

Taking on Tobacco

The Robert Wood Johnson Foundation's Assault on Smoking

James Bornemeier

Editors' Introduction

The Robert Wood Johnson Foundation's tobacco-control grantmaking illustrates the many tools available to a foundation committed to attacking a serious social problem, and *The Robert Wood Johnson Foundation Anthology* series has featured half a dozen chapters that touch on a number of them.¹ In this chapter, James Bornemeier, a freelance journalist specializing in philanthropy and health, chronicles the entire panoply of Foundation programs to reduce smoking in the United States.

Although the Foundation's efforts appeared to be piecemeal, Bornemeier observes that, in retrospect, one can make out a comprehensive grantmaking strategy. That strategy included, among other elements:


- Research to understand the most effective policy interventions, such as raising taxes on cigarettes, and to build a new field of tobacco-policy research
- Demonstration programs—for example, programs to test effective ways for people to stop smoking

- Advocacy aimed at counteracting the tobacco industry's influence on children (through the Center for Tobacco-Free Kids) and to effect policy change (through SmokeLess States coalitions)
- Development and dissemination of tobacco-cessation standards for managed care organizations
- Communications activities

The chapter offers a good case study of how a foundation can nurture a field by embracing all its aspects. It also provides insights about how foundations can work in areas where there is organized and powerful opposition. The tobacco industry certainly did not welcome the Foundation's efforts to reduce smoking. Indeed, the Foundation began its investments in tobacco control with some trepidation, and then only on the condition that programs be focused on reducing tobacco use by young people, for whom smoking was illegal. Even so, the tobacco industry raised legal challenges—all successfully met—to some of the Foundation's grantmaking approaches, particularly those which emphasized advocacy.

Bornemeier notes in his conclusion that the Foundation is in the process of reducing its involvement in the tobacco-control field and moving on to other priorities. This raises a final question—how will the field evolve without the support and encouragement the Foundation has given it over the past decade? The Foundation is keeping a watchful eye on developments.

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1. Gutman, M., Altman, D. G., and Rabin, R. L., "Tobacco Policy Research." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999; Koppett, L., "The National Spit Tobacco Education Program." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999; Kaufman, N., and Feiden, K. L., "Linking Biomedical and Behavioral Research for Tobacco Use." *To Improve Health and Health Care 2000: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2000; Orleans, C. T. and Alper, J., "Helping Addicted Smokers Quit: The Foundation's Tobacco-Cessation Programs." *To Improve Health and Health Care, Vol. VI: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2003; Diehl, D., "The Center for Tobacco-Free Kids and the Tobacco-Settlement Negotiations." *To Improve Health and Health Care, Vol. VI: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2003; Chapter Two of this volume.

 **F**or someone who can take considerable personal credit for the sustained battle against smoking over the past decade, Steven Schroeder offers remarkably little evidence to explain his motivation. “There was no flash of light,” Schroeder recalled not long ago. “It was a combination of things. My training as an epidemiologist opened my eyes to the ravages of substance abuse, including tobacco. I had a couple of patients who died, and that really broke me up. One was a very nice African American woman in her late forties who had a congenital problem with her hip and finally got it replaced and was looking forward to a full life. But postoperative X-rays spotted a shadow on her lung, and she died soon after. I also remember a three-pack-a-day journalist, a really great guy. His wife called me at 6 A.M. one day. He had had a cardiac arrest. Both of my parents smoked—and quit, as did I. All these experiences had an effect on me.”

Such experiences are woven into the fabric of millions of American lives. The scourge of substance abuse has strengthened, tested, and sundered families and posed enduring and largely intractable problems to society, but by most measures Schroeder’s life had only been grazed by its perils and depredations. In 1990, in a timely happenstance for the researchers, advocates, scientists, attorneys, and activists who made up the vanguard of the tobacco-control community in this country, Schroeder was about to become the president of The Robert Wood Johnson Foundation. With the change of leadership came the de-facto mandate for Schroeder to step back and reevaluate the Foundation’s mission. When he did, he saw an opportunity to get the Foundation involved in an area where it had had only a minimal presence. While he saw no flash of revelatory light, the opportunity did present itself as an obligation, and his decision changed the Foundation and helped transform the battlefield of tobacco control.

