also about the more veiled factors that shape the nature and presence of such open contestation. For instance, power not only characterizes which side wins a city council vote, but also the question of who gets to decide which issues the city council will even vote on in the first place. Will the city council take up a vote on banning smoking in public parks, for instance? Lukes calls this ability to set the agenda and make decisions the second face of power. Sometimes the dominant players are so powerful that the marginalized, knowing their odds, do not even

attempt to fight for their interests and thus cede agenda control by choosing to stay out of the fight. In places where tobacco companies are politically very powerful, for instance, anti-tobacco advocates may choose to stay out of certain legal, policy, or public opinion battles that they think they cannot win. Similarly, the threat of expensive and cumbersome lawsuits from the tobacco industry may be enough to preclude local governments from passing tobacco-control laws.

The third face of power refers to power that is invisible or structural in nature. How can power simultaneously be invisible and structural? On one hand, the third face of power refers to the hidden assumptions that we all carry about how the world works—for instance, people internalize values, worldviews, and priorities that shape how they see other people (such as implicit racism or sexism) or the world (assumptions about whether smoking is socially desirable, for example). Even though the third face of power refers to the mental assumptions we all make about how the world works, it is also structural because those assumptions become instantiated into the kinds of institutions we create in society. For example, implicit bias against the poor means that many of the health and healthcare delivery systems in

¹⁰ Lukes, S. (2005). "Power and the Battle for Hearts and Minds." *Millennium*, 33(3), 477-493; Gaventa, J. (1982). *Power and powerlessness: Quiescence and rebellion in an Appalachian valley*. University of Illinois

Press; Pierson, Paul. (2015). "Goodbye to Pluralism? Studying Power in Contemporary American Politics." Paper presented at the Wildavsky Forum for Public Policy, Goldman School of Public Policy, April 2015.

the United States are set up to make it difficult for the indigent to access high-quality healthcare, thus exacerbating our inability to utilize preventive health to reduce risk among vulnerable populations.

Applying this framework for understanding power to tobacco, it becomes apparent that while we can empirically observe things like whether an elected official chooses to vote for or against a tobacco control bill, there are many other, more hidden factors that influence that choice. What was the range of alternatives that were available to the elected official? Who determined which alternatives were available? How did cultural factors, assumptions, or narratives about smoking, who is hurt by it, and whether that matters affect their choice? Here, power is an iceberg: we see only the topmost portion protruding from the water. Most of its mass remains submerged, but it is no less consequential in determining outcomes.

To build power, movements must be able to publicly contest the status quo (the first face) while simultaneously surfacing the way more invisible forms of power are at work (second and third faces). Some

movements win victories on the first face of power, but falter in their efforts to challenge the second and third faces of power, thus finding that their control over political outcomes is fragile in the long term. One example of such a movement is the Arab Spring in Egypt, where a powerful mass demonstration toppled the Mubarak regime, winning a significant visible victory—but because the movement could not build enough depth for sustained power, the military junta were back in control after a few years. Powerful movements are thus those that are able to make change in ways that shift not only the most visible manifestations of the status quo, but also the beliefs, habits, and structures that perpetuate them, thus developing a more durable influence over outcomes they care about.

More specifically, it becomes clear that a successful movement to control tobacco is not only a matter of achieving highly salient wins, such as passing policies or victories in court that impose greater regulations on tobacco, but it is also a matter of examining the myriad veiled factors that complicate any durable change.¹¹ Only then can we

¹¹ Different methods for assessing power in both academic scholarship and the world of practice range broadly, including (but not limited to): examining the visible policy gains or electoral campaigns a movement can win, assessing the extent to which the movement can influence agendas or dominant narratives or the extent to which the movement develops capacities or resources (such as large numbers of people)

known to make long-term policy wins more likely. Recent research has argued that a movement achieves power (or influence) when it alters the pattern of interests its targets use to make strategic choices. See, for instance, Amenta, E., Caren, N., Chiarello, E., & Su, Y. (2010). "The political consequences of social movements." *Annual Review of Sociology*, 36, 287-307; Polletta, F., & Ho, M. K. (2006). Frames and

begin to understand the full range of reasons that make a target like tobacco so powerful and the strategies that movements must adopt in their advocacy efforts. Such a view raises questions about the distribution of impact on different populations, policy implementation, and unintended consequences. Without also addressing these less conspicuous ways in which tobacco holds power, any hard-won regulation is vulnerable to being implemented in ways that are inconsistent with the original intent, or even to being overturned.¹² Initiatives such as the effort to develop the concept of nonsmokers' rights, championing the narrative of tobacco as a corporate harm rather than a pleasurable consumer product, and public education campaigns begin to address the second and third faces of power in the tobacco fight. But these stop short of explaining the differential impact of regulations across communities, how these regulations are implemented in people's lives, and any potential unintended consequences,

their consequences. *The Oxford handbook of contextual political analysis*, 5; McCarthy, J. D., & Zald, M. N. (2001). "Resource mobilization theory: Vigorous or outmoded." *Handbook of Sociological Theory*. New York: Springer, 533-566; Luders, J. E. (2010). *The civil rights movement and the logic of social change*. Cambridge University Press.

¹² Hacker, Jacob. (2005). "Policy Drift: The Hidden Politics of US Welfare State Retrenchment." In *Beyond Continuity: Institutional Change in Advanced Political Economies*, ed. W.

especially those that would create or perpetuate social inequities. We examine each of these dimensions below and show how a focus on community-based action can provide a complementary perspective on how successful movements build power, even in the face of these challenges. If we understand the goals and outcomes of the tobacco control movement through this broader lens of power, community power-building becomes an important avenue for realizing it.

Community Power-Building as a Lever of Power

Community power-building has long been a bedrock of democratic governance. From the earliest days of American democracy, people have come together to try to influence public outcomes in their communities, states, and country. Such power-building traditions have had long histories in labor, faith communities, social movements, and elsewhere.¹³

Streeck and K. Thelen. Oxford: Oxford University Press.