A New Mission

Before 1987, combating substance abuse was not even part of the Foundation’s agenda. That year, substance abuse was included under the goal of reducing destructive behavior, one of ten Foundation priorities in the late 1980s. By 1997, substance abuse had become the single largest investment

area, totaling more than a quarter of the Foundation's \$900 million in grants and commitments.¹

Schroeder arrived with more of a social-activist agenda than had previous presidents of the Foundation, and with the notion that the work of the Foundation should be "less about grantmaking areas and more about where the country should be."² At his first meeting with the board, as a candidate for president in November 1989, Schroeder made it clear that he wanted to make substance abuse, and within it tobacco control, the first among several proposed Foundation goals. The board was generally receptive, partly because the Foundation had done some work previously in the substance-abuse field, most visibly with the Partnership for a Drug-Free America, which it had begun supporting earlier in 1989 and which sought to deglamorize drugs, and Fighting Back, which began in 1989 and helped form community coalitions to reduce demand for alcohol and drugs.

At a February 1991 retreat, the board debated the wisdom of approving the substance-abuse goal, which, after considerable internal debate, had been refined to target "the irresponsible use of tobacco, alcohol, and drugs." To some trustees, taking on tobacco seemed a risky enterprise, given the staff's relative inexperience in the field. Others worried that the Foundation would be drawn into controversies over legalization and enforcement. With smoking already in decline, locking horns with the powerful tobacco industry struck some board members as problematic, if not wrongheaded. But the grim unavoidable statistics about tobacco's lethality was persuasive, and the board adopted the goal of "reducing the harmful effects and the irresponsible use of tobacco, alcohol, and drugs."³ It insisted, however, that the Foundation's tobacco-control efforts focus initially on young smokers—for whom cigarettes were illegal. The first grant in the tobacco portfolio, \$1.3 million to Stop Teenage Addiction to Tobacco, or STAT, was approved in 1991, and the Foundation's substance-abuse era had begun.

Americans and Tobacco

According the U.S. Centers for Disease Control and Prevention, or CDC, some 46 million adults in the United States smoke cigarettes—a behavior that will result in premature death or disability for half of all regular

users.⁴ Cigarette smoking is responsible for more than 440,000 deaths each year, or one in every five deaths. Paralleling this enormous health toll is the economic burden of tobacco use: smoking-related illnesses cost the nation more than \$150 billion each year.

Because of shifts in public tolerance and various political, economic, and social influences, the use of tobacco has fluctuated significantly over the past century.⁵ It increased dramatically between 1900 and the mid-1960s, rising during war years, dipping during the Great Depression. At its peak in 1963, annual consumption hit more than four thousand cigarettes per person age eighteen and up. The Surgeon General's report issued the following year linked smoking definitively to health problems and precipitated a general decline ever since, marked by occasional ups and downs. Tobacco use actually increased among young people between the early- and mid-1990s, as pro-use messages from the entertainment industry, mixed with ever more sophisticated marketing by the tobacco industry, along with other factors, had their effect. According to the University of Michigan's study, *Monitoring the Future*, the percentage of twelfth-graders who reported smoking during the previous month grew from 27.8 percent in 1992 to 36.5 percent in 1997. By 2002, the percentage had decreased to 26.7, and is expected to continue its downward trend. Despite the decreases, at least 4.5 million young people under the age of eighteen are current smokers.⁶

A Start from Scratch

Once the board had adopted the substance-abuse goal in 1991, the Foundation's staff was faced with a steep learning curve. A new and controversial issue had been placed on the Foundation's agenda, and the lack of staff expertise was palpable. Robert Hughes, who is now the Foundation's chief learning officer, was asked by Schroeder to convene a substance-abuse working group. Hughes guided the twenty-odd member staff committee charged with developing the Foundation's new substance-abuse program, which included tobacco, alcohol, and illegal drugs.

"We were literally starting from scratch," Hughes recalled. "We had to get educated on the tobacco issue—who was doing what in the field—and deliberately set out to design programs that could play off the efforts

of others.” But relatively few philanthropic activities involving tobacco were under way, and those that did exist were on a remarkably small scale compared with the magnitude of the problem.

“We talked to experts and scientists and advocates to get the lay of the land,” Hughes said. “The process was evolutionary in nature, and there was no master plan that we were working under. A large part of our agenda was assessing what kinds of resources were needed to get the field moving, because we wanted to get out of the box quickly.” But, Hughes said, staff enthusiasm for the substance-abuse mission was tepid. “It was a tough sell,” he recalled. “Most of the members of the working group did not choose to be in it.” Two factors helped turn that attitude around. The early 1990s was a period of significant asset growth for the Foundation, so grant dollars for the new goal were not coming out of the budgets of existing programs. “Not having to compete for resources made our task much less controversial,” Hughes said. More important, over time the Foundation’s substance-abuse programs came to be seen as a kind of laboratory for fresh ways of doing things at the Foundation.

Since the early 1990s, The Robert Wood Johnson Foundation has funded nearly 522 grants out of its tobacco-control portfolio, ranging from \$5,000, its smallest tobacco grant, to \$99 million for SmokeLess States, its largest national program (see Table 1.1). The Foundation’s approaches have been varied, encompassing research, policy interventions, prevention and cessation programs, education and advocacy, coalition building, leadership training, convening, and communications activities. The breadth of the tobacco-control strategy is suggested in such programs as Bridging the Gap, an interdisciplinary partnership of substance-abuse research experts working to improve the understanding of how policy and environmental factors affect alcohol, illicit drug, and tobacco use among young people; Smoke-Free Families, targeted at getting pregnant smokers to quit; Americans for Nonsmokers’ Rights, focused on the dangers of secondhand smoke; and the National Spit Tobacco Education Program, organized to prevent people, especially young people, from taking up spit, or chewing, tobacco.⁷

The grants largely fall into four main strategic areas: policy research, state-based advocacy and coalition building, a national communications

and strategy center, and cessation and treatment programs. “It wasn’t apparent at first, but the tobacco portfolio became a very integrated effort,” said Joe Marx, a senior communications officer at the Foundation, who has been on the tobacco-control team since the early 1990s. “Through regular conference calls and e-mail, each group knew what the others were doing. We had so many specialized resources that it was a case of ‘what do we have, and how do we use it?’” While the Foundation may not have had a detailed vision in mind when it entered the tobacco-control field, by the late 1990s, the strategy that emerged had the appearance of a master plan.

Groundwork Through Research

In 1991, Schroeder hired Nancy Kaufman, a registered nurse who holds a graduate degree in administrative and preventive medicine from the University of Wisconsin Medical School, as a vice president. Even more significant, Kaufman, now vice president for philanthropy at Aurora Health Care in Milwaukee, had been deputy director of public health in Wisconsin and brought to the Foundation’s Princeton, New Jersey, headquarters a finely tuned political sense. Although Wisconsin is not generally thought of as a tobacco state, its farmers do produce tobacco for wrappers and chewing tobacco, and Kaufman had considerable experience with tobacco-control issues. Hughes, Kaufman, and their colleagues working on tobacco realized that the first priority was to build a foundation of evidenced-based science.

Before the Foundation began investing in tobacco-related policy research, most researchers in the field were involved in epidemiological questions—patterns of use and cancer rates. The Foundation wanted to focus its research dollars on assessments of public- and private-sector policies that can affect tobacco use—such as regulation, taxes, and reducing young people’s access to tobacco—to gauge their feasibility and effectiveness and to educate decision makers about the results. In January 1992, the Foundation’s board of trustees approved \$5 million over two years to establish the Tobacco Policy Research and Evaluation Program, or TPREP. Two years later, the board authorized an expansion of the policy research component to include alcohol

Table 1.1 Tobacco-Control Grants of Over \$1 Million

Title	Institution	Start	End	Amount
Section A: Tobacco National Program Initiatives				
SmokeLess States: National Tobacco Policy Initiative	American Medical Association	05/01/93	12/31/04	\$99,000,000
National Center for Tobacco-Free Kids	National Center for Tobacco-Free Kids	02/01/96	01/31/07	\$84,000,000
Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy	University of Alabama at Birmingham School of Medicine	05/01/93	04/30/07	\$23,413,278
Substance Abuse Policy Research Program	Center for Creative Leadership	08/01/94	06/30/07	\$13,368,895
Partners with Tobacco Use Research Centers: Advancing Transdisciplinary Science and Policy Studies	University of Illinois at Chicago	05/01/99	03/31/07	\$12,504,070
Smoking Cessation Leadership Center	University of California, San Francisco	11/01/02	01/31/08	\$10,000,000
National Tobacco Control Technical Assistance Consortium	Emory University, Rollins School of Public Health	02/01/01	09/30/04	\$7,198,187
Research Network on the Etiology of Tobacco Dependence	University of Kentucky, Center for Prevention Research	02/01/96	09/30/04	\$7,886,778
Helping Young Smokers Quit: Identifying Best Practices for Tobacco Cessation	University of Illinois at Chicago	08/01/01	07/31/06	\$7,500,000
Addressing Tobacco in Managed Care	University of Wisconsin Medical School	11/01/96	04/30/05	\$6,447,141
Tobacco Policy Research and Evaluation Program	Stanford University School of Law	02/01/92	10/31/96	\$4,593,490
Bridging the Gap: Research Informing Practice for Healthy Youth Behavior	University of Illinois at Chicago	08/01/97	02/28/06	\$4,559,520
Policy Advocacy on Tobacco and Health: An Initiative to Build Capacity in Communities of Color for Tobacco Policy Change	The Praxis Project Inc.	05/01/02	08/31/05	\$3,800,000
Innovators Combating Substance Abuse	Johns Hopkins University School of Medicine	05/01/98	11/30/06	\$1,750,000
Developing Leadership in Reducing Substance Abuse	Portland State University, Graduate School of Social Work	05/01/98	02/28/07	\$1,500,000