¹³ Piven, F. F., & Cloward, R. A. (1977). *Poor People's Movements: Why They Succeed, How They Fail*. New York: Pantheon, p. 110; McAlevey, J. (2015). "The crisis of New Labor and Alinsky's legacy: Revisiting the role of the organic grassroots leaders in building powerful organizations and movements." *Politics & Society*, 43(3), 415-441; Alinsky, S. (1971). *Rules for Radicals*. New York: Random House; Milkman, R., & Voss, K. (Eds.). (2004). *Rebuilding Labor: Organizing*

We do not intend to try to adjudicate between or reconcile different philosophies or traditions of community power-building. Instead, we use the term to refer broadly to an effort to build power within a community that wants change by developing members' leadership, equipping them to act together to advocate for their own interests, and building organizations or other vehicles through which these constituent leaders can exercise voice over the outcomes they care most about. Community power-building may involve a variety of tactics or tools (such as the one-on-one meeting, house parties, or voter mobilization), a set of technologies or mediums of organizing (such as face-to-face versus digital tools), particular arenas in which power is built (such as legislatures, courts, communities, or the media), or particular organizational forms (such as formal 501(c)3 organizations, elections, campaigns, or networks). Our contention is that community power-building can be exercised in multiple arenas, using a wide range of technologies and tactics, and built through a variety of structural vehicles. It is defined not by any one tool or tactic, but instead by its commitment to engaging people collectively in public action.

and organizers in the new union movement. Cornell University Press; Ganz, M. (2009). *Why David Sometimes Wins: Leadership, organization, and strategy in the California farm worker movement.* Oxford University Press; Wood, R. L., & Fulton, B. R. (2015). *A Shared Future: Faith-based organizing for*

How does community power-building account for the dynamic and layered nature of power discussed in the previous section? Campaigns that focus on discrete policy, legal, or electoral outcomes can sometimes win on the first face of power without shifting the second or third faces of power, leaving any wins vulnerable to retrenchment or reversals. Community power-building obviates this problem by equipping a group of people with a set of tools that enable them to act together, strategically, to fix problems they face in their lives. Because it puts people's needs and their ability to act agentically to meet these needs at the center of its work, community power-building ensures that the challenges of the second and third faces of power are taken into account. Consider, for instance, a campaign to increase tobacco taxes that is run by professional lobbyists who support smoking cessation but are not, themselves, part of communities afflicted by tobacco addiction. The campaign could win its desired policy outcomes and raise the cost of tobacco. But because the lobbyists are not personally affected by the enforcement of these policies, they may move on to the next policy battle, unaware when implementation does not go

racial equity and ethical democracy. University of Chicago Press; Payne, C. M. (2007). *I've Got the Light of Freedom: The organizing tradition and the Mississippi freedom struggle.* Univ of California Press; M. Warren (2001) *Dry Bones Rattling.* Princeton: Princeton University Press.

according to plan. Thus, the policy campaign could win on the first face of power without solving the actual problem of lowering smoking rates in a community. In contrast, consider a campaign for increasing tobacco taxes that works not only with professional lobbyists but also with efforts to build the advocacy capacities of communities most affected by the adverse effects of tobacco. After the policy passes and the downstream effects of increased tobacco costs begin to hit local areas, the communities themselves would be equipped to identify and advocate for the ongoing changes and support they need to ensure that the policy has the impacts it intends.

By equipping people to act collectively on outcomes they care about, community power-building seeks to affect broader power dynamics in a policy area, instead of focusing on just one particular policy change or court case. While those victories are important, they alone do not guarantee that new systems will take root and lead to success over the long term. In the Civil Rights Movement, for instance, the NAACP pursued a legal strategy for much of the early twentieth century, relying on legal experts to advocate for the rights of Black people. Although some important victories were won, the Black constituency who needed change the most never developed

the capacities to advocate for themselves. In the 1960s, the Black community began to organize, a key shift that enabled them to develop their own capacities to act together and reconfigure the resources they had—such as bus tokens in the Montgomery Bus Boycott—into sources of power. New capacities were created within the Black community that allowed it to continue the ongoing struggle for civil rights—even after the Civil Rights Act was passed, the movement was not over.

Thus, community power-building can be a meaningful contributor to movements' long-term success. The development of leadership capacity, organizational structures, and collective purpose can transform communities into powerful agents of change in their own right. When new capacities are exercised repeatedly over time, organized communities are able to sustain pressure for particular socio-political outcomes. This can instantiate their influence not only over one policy area, but also over the broader socio-political structures that shape the way policies get implemented, distributed, and protected over time.¹⁴

Unexplored Lessons from Community Power-Building

¹⁴ Hansen, John Mark. *Gaining Access: Congress and the Farm Lobby, 1919-1981*. Chicago: University of Chicago Press;

Baumgartner, F., Berry, J., Hojnacki, M., et al. (2009). *Lobbying and Policy Change: Who Wins, Who Loses, and Why*. Chicago: University of Chicago Press.

Though policy change and litigation has been studied at length in the tobacco control context and has been the source of some significant changes, community-power building has been given less attention in the literature. Yet, examining the role of community power-building reveals unexplored lessons from this landmark public health movement. As we argue below, there are three dimensions of tobacco control that show the ways in which community power-building can amplify other successes of the tobacco control movement. We are not arguing, however, that these are the *only* impacts that community power-building can have on public health movements like tobacco control. To the contrary, if a movement builds the power of a community, that community often becomes better able to advocate for itself on a range of other issues. We focus here, however, on three particular pathways related to the effects of tobacco control. In particular, if we examine inequitable impacts, the gap between policy

design and implementation, and unintended consequences, we see that community-based organizing has played an important role in the movement.

First, let us consider inequitable impacts. Research shows that while significant gains have been made, tobacco control has not yet been won for all. Policy adoption and implementation have been distributed unevenly across populations, with the greatest policy impacts among constituencies enjoying the greatest privileges.¹⁵ Tobacco has a long history of causing disproportionate harm to people who are already structurally disadvantaged, in part because tobacco products have historically been disproportionately marketed to marginalized communities, or what health disparities researchers would call target or priority populations.¹⁶ Health disparities are “systematic, potentially avoidable differences in health—or in the major socially determined influences on health—between groups of people who have different relative positions in

¹⁵ Uneven distribution of policy adoption and some uneven implementation. The policies themselves often have neutral or equity promoting effects except cessation interventions—see: Hill S, Amos A, Clifford D, et al. (2014). Impact of tobacco control interventions on socioeconomic inequalities in smoking review of the evidence. *Tobacco Control* 23(e2): 89-97; Brown T., Platt S., Amos A. (2014). Equity impact of interventions and policies to reduce smoking in youth: systematic review. *Tobacco Control* 23(e2): 98-105. Disparities overall have narrowed by race but have increased by income and education over the last 10 years—see:

Jamal, A., Homa, D., O'Connor, E., et al. (2015). Current Cigarette Smoking Among Adults — United States, 2005–2014. *Morbidity and Mortality Weekly Report* 64(44): 1233-1240.