Section B: Ad-hoc Grants over \$1 Million

Why Youth Don't Quit: Finding answers to design effective smoking cessation programs	Health Research, Inc.	03/01/02	02/28/06	\$3,499,508
Voices in the Debate: Minority Action for Tobacco Policy Change	Association of Asian Pacific Community Health Organizations	09/01/01	08/31/06	\$2,500,000
Voices in the Debate: Minority Action for Tobacco Policy Change	National Latino Council on Alcohol and Tobacco Prevention	07/01/01	06/30/06	\$2,500,000
Statewide Youth-led Program to Prevent Tobacco Use by Young People	State of North Carolina Department of Health and Human Services	11/01/99	07/31/04	\$1,993,698
Tobacco-Free Nurses: Helping nurses quit	University of California, Los Angeles, School of Nursing	08/01/03	07/31/06	\$1,800,000
Do National-Level Tobacco Policies Decrease Smoking: A four-country tobacco policy study	Health Research, Inc.	08/01/02	07/31/04	\$1,500,000
Four-Community Project to Reduce Adolescent Tobacco Use	Stop Teenage Addiction to Tobacco	09/01/91	12/31/94	\$1,246,889
National Center on Addiction and Substance Abuse	National Center on Addiction and Substance Abuse at Columbia University	05/01/97	04/30/05	\$20,998,963
Join Together	Boston University School of Public Health	09/01/91	04/30/05	\$33,591,683
National Spit Tobacco Education Program—Major League Baseball Initiative	Oral Health America, America's Fund for Dental Health	05/01/96	07/31/05	\$10,437,489
Support and Education to the U.S. Public for the Framework Convention on Tobacco Control	National Center for Tobacco-Free Kids	03/01/00	10/31/04	\$3,991,235
Planning, Evaluating, and Improving the D.A.R.E. Program	The University of Akron	11/01/99	12/31/05	\$3,037,724
Voices in the Debate: Minority Action for Tobacco Policy Change	National African American Tobacco Prevention Network	06/01/02	03/31/07	\$2,426,059
The 11th World Conference on Tobacco OR Health	American Medical Association	05/01/96	12/31/02	\$1,994,339
PRISM Awards: Encouraging accurate depictions of substance abuse and addiction in entertainment industry products	Entertainment Industries Council Inc.	12/15/98	06/14/04	\$1,959,093
Section C: Ad-hoc Grants Less Than \$1 Million—Total				\$65,400,015
Total				\$446,398,054

and illicit drugs, and with a three-year, \$11 million grant, the Substance Abuse Policy Research Program, or SAPRP, was formed.⁸

In addition to spotlighting effective policy alternatives, the programs were charged with “growing the field” of tobacco-policy research—which was relatively small at the time. With its steady stream of funding, TPREP and SAPRP hoped to attract researchers from a wide variety of disciplines, including medicine, public health, law, sociology, political science, and psychology, to conduct tobacco policy research. They succeeded. About 25 percent of the researchers supported by early TPREP grants reported in interviews that they were relatively new to the field of tobacco-policy research.⁹

This marriage of research and policy analysis quickly yielded results. Some of the early findings helped lay the groundwork in two important policy areas: first, an analysis of the effect of the price of cigarettes on consumption, and, second, an analysis of whether tobacco met the legal definition of a drug. With a TPREP grant, Frank Chaloupka at the University of Illinois at Chicago was able to show that higher prices reduced smoking among teenagers and young adults. This line of research helped shape the argument for higher cigarette excise taxes, which became a key tool for tobacco-control advocates.

Another critical finding, which grew out of the work of John Slade of St. Peter’s Medical Center (now St. Peter’s University Hospital) and the University of Medicine and Dentistry of New Jersey, bolstered efforts to define nicotine as a drug. Slade collected and sifted through court documents, patents, papers written by tobacco-industry scientists, industry newsletters, and other public documents, looking for evidence on whether tobacco fit the legal definition of a drug. His analysis helped staff members at the Food and Drug Administration to better understand that tobacco products are similar to pharmaceuticals.¹⁰ In August 1996, when the FDA published a final ruling proposing that it regulate nicotine as a drug, it cited Slade’s extensive commentary in support of its action.

Not only did the Foundation’s investment in tobacco-policy research yield important findings but it also came at a critical time for the emerging discipline. “The program put tobacco policy on the map,” said Kenneth Warner, a health economist at the University of Michigan School

of Public Health. “There was only a handful of researchers, and we were in a sort of hand-to-mouth existence. We found it interesting, but it was not where the money was. Once SAPRP was established, it attracted new, first-rate researchers who had never done tobacco research before.”

The Policy and Advocacy Piece

As the sphere of tobacco-policy researchers expanded, the Foundation turned its attention to marshaling the fruits of that research to advocate for policy changes to curb tobacco use. Kaufman asked Michael Beachler, then a senior program officer at the Foundation, to help devise an advocacy structure that would take full advantage of the growing body of policy research. They recommended that the Foundation support coalitions of tobacco-control organizations that would be largely immune from the influence of the tobacco industry. In 1993, The Robert Wood Johnson Foundation authorized a \$10 million grant to establish the SmokeLess States program to help the coalitions—often housed in organizations such as the American Cancer Society, the American Heart Association, or the American Lung Association—develop statewide plans and activities to reduce tobacco use, especially among children and teenagers.¹¹

Finding the right collaborator was crucial to the success of SmokeLess States. Schroeder, who rarely involved himself in substance-abuse strategy decisions, suggested the American Medical Association as the Foundation’s partner. Since lobbying would be necessary to counter the influence of the tobacco industry and, by federal law, the Foundation was precluded from doing so, the Foundation insisted that its SmokeLess States grantees find matching money from other sources. This turned out to be a great incentive for the SmokeLess States coalitions to raise funds.

In 2000, the focus of the SmokeLess States program was changed, and state coalitions were required to concentrate exclusively on policies that would reduce smoking. At its apex, SmokeLess States had statewide coalitions in forty-two states that focused on policy changes in the areas of increased excise taxes on tobacco, clean indoor air, and reimbursement for costs of cessation and treatment programs. The coalitions also challenged public officials to deter tobacco use through legislative means. In

West Virginia, for example, a SmokeLess States coalition trained teenagers to become antismoking peer advocates and funded tobacco-control chapters throughout the state. Today more than 80 percent of the state's counties have clean indoor air ordinances and teenage tobacco use has declined significantly.¹² In Montana, the coalition's efforts contributed to passage of a groundbreaking clean-air ordinance in Helena in 2002. It also helped organize an effort that resulted in an increase in excise taxes from eighteen cents—one of the nation's lowest rates—to seventy cents. In Massachusetts, the SmokeLess States coalition's work led to the state government's raising the tax on cigarettes to \$1.51 a carton, once the highest in the nation.

The Center for Tobacco-Free Kids: A Counterweight to the Tobacco Industry

Kaufman was a member of the Foundation's delegation to the 1994 World Conference on Tobacco OR Health, in Paris. For her—and, as it turned out, for the Foundation—it was a pivotal moment. Surrounded by a global group of advocates, academics, and government officials, she was stunned by how far behind the United States was in developing coherent tobacco-control policies. Between sessions, a group of tobacco-control advocates, including Matt Myers, a Washington-based attorney and anti-smoking advocate, began discussing the need for a national center that could operate as a central command post for the fragmented antismoking forces in the United States. At the time, the Coalition on Smoking OR Health, a loose confederation of the American Cancer Society, the American Lung Association, and the American Heart Association, was the movement's only voice, but it was underfunded and mainly just reacted to the tobacco industry's media campaigns.

The antismoking partisans in Paris agreed that a national center needed to be more than just a communications shop. Beyond ministering to the press and providing information, documentation, and sound bites for the tobacco-control point of view, it would push for policy change to denormalize tobacco. Its foe—albeit a kind of David-and-Goliath matchup—was the formidable Tobacco Institute, the multimillion-dollar public-relations behemoth whose thirty-six year run of fending off the mounting scientific evi-

dence of tobacco's adverse impact on the nation's health was the stuff of legend. Back in Princeton, Kaufman and Beachler made their pitch to Schroeder. He approved the concept, and what would arguably become the Foundation's preeminent tobacco-control entity began to take shape.