¹⁶ Mayberry, R. M., & Price, P. A. (1993). “Targeting Blacks in cigarette billboard advertising: Results from down South.” *Health Values: The Journal of Health Behavior, Education & Promotion*; Stoddard, J., Johnson, C.A., Sussman, S., Dent, C., & Boley-Cruz, T. (1998). “Tailoring outdoor tobacco advertising to minorities in Los Angeles County.” *Journal of Health Communication*, 3(2), 137-146.

social hierarchies according to wealth, power, or prestige.”¹⁷ Even with all the hard-won gains of the tobacco control movement, tobacco use in priority communities is higher on average—in some cases, many times over—than among the general population.¹⁸ American Indian, Alaska Native, Asian American and Native Hawaiian and Pacific Islander (NHP) men have some of the highest rates of smoking in the United States.¹⁹ For example, Korean men smoke at a rate of 27.9%—nearly twice that of the overall population. These higher rates of tobacco use translate into health inequities as tobacco-related diseases such as heart disease and stroke disproportionately affect priority populations.²⁰ This is consistent with prior research on health inequities, showing that those inequities can deepen already-existing social divides since health is

essential to well-being and to escape from social marginalization.²¹

Disparities can also emerge when policies are shaped without substantive involvement of priority communities and with a lack of cultural awareness and sensitivity. Scholars have found that the priorities of elites, including funders at philanthropic organizations, may clash with those of constituencies and even disrupt community values and bonds.²² This disruption stems from the fact that many initiatives are developed externally to communities and then implemented in time-limited contexts. Such initiatives require new structures and processes for implementation, altering community dynamics in ways that are not necessarily attuned to existing dynamics and community needs. For example, tobacco control efforts that impact—but are not guided by—American Indian (AI) tribal

¹⁷ Braveman, P. (2006). “Health disparities and health equity: concepts and measurement.” *Annual Review of Public Health*, 27, p. 181.

¹⁸ Bye L, Gruskin E, Greenwood G, Albright V, Krotki K. (2005). “California Lesbians, Gays, Bisexuals, and Transgender (LGBT) Tobacco Use Survey—2004.” Sacramento: California Dept of Health Services; Chae, D. H., Gavin, A. R., & Takeuchi, D. T. (2006). “Smoking prevalence among Asian Americans: findings from the National Latino and Asian American Study (NLAAS).” *Public Health Reports*, 121(6), 755-763; Forster, J., Poupert, J., Rhodes, K., Peterson-Hickey, M., Lamont, G., & D’Silva, J. (2016). “Cigarette smoking among urban American Indian adults — Hennepin and Ramsey counties, Minnesota, 2011.” *Morbidity and Mortality Weekly Report*, 65(21), 534-537; Lew, R., & Tanjasiri,

S. P. (2003). “Slowing the epidemic of tobacco use among Asian Americans and Pacific Islanders.” *American Journal of Public Health*, 93(5), 764-768.

¹⁹ Chae, Gavin, & Takeuchi (2006); Lew & Tanjasiri (2003)

²⁰ Holm, J. E., Vogeltanz-Holm, N., Poltavski, D., & McDonald, L. (2010). “Assessing health status, behavioral risks, and health disparities in American Indians living on the Northern Plains of the U.S.” *Public Health Reports*, 125, 68-78; Mowery, P. D., Dube, S. R., Thorne, S. L., Garrett, B. E., Homa, D. M., & Henderson, P. N. (2015). “Disparities in smoking-related mortality among American Indians/Alaska Natives.” *American journal of preventive medicine*, 49(5), 738-744.

²¹ Braveman (2006).

²² Kubisch, Auspos, Brown, Buck, & Dewar (2011).

communities have stumbled because of their lack of understanding about the importance of traditional culture, including traditional tobacco practices, and the impact of historical trauma.²³ Such policies have failed to equitably distribute impact as a result, and sometimes to even deepen social divides between dominant culture and priority populations.

Second, for many policies to impact people's lives, they must be considered not only in light of passage, but also implementation. Health policy, in particular, requires significant consideration of policies and methods of enforcement.²⁴ Indeed, policy change often does not always involve the follow-through necessary to ensure implementation of policies once they have been passed.²⁵ In many (but not all) cases, without significant effort to implement and enforce laws, mere passage represents a symbolic change only and fails to accomplish intended material

impacts. This is especially problematic in the case of tobacco control, where many public health measures required state-level enforcement and implementation measures that were opposed by the powerful and politically connected tobacco industry.

Third and finally, tobacco control efforts, like many efforts at social and organizational change,²⁶ may result in unintended consequences. These arise when policies result in outcomes that are unforeseen and sometimes inimical to the policy purpose. Unintended consequences are therefore an important ethical concern for public health practitioners to consider. For example, some research suggests that tobacco control regulations designed to reduce smoking by mothers (and therefore protect their children from second-hand smoke) can result in smoking stigmatization that in turn increases mental health risks for mothers, creating a different but also consequential risk to

²³ Bosma, Linda M.; Martínez, Jaime; Toves Villaluz, Nicole; Tholkes, Christine A.; Anderson, LaRaye; Brokenleg, Sarah; and Matter, Christine M. (2018). "In a good way: Advancing funder collaborations to promote health in Indian Country." *The Foundation Review* 10(1).

²⁴ Jacobson, P. D., & Wasserman, J. (1999). "The implementation and enforcement of tobacco control laws: policy implications for activists and the industry." *Journal of Health Politics, Policy and Law*, 24(3), 567-598.

²⁵ Weaver, K. (2010). "Paths and forks or chutes and ladders?: Negative feedbacks and policy regime change." *Journal of Public Policy*, 30(2), 137-162; Oberfield,

Zachary. (2014). *Becoming Bureaucrats: Socialization at the Front Lines of Government Service*. University of Pennsylvania Press; Jacobs, Lawrence R. and Soss, Joe. (2010). "The Politics of Inequality in America: A Political Economy Framework." *Annual Review of Political Science* 13: 341-364.

²⁶ Ebenstein, A. (2010). "The 'missing girls' of China and the unintended consequences of the one child policy." *Journal of Human Resources*, 45(1), 87-115; Cornelius, W. A. (2001). "Death at the border: Efficacy and unintended consequences of US immigration control policy." *Population and development review*, 27(4), 661-685.

children.²⁷ Researchers recommend taking into account unanticipated consequences especially in the context of developing policies that positively impact disadvantaged or marginalized populations.²⁸

Putting the pieces together, an examination of the role of community power-building helps deepen our understanding of how to achieve success of the movement for tobacco control. From a distributional perspective, ensuring that the public health gains of tobacco control are shared equitably across populations means taking into account the long-standing structural power differentials that make it harder for certain constituencies to share in those gains. Second, without building dynamic power, advocates would not be able to ensure that tobacco policies are implemented in the ways that they intended. Third, they may also not be able to identify and mitigate potential unintended consequences. We illustrate each of these points with case studies below.

Case Study Approach and Methods

²⁷ Burgess, D. J., Fu, S. S., & van Ryn, M. (2009). "Potential unintended consequences of tobacco-control policies on mothers who smoke: a review of the literature." *American journal of preventive medicine*, 37(2), S151-S158.

²⁸ Greaves, L., & Jateagaonkar, N. (2006). "Tobacco policies and vulnerable girls and women: toward a framework for gender sensitive policy development." *Journal of Epidemiology & Community Health*, 60(suppl 2), ii57-ii65; Amos, A., Greaves, L., Nichter,

To illustrate the way community power-building can complement elite-driven policy change, we draw on three case studies: first, a training institute for community-based leaders in Minnesota provides a case exemplifying the ways community power-building can help create more equitable outcomes. Second, the case of Proposition 99, the California tobacco tax, shows how failures in implementation can be corrected using community power-building. Third, we use the case of tobacco-21 laws (raising the legal purchasing age for tobacco products) to illustrate the ways unintended consequences of tobacco control legislation may be mitigated through community power-building.

We selected these cases using an "exemplary case" strategy, as identified in previous methodologies for case study research.²⁹ Exemplary cases are useful for identifying patterns and processes that can unfold as illustrative of broader patterns. They are not intended to prove causality, but instead to

M., and Bloch, M. (2012). "Women and Tobacco: A Call for Including Gender in Tobacco Control Research, Policy and Practice." *Tob Control* 21(2): 236-243.

²⁹ Seawright, Jason, and John Gerring. (2008). "Case Selection Techniques in Case Study Research." *Political Research Quarterly* 61: 294-308; Eisenhardt, K. M., and Graebner, M. E. (2007). "Theory Building from Cases: Opportunities and challenges." *Academy of Management Journal* 50(1): 25-32.

illustrate complex phenomena that exist.³⁰ To identify cases for study, consistent with previous research, we used an expert informant strategy with a literature review. We began with a literature review of the tobacco control movement to identify key actors, identify existing research, and identify potential areas for study. We complemented this literature review with a set of expert interviews. This process began by asking contacts at the Robert Wood Johnson Foundation (RWJF) for suggestions about whom to interview to give us perspective on the ways community power-building played a role in the movement for tobacco control (or not). For RWJF, tobacco control represented a signature campaign for decades; it contributed over \$700 million in funding between 1991 and 2009³¹, and experts at the Foundation have a high degree of knowledge about key players in the movement. We began our interviews with the people recommended by RWJF and asked each participant, in turn, to suggest additional participants. We found that the community was relatively small and the same few names came up repeatedly. We were able to interview almost everyone who participants recommended. From these interviews, we identified these three cases as good exemplary cases.

To unpack the cases, we then conducted additional interviews and

did additional research on the particularities of each case. We developed cases through a combination of interviews with personnel who were involved in or highly informed about community power-building in the tobacco control movement and a review of written resources and documents. The written resources included a combination of academic publications, news articles documenting tobacco control efforts, and reports and evaluations published by organizations working on tobacco control, such as training program evaluations of the training institute we discuss in one of the cases. Many of these documents were identified for us by interview participants.

Our interviewees included nine personnel who were directly involved in community power-building; six of these focused directly on organizing while three others were legal experts working in tandem with communities to develop health policies, on issues including but not limited to tobacco. The remaining three participants were experts on tobacco control working at either private foundations or public research institutions or both. Though they were not directly involved in community power-building, their expertise was useful for identifying the ways that type of activity played an important role in tobacco control. We conducted the

³⁰ Tellis, W. M. (1997). Application of a case study methodology. *The qualitative report*, 3(3), 1-19; Zainal, Z. (2007). "Case

study as a research method." *Jurnal Kemanusiaan*, 5(1).

³¹ RWJF (2011).

interviews over the phone using a semi-structured format. We began with a set of questions inquiring about participants' work on tobacco control, their involvement in community power-building, and ways it contributed to successes in the tobacco control movement. Follow-up questions and probes were tailored to participants' responses in order to elicit more complete information when necessary. We fully transcribed all of the interviews and used thematic coding schemes to analyze the data.

The Cases

Equitable Distribution: The LAAMPP Institute in Minnesota

Though Minnesota has a relatively low overall smoking rate

³² American Indian Community Tobacco Projects. (2013). Tribal Tobacco Use Project Survey, Statewide American Indian Community Report.

³³ American Cancer Society. (2011). Minnesota Cancer Facts and Figures 2011.

³⁴ Ibid.

³⁵ Rainbow Health Initiative. (2012). Voices of Health. A survey of LGBTQ health in Minnesota.

³⁶ Blue Cross and Blue Shield of Minnesota, ClearWay Minnesota, Asian Pacific Tobacco-Free Coalition of Minnesota, Southeast Asian Refugee Community Home. (2009). *Tobacco use in Minnesota: a quantitative survey of Cambodian, Hmong, Lao and Vietnamese community members*

(around 14.4% as of 2015, according to the Minnesota Department of Health), rates are much higher among priority populations, including indigenous populations (59%)³²; African American men (23%) and women (28%)³³; Hispanic men (26%)³⁴; lesbian, gay, bisexual, transgender, and queer (LGBTQ) (30%) and LGBTQ people of color (36%)³⁵; and Cambodian, Lao and Vietnamese men (31%)³⁶. Priority populations are especially vulnerable both because they are often targeted directly by tobacco marketing, including marketing of especially harmful products such as menthol cigarettes, and they may not use traditional cessation services.³⁷ There have also historically been few state funds allocated for tobacco control and prevention among priority populations.³⁸

The Leadership and Advocacy Institute to Advance Minnesota's Parity for Priority Populations (LAAMPP Institute)³⁹ was designed

³⁷ Ericson, R., St Claire, A., Schillo, B., Martinez, J., Matter, C., & Lew, R. (2013). "Developing leaders in priority populations to address tobacco disparities: results from a leadership institute." *J Public Health Management Practice*, 19(1), E1-8. doi: 10.1097/PHH.0b013e31822d4c41

³⁸ Báezconde-Garbanati, L. (2004). "Unmet priority population needs in tobacco control: large disparities—little Master Settlement Agreement dollars." *Health Promotion Practice*, 5(3 Suppl), 111S-112S. doi: 10.1177/1524839904264607

³⁹ Three institutes, or fellowship programs, were conducted, each comprised of approximately 30 fellows from African American, American Indian, Chicano/Latinx, Asian American Pacific Islander, and LGBTQ communities. Each

specifically to combat tobacco use in Minnesota's priority communities by cultivating leaders from within those communities. The Institute was a program led by ClearWay Minnesota, a nonprofit organization established using funding from the tobacco industry's legal settlement with the state of Minnesota. The LAAMPP Institute exemplifies the benefits of centering the leadership of priority populations in health equity work and the importance of engaging community members at a local level.

Over the course of ten years, the LAAMPP Institute trained three cohorts totaling 100 fellows in capacity building, leadership development, facilitation, collaboration, cultural/community competency, and advocacy. Each cohort participated in 20-25 days of training over the course of eighteen months, and participants each received a small honorarium to support their participation. Cohorts were broken up into community-based teams including the African & African American Fellows Team, the Asian-American Fellows Team, the American Indian Fellows Team, the Latinx Fellows Team, and the LGBTQ Fellows Team. Each team took on a project that they spearheaded throughout the course of the Institute.

institute cost \$750,000, which included stipends for fellows and evaluation, and an additional \$250,000 - \$375,000 was allocated to a collaborative project within each cohort. The contract was for two years.