Within The Robert Wood Johnson Foundation, this overt and highly visible confrontation with the tobacco industry was viewed as a controversial step. To confirm that the idea of a national antismoking center was in keeping with the Foundation's focus on smoking among young people, the new national tobacco-control clearinghouse was named the National Center for Tobacco-Free Kids. Funding partners were enlisted to join the fight. In the fall of 1995, the American Cancer Society and the American Heart Association made five-year financial commitments to the project. The following January, The Robert Wood Johnson Foundation authorized a grant of \$20 million. (In 1999, a renewal grant of \$50 million was approved for the period April 1999 to March 2004. Its third, and last, grant is for \$14 million, which expires in 2007.)

The Center opened for business shortly after Labor Day 1995. In August, the White House and the FDA had announced the federal government's intention to assert jurisdiction over tobacco, ushering in an era of unprecedented government attention to tobacco-control efforts. William D. Novelli, a founder of the social marketing and public relations firm of Porter Novelli, was intercepted as he was about to take a sabbatical at the Annenberg School for Communication at the University of Pennsylvania after stepping down from the position of executive vice president at CARE. He became the Center's first president. Matt Myers, one of the strategists at the Paris conference, officially joined the Center as vice president at its official opening in June 1996. (He is now the organization's president.)

The Center has four goals: to develop a national strategy for reducing youth tobacco use, to serve as a media and information center to parry the tobacco industry's promotional thrusts, to provide technical assistance to state and community antismoking education efforts, and to broaden the base of national organization support to reduce youth tobacco use.

In 1999, the Center launched the Campaign for Tobacco-Free Kids and developed a National Action Network, including more than 300,000

grassroots members ready to speak out on issues regarding youth tobacco use. It has allied with more than 142 health, civic, educational, youth, and religious groups dedicated to reducing tobacco use among children. The Center sponsors two nationally recognized events—Kick Butts Day and the Youth Advocates of the Year Awards. Kick Butts Day, held every April, features more than 1,500 events in all fifty states and abroad, involving elementary, middle school, and high school students speaking out against the marketing of tobacco to kids and taking action in their communities.

A Web site, www.tobaccofreekids.org, informs the public, policy-makers, and the media about tobacco control and other ways for these groups to become involved in the effort. The Web site carries the full texts of the Center's fact sheets, press releases, advertisements, and special reports. A recent special report, for example, lists campaign contributions made by tobacco companies to every senator and representative. The Center seeks to broaden public and institutional support for state-level policy change, such as increasing state excise taxes on tobacco products, expanding protections against secondary smoke, and assuring that states will use their money from the \$209 billion settlement with the tobacco industry for comprehensive prevention programs. The Center also is working to broaden public support for the regulation of tobacco by the FDA.

Shortly after opening, the Center was presented with a difficult—and its most wrenching—decision. A number of states had filed suits seeking to recoup the cost of treatment for cancer victims that had been paid for by state Medicaid funds, and in early 1996 Novelli and Myers were asked to act as a liaison with the public health community.¹³ In March 1997, the tobacco industry was hinting at a deal, and the White House wanted Myers and the Center to be present during the negotiations. Once the talks were reported by the *Wall Street Journal* in April, the Center came under heavy fire from militant antismoking activists for sitting down with the tobacco industry—an act that many construed as a betrayal.

The talks led to a historic agreement in June 1997, obligating the industry to make annual payments to the states estimated to total nearly \$370 billion in the first twenty-five years and to continue indefinitely. It also gave the FDA authority to regulate tobacco, curtailed tobacco mar-

keting, limited ads in magazines with large youth readership, and set aside funds to be used for tobacco cessation and treatment efforts. With money raised privately by the Center, Myers began working with Senator John McCain's office to get enabling legislation passed. It was introduced in March 1998 and died by filibuster in June of that year. In November, a new but weaker agreement was announced—the Master Settlement Agreement—that was a disappointment to the antismoking camp. Key aspects of the earlier agreement, such as FDA authority over tobacco, standards for secondhand smoke, tougher warnings on tobacco products, and penalties for tobacco companies if youth smoking rates did not decline, had been lost.¹⁴

After the Master Settlement Agreement, the