Empowering members of priority communities facilitated important work on issues that were of particular relevance to those communities but may not have been noticed or promoted without grassroots leadership. For example, the African & African American (AAA) Fellows Team of the third LAAMPP cohort championed an ordinance in Ramsey County requiring foster care homes to be smoke-free.⁴⁰ The team partnered with the Ramsey Tobacco Coalition (RTC), a coalition run by the Association for Nonsmokers-Minnesota (ANSR), whose history of local policy work in Ramsey County complemented the AAA Team's deep positional knowledge of the community. The team met with and educated Ramsey County commissioners about the need for the ordinance, the vulnerability of foster care youth, and the risks of exposing youth to tobacco use. The LAAMPP Institute prepared fellows for these meetings by training fellows to do research into each commissioner's background, conducting roleplaying practices before meetings, and scaffolding regular team meetings and communication both among the team and with RTC. The efforts succeeded, and the Ramsey County commissioners voted unanimously to support the ordinance.

⁴⁰ LAAMPP III: Leadership & Advocacy Institute to Advance Minnesota's Parity for Priority Populations: Ramsey County Smoke-Free Foster Care Ordinance. Clearway.

The impact of the Ramsey County smoke-free foster care ordinance demonstrates two important ripple effects of the LAAMPP Institute. Benefits from the AAA team's efforts had further consequences in terms of both scale and scope. First, the local county ordinance facilitated a scaling-up of similar legislation. Fellows chose the county-level foster care ordinance in part recognizing that statewide legislation was not yet attainable, but that by adding another county to the seven already having similar ordinances would increase pressure for a future statewide law. The Ramsey County ordinance did indeed help create the momentum to pass a similar statewide ban on tobacco in foster homes, and several AAA Team members subsequently became involved in efforts to pass such a ban in the state legislature, working in partnership with other policy advocates and elites. That legislation passed in the 2014 legislative session. Second, the scope of this action went beyond the immediate community of African and African American Minnesotans. The tobacco-free foster care ordinance was of special importance to this community due to the high number of African and African-American children in foster care, but the ordinance benefited *all* children in foster homes, regardless of racial and ethnic background, thus creating ripple effects out to other, intersecting constituencies.

A further benefit of the LAAMPP Institute's cultural

competency training, as well as the intercultural dialogue facilitated among the different teams, was increased cultural awareness. According to one interview participant who was involved in the LAAMPP Institute, many fellows "felt like they knew about culture because they came from cultural communities," but in reality, "people never realized how little they actually knew about culture because they had never been exposed to *other* communities." In particular, many fellows had rarely interacted with members of the LGBTQ community prior to their involvement in LAAMPP, and the opportunity to do so in a collaborative, constructive environment facilitated significant learning opportunities. "They had these notions about some of these communities, but once they got together and spent almost two years together learning, their perspectives changed so dramatically," said a participant. Intercultural contact and intentional collaboration across communities enabled fellows to become "champions of *other* communities in *their* communities" (emphasis added). Members of cultural communities were able to join together in work that created direct benefits in the form of tobacco control efforts and indirect benefits in the form of increased cultural awareness and competency.

Overall, program evaluations of the LAAMPP Institute showed that people self-reported long-term benefits to their involvement. Fellows continued to use their skills 16 months

after completing the Institute,⁴¹ and anecdotes from both program evaluations and our interview participants suggest much longer-term benefits. For example, years after the conclusion of the Institute, the governor of Minnesota was considering signing a new tobacco tax but was hesitant to do so based on the perception that it was a regressive tax. Several former LAAMPP fellows—no longer funded or supported directly by LAAMPP, which had ceased programming by then—drove to the capitol (including at least one from several hours away) to lobby the governor. The former fellows laid out the reasons why the tax was important to their communities, reframing the “regressive tax” argument. Specifically, they argued that while the tax would indeed be felt most acutely in low-income communities, the disproportionate impact of tobacco use was even more devastating to those communities—thus, the tobacco tax would represent a net *benefit*. The involvement of the former LAAMPP fellows in that advocacy effort (which was ultimately successful, with the tobacco tax signed into law) indicates the possibility of the long-term impact that LAAMPP training had: the fellows remained dedicated to the cause even years later and in a volunteer capacity.

This case illustrates the possibilities that emerge through community power-building at a local level. A community-centered focus

puts the focus on local communities, where power building efforts can have greater impact. As one participant said, “It changes the power dynamic. The tobacco industry has a lot more power than the groups, except in their own backyard. In fact, they lose effectiveness in that situation and the local community groups gain effectiveness, especially when they understand how to wield local laws like zoning ordinances and land use laws.”

Local, situated knowledge facilitated much of the LAAMPP fellows’ work, including choosing a realistic and important goal (e.g. smoke-free foster care in Ramsey County), working effectively with other local actors with important contextual knowledge, and cultivating network connections with fellow activists in the geographic area. This enabled long-term efforts, such as ongoing advocacy work to influence local politicians. The relatively small geographic scale of the program also facilitated deep relationship development among fellows, contributing not only to interpersonal relationship development but cross-cultural bonds among fellows belonging to different cultural communities. The intimate nature of the program, then, seems important to achieving its most impactful outcomes.

To summarize, since priority populations are constituted by some of the most marginalized members of society, local leadership from

⁴¹ Ericson, et al. (2013).

within those communities developed by the LAAMPP Institute served multiple purposes. First, community leaders lifted up issues that were important to their own constituencies, and these ultimately benefited broader populations as the benefits rippled outward in scale and scope. Leadership training facilitated long-term involvement in tobacco control issues by the fellows who participated in the program. Intentional intercultural contact and competency training improved the ability of community leaders to interact and work collaboratively across cultural communities. The intimate, local nature of the program facilitated all of these outcomes.

Policy Implementation: Proposition 99 in California

One mechanism by which tobacco control has been implemented has been through ballot referenda. California's Proposition 99 is one such ballot initiative. In 1988, 58% of California voters approved the measure to impose a 25-cent-per-pack tax on cigarettes to fund health care, tobacco education, and smoking prevention programs. The tobacco education program funded by Prop 99 resulted in a 42% decline in adult smokers (triple the national average) in the early 1990s, saving over \$1 billion in health care costs and

preventing over 500,000 premature deaths.⁴²

The CA initiative process often involves garnering support for tax measures through coalitions of interest groups. Support for initiatives is commonly won through promises that tax revenue will be directed to the interest groups' causes. This was the case with Prop 99, where money was promised to tobacco control programs, environmentalists, and others. The initiative laid out clear percentages for revenue allocation, with 20% dedicated to tobacco education including anti-tobacco advertisements, 5% for tobacco-related disease research, 45% for medical services for low-income families, and 5% for environmental groups.⁴³

Almost immediately upon passage, however, then-Governor Pete Wilson and state legislators raised questions about how the money raised by Prop 99 would be spent. Several rounds of legislation and lawsuits ensued. First, in January 1992, Governor Wilson ordered that the advertising campaign not be renewed and cut funding for tobacco education and research programs.⁴⁴ The American Lung Association sued and the Sacramento Superior Court ordered funds to be restored. Yet raids on the Prop 99 funds continued in the legislature.

⁴² Lewin, 1996 July 4

⁴³ Schwartz, J. (1994, May 30). "Despite success, California activists fume." *The Washington Post*.

⁴⁴ Ibid.

Though Prop 99 was specifically designed to allocate tobacco tax revenue to *tobacco-related* health education and prevention, following passage of the bill, medical organizations successfully lobbied the legislature to divert tobacco control funding to medical services more broadly in order to compensate for the state's budget crisis.⁴⁵ In 1994, the legislature passed Assembly Bill 816 to divert funding to medical care. The Sacramento Superior Court ruled in a case filed by Americans for Nonsmokers Rights and others that AB 816 was inconsistent with the purpose of Prop 99 and therefore illegal, ordering a halt to the spending diversion.⁴⁶ However, another attempt at diversion occurred the next year, with Senate Bill 493. SB 493 would have diverted \$63.7 million from tobacco research and youth smoking prevention programs to fund medical care across the state—essentially a re-drafting of AB 816.⁴⁷

The diversion of funds from tobacco research and smoking prevention programs to medical care using legislative action would have undermined the original design of the policy and gutted the tobacco prevention efforts by half. To halt the diversions, a coalition of health associations, including the

American Cancer Society, American Heart Association, and American Lung Association, together with legislators who had supported Prop 99, filed an injunction to prevent implementation of AB 493.⁴⁸ Again, the courts ruled against the state and ordered that funds be reappropriated to their intended purpose according to Prop 99, this time in a ruling by the Third Circuit Court of Appeals.⁴⁹

Following the lawsuits, the legislature was charged with reappropriating diverted funds back into the anti-tobacco education and research programs set out by Prop 99. Legislators were held accountable to doing so in part through lobbying by the American Lung Association and American Cancer Society.⁵⁰ While these organizations operate on the national level, they are federated bodies that organize members of specific, often geographically proximate communities. They gather donations and ask members to advocate around discrete policy opportunities, thereby seeking to engage local communities in demonstrating widespread public support for a legislative agenda.

California's Prop 99 is far from the only tobacco control policy that was threatened by a failure in implementation. Even the most well-

⁴⁵ Balbach, Traynor & Glantz, 2000

⁴⁶ "Health groups sue Governor Wilson over tobacco fund raid, again." (1995, August 1). *PR Newswire*.

⁴⁷ *Ibid.*

⁴⁸ *Ibid.*

⁴⁹ Metropolitan News Enterprise, 1996, December 17

⁵⁰ Ofgang, K. (1996, December 17). "CA rules Wilson, legislature can't redistribute tobacco tax funds." *Business Wire*.

known policies can face undermining threats. For example, two interview participants questioned the efficacy of the use of dollars from the Master Settlement Agreement, the multi-billion dollar settlement between the largest cigarette manufacturers and 46 U.S. states in 1998. They pointed out that while the money was intended to be used to fund tobacco control programs, many states have re-allocated funding away from this purpose. “They were able to do it quietly without any public uproar,” commented one participant. “When policies are passed in a vacuum like that, it’s very easy to undo them.”

Policies that are passed using a top-down approach may be vulnerable to failures in implementation because the people who are impacted by these policies may not even be aware that they exist. “The people that are actually impacted, either positively or negatively, generally are not aware that the policy even exists and what it is supposed to do, and how they’re supposed to benefit from it... So it makes the policy easy for policy makers to come back around and change them, weaken them, or eliminate them, which happens a lot.”

It was through repeated legal battles that tobacco control advocates were able to prevent the undermining of Prop 99’s programs.

Implementing the initiative as intended required long-term legal and advocacy work by voluntary organizations like the American Cancer Society and American Lung Association, but its passage required widespread community power-building. The combination of the two made it possible to protect the integrity of Prop 99. This case illustrates that attention to community-based efforts can help us better understand what is necessary for policies’ ultimate success (or failure): a dogged focus on maintaining the policies that are passed and a persistent commitment to multi-pronged approaches, including public pressure.

Unintended Consequences: Tobacco 21 Laws & Disproportionate Impacts

In recent years, tobacco control advocates have begun to focus on laws that raise the legal tobacco age of sale from 18 to 21 years, also known as tobacco 21 (T21) laws. As of this writing, fourteen states have passed such laws.⁵¹ T21 policies have the potential to significantly impact smoking rates since so many adult smokers begin using tobacco as youths. The National Academy of Medicine estimates that increasing the minimum age from 18 to 21 would

⁵¹ “Tobacco 21 laws: Tracking progress toward raising the minimum sales age for all tobacco products to 21.” (2019). *The*

American Lung Association. Retrieved from: <https://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/tobacco-21-laws.html>

reduce smoking initiation by 15% for 18-20 year-olds and prevent 223,000 deaths.⁵²

While the benefits of an increased age of sale are great, our interviewees raised concerns about unintended consequences, especially for youth in marginalized communities. Two potential unintended consequences that emerged repeatedly in our interviews pertain to the impact of tobacco 21 laws on American Indian communities, which are dispersed nationwide and throughout different jurisdictions. In some places, lawmakers and tobacco control advocates have taken concerns into account as policies have been drafted, at least in some cases as a result of community-based action.

T21 laws have the potential to impact the ability of tribal youth to participate in traditional ceremonial tobacco use. Tobacco plays a culturally significant role in many indigenous tribes' ceremonial practices, and tobacco has shaped indigenous cultural and political

identities.⁵³ Tobacco is used in ceremonies to communicate with the Creator, and has traditionally been used to honor guests, repel evil spirits, treat certain maladies, and more.⁵⁴ Tobacco use for ceremonial purposes should be differentiated from habitual tobacco use. Ceremonial tobacco is used less frequently and for shorter durations than habitual tobacco use, is rarely inhaled, and is not used regularly with children, therefore mitigating potential harms.⁵⁵ On average, between 30-50% of Native Americans participate in ceremonies using traditional tobacco, and a large proportion of those live outside of reservation land.⁵⁶

Even though tribal land is considered sovereign, U.S. federal and state laws have historically affected ceremonial tobacco use, in some cases by directly outlawing indigenous tribal practices.^{57 58 59} Thus, today's considerations of who should have access to tobacco and how must be considered in the context of a legacy of the trauma of

⁵² "Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products." (2015). *Institute of Medicine of the National Academies*.

⁵³ Traditional Tobacco (no date). Urban American Indian Tobacco Prevention & Education Network, Native American Rehabilitation Association.

⁵⁴ Native American Cancer Research (no date). "Native American Tobacco Education Fact Sheets: Ceremonial Use." Retrieved from http://natamcancer.org/nnacc_downlds/SHEETS/02-18-07_Tob-ceremony_04-12-09.pdf

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Unger, Jennifer B., Claradina Soto, and Lourdes Baezconde-Garbanati (2006). "Perceptions of ceremonial and nonceremonial uses of tobacco by American-Indian adolescents in California." *Journal of Adolescent Health* 38,4, 443-9.

⁵⁸ Struthers, Roxanne, and Felicia S. Hodge. (2004). "Sacred tobacco use in Ojibwe communities." *Journal of Holistic Nursing* 22.3: 209-225.

⁵⁹ Heart, Maria Yellow Horse Brave. (2003). "The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration." *Journal of Psychoactive Drugs* 35.1: 7-13

historical oppression. Failing to recognize this historical context can ultimately perpetuate the cycle of trauma.⁶⁰

Restricting access to tobacco may contribute to the continuation of trauma in indigenous communities by interfering with and creating obstacles to ceremonial practices. Though they are conducted using tobacco that is traditionally grown, and while some tribes even openly oppose using commercial tobacco,⁶¹ significant barriers to access necessitate the use of commercial tobacco in some cases. These barriers may exist due to the unavailability of space to grow and harvest traditional tobacco, economic hardship, geographic isolation, and a legacy of U.S. laws criminalizing indigenous tribal practices.⁶² Simply put, for Native Americans living in urban areas or in areas isolated from denser tribal communities, commercial tobacco represents an affordable and accessible alternative. Additionally, while tribal land is considered sovereign and cannot be unilaterally legislated by state or federal governments,⁶³ many Native Americans live outside of the lands

designated as reservations. T21 laws therefore represent a barrier to access for indigenous youth seeking to practice traditional ceremonial rituals, especially for youth living outside of reservation land and for whom commercial tobacco may be the only available option.

A second unintended consequence with inequitable impact stems from the “Minors in Possession” (MIP) provision that is part of some T21 laws. MIP provisions place the burden of responsibility on minors who purchase or possess tobacco by penalizing possession rather than only the sale of tobacco (the latter place the burden, instead, on store owners and salespeople who sell tobacco to underage youth). Communities of color, including indigenous and African American communities, have raised MIP laws as an issue of concern because of the increased police contact resulting from such policies. Research substantiates their concerns, indicating that inequitable enforcement of such laws results in youth of color being more likely to receive MIP citations than white youth.⁶⁴ The MIP clause, if included in T21 laws, therefore perpetuates

⁶⁰ Native American Youth and Family Center (2017). “A Policy to Increase the minimum Legal Sales Age for Tobacco and Nicotine Products from 18 to 21: Health Equity Implications.” Retrieved online from: <https://multco.us/file/64396/download>

⁶¹ Keep it Sacred National Network (no date). Retrieved from <http://keepitsacred.itcmi.org/>

⁶² Native American Youth and Family Center (2017).

⁶³ Arielle Sloan, Tribal Sovereignty and Tobacco Control in State-Tribe Cigarette Compacts, 2017 *BYU L. Rev.* 1261 (2018)

⁶⁴ Gottlieb, N.H, Loukas, A., Corrao, M., McAlister, A., Snell, C. and P.P. Huang. (2004). “Minors’ tobacco possession law violations and intentions to smoke: implications for tobacco control.” *Tobacco Control* 13 (3), 237–243.

institutional racism and bias. Furthermore, triggering potentially traumatizing interactions between law enforcement and youth of color may also perpetuate a cycle of trauma. Health Equity Impact Assessment (HEIA) team members expressed concern that increased racial profiling of youth of color through stop-and-search policies would result in unnecessary psychological stress and harmful coping behaviors, including *reinforcing* tobacco use, thereby undermining the purpose of T21 laws.⁶⁵

Considering that tobacco is a culturally and politically sensitive issue for Native Americans, especially given the history of trauma inflicted by the U.S. government, constituent-based action within native communities has an important role to play in tobacco control and smoking prevention. Many Native Americans are well aware of the risks of habitual tobacco use, and tribal members have worked to raise awareness among their constituencies about the differences between ceremonial and commercial tobacco and the harms associated with habitual commercial tobacco use. For example, the National Native

Network has raised awareness through the “Keep it Sacred” campaign by spreading information about traditional practices, youth smoking, and cancer risks.⁶⁶

Any activist work done by those outside of tribal communities that has an impact on members of tribal communities should be informed by the indigenous cultural and historical context. The Native American Youth and Family Center cautions that “a policy, such as T21, that is void of cultural considerations may result in undermining efforts for social change and justice, that seek to empower and improve the health of Native American peoples through reconnecting to traditional cultural practice and protecting cultural teachings.”⁶⁷ The report goes further to argue that conventional tobacco control messages may not be effective for indigenous communities because they do not take into account cultural norms and beliefs. To avoid reproducing the skepticism, mistrust, and trauma precipitated by harmful government policies,⁶⁸ and to effectively achieve the desired results of smoking cessation/prevention and harm reduction, health policies should

⁶⁵ Jernigan, Valarie Blue Bird, et al. (2015). “Beyond health equity: Achieving wellness within American Indian and Alaska Native communities.” *American Journal of Public Health*, 105, Suppl 3: S376-9.

⁶⁶ Keep it Sacred National Network (no date).

⁶⁷ Native American Youth and Family Center (2017). “A Policy to Increase the Minimum

Legal Sales Age for Tobacco and Nicotine Products from 18 to 21: Health Equity Implications.” Retrieved online from: <https://multco.us/file/64396/download>

⁶⁸ Warne, Donald, and Linda Bane Frizzell. (2014). “American Indian health policy: historical trends and contemporary issues.” *American Journal of Public Health* 104, 3, S263-S267.

take into account cultural and historical experiences.^{69 70}

This case also illustrates how community power-building by members of one marginalized group can benefit those of other groups. In particular, because racial profiling and bias affect all communities of color, advocacy on this issue by one group has the potential to benefit other groups as well. For example, one participant reported on how tobacco control activists of color in Minnesota influenced the development of T21 laws there:

The organization wanted people of color at the table, and our community came and said they weren't going to support it. And the movement was like, why? And the community said the problem was the penalty allowed the police to further harass our kids. The movement had not even looked at that. So they reshaped their policy to eliminate penalties on kids and put the onus on the sellers. But had those folks not

been involved, it would have gone a whole different route.

Though Minnesota's proposed T21 law ultimately failed to pass a vote in the state legislature in the 2019 session due to partisan disagreement,⁷¹ work on constructing the law was important because it shaped a more equitable policy that will likely be brought to the legislative floor again in the future.

Similarly, in California, lawmakers reconsidered the MIP clause after the NAACP⁷² raised increased criminalization of youth of color as an issue. Like the example of smoke-free foster care discussed above, this case demonstrates how the constituent-based action conducted by one group can benefit members of others as well. Though the groups that weighed in on Minnesota's proposed T21 law were not constituted specifically by Native Americans, these constituent-based actions benefited indigenous groups as well.

The example of unintended consequences in T21 laws highlights the importance of examining the leadership of priority populations. The unintended consequences of

⁶⁹ Manson, Spero M., et al. (2004) "Access, relevance, and control in the research process." *Journal of Aging and Health* 16,4: 58S-77S.

⁷⁰ Jacob, Michelle M. (2013). *Yakama Rising: Indigenous Cultural Revitalization, Activism, and Healing*. University of Arizona Press.

⁷¹ Star Tribune (2019, May 31). "Minnesota needs to raise tobacco age to 21—even if

Congress acts." Accessed online at www.startribune.com

⁷² Huffman, A. (September 10, 2015).

"Smoking age increase creates new class of 'criminals.'" Alice Huffman, Los Angeles Daily News, <http://www.dailynews.com/opinion/20150910/smoking-ageincrease-creates-new-class-of-criminals-alice-huffman>

increased police contact and interference with traditional ceremonial practices were identified and raised through the involvement of priority population members. Some of the efforts to revise proposed T21 laws were conducted by members of priority populations. And even when one particular priority population was not heavily involved in an effort, the actions of similarly situated priority populations resulted in a shared benefit.

Conclusion: Facilitating Community Power-Building Going Forward

The cases discussed above highlight the potential for an examination of community power-building to tell us something new and powerful about reducing policy and health disparities, holding policymakers accountable for implementation, and identifying and mitigating unintended consequences of tobacco control laws for marginalized populations. Through a series of interviews with key individuals involved in the tobacco control movement and a review of existing literature, we drew out cases where community power-building amplified the ability of the tobacco control movement to achieve its outcomes. These cases exemplified a pattern that demonstrates the ways in which community power-building can be

⁷³ Tong, E. K., & Lew, R. (2013). "Moving communities toward policy change: APPEAL's 4-prong policy change

an important component of policy change, underscoring the rich opportunities inherent in understanding both. While our work begins to fill in the picture of how community power-building contributed to the tobacco control movement, including specific practices employed by organizers, further research in this area is necessary. Focusing on the local-level efforts to implement policies, including attending to the differing needs of diverse communities, sheds new light on the forces at work by accounting for community-based disparities.⁷³ This perspective can inform a more comprehensive understanding of the tobacco control movement, complementing what we already know about elite-driven policy change.

As we discussed in the introduction to the paper, community power-building may take a variety of forms. Different practices may facilitate constituent voice in different ways. We have highlighted the ways that community power-building with an equity lens can help empower communities to reduce health disparities, hold policymakers accountable, and identify and mitigate unintended consequences. We close with a discussion of areas of need identified by our participants, including the need for resources, for granular data collection, and for long-term commitment.

model." *Health promotion practice*, 14(5), 29S-35S.

Foremost, participants agreed that additional resources must be directed toward community power-building in order to translate victories like the ones discussed above into larger, long-term wins. For example, participants who were involved in LAAMPP felt strongly that the program could be used as a model that others can follow. One participant even called the program “the epitome of what we hope our leadership trainings could be.” While in operation, the LAAMPP Institute was well funded, including stipends for fellows. However, the limited funding available to ClearWay, the program’s sponsor, meant that the program was bounded in time. The Institute was only able to operate for ten years, training three cohorts of fellows. Significantly more resources would be needed to maintain a program such as this one in the long-term, or scale up to additional geographic areas or communities.

Second, a program modeled on LAAMPP could also cultivate cross-cultural leadership among members of dominant or mainstream cultural groups. As one participant reported, “we were always asking communities of color to learn how to play with the mainstream, but we were never asking the mainstream to learn how to work with the communities.” Funding for facilitating intercultural competence among “mainstream” populations was more difficult for ClearWay organizers to obtain but could be an important step to complement leadership development among priority

communities—and to cultivating solidarity bonds between priority communities and those with historical socio-political privilege. This may help reduce public health disparities between communities and strengthen future collective efforts to advocate for the changes they need.

Understanding where, how, and to whom resources should be directed requires engaging with priority communities. Our interview participants emphasized that priority communities do understand the constraints associated with funding—that, for example, much philanthropic funding cannot be used to lobby policymakers directly—but often, funders are not tuned in to certain needs of the communities. For example, one participant noted that a common community power-building practice involved serving refreshments at organizing meetings. This is a common strategy that organizers use to boost attendance and contribute to a sense of community by breaking bread together. Yet funders did often not understand this practice, and thus funds could not be used for buying food. Funders’ engagement with communities from the most basic and very earliest stages, then, could greatly enhance effective resource allocation.

In addition to financial and material resources, a health equity perspective on tobacco control requires information. Specifically, participants identified a need for more granular data collection about tobacco use. Aggregated data

incorporating smoking rates across populations does not reveal the ways that trends differ among priority populations. More detailed data provides a more revealing picture of inequities, a necessary precondition for building a strategy that works toward health equity.

Furthermore, participants emphasize the need to develop deep, reciprocal, and interdependent relationships with constituencies as opposed to short-term or paternalistic relationships. “The folks who are most impacted are not the people being talked to, being organized, even in campaigns that tell you they are doing community organizing,” said one participant, referring to the sense they had that many community power-building organizations fall short on doing the deep organizing work that can be most beneficial to long-term community empowerment.

Participants identified models for long-term, deep constituent engagement that may be useful for tobacco control advocates. For instance, participants identified integrated voter engagement (IVE) programs as having the potential to cultivate sustained engagement among priority communities. IVE programs use constituent-based action to engage with voters year-round, rather than only during

election cycles, in order to cultivate widespread political engagement and build power among constituencies.⁷⁴ In contrast to traditional voter engagement programs, which have the unintended consequence of sometimes deepening existing inequalities in engagement,⁷⁵ IVE programs have been shown to help reduce those inequities by increasing participation among historically marginalized groups. By training volunteer organizers to conduct voter engagement, IVE programs also leave lasting impacts on the communities from which volunteers are drawn.⁷⁶

Cultivating long-term, locally-oriented, community power-building enables the aggregation of many small and large victories over time, empowering communities to take on massive industries like big tobacco using strategies grounded in the communities’ own values and interests. Furthermore, engaging in work that advances their own interests cultivates power among communities that fundamentally changes the way people engage with the social world—once communities are empowered on one issue, their power can be exerted across issues. Especially when combined with an equity lens, community power-building contributes to more equitable policy

⁷⁴ Paschall, K. (2016). “How Integrated Voter Engagement Builds Power and Changes Policy.” *Responsive Philanthropy*, 1, 3-6.

⁷⁵ Enos, R. D., Fowler, A., & Vavreck, L. (2013). “Increasing inequality: The effect of

GOTV mobilization on the composition of the electorate.” *The Journal of Politics*, 76(1), 273-288.

⁷⁶ Paschall (2016).

impacts, reducing disparities in policy implementation and other related outcomes such as health. In the case of tobacco control, this type of organizing empowers communities in ways that could save lives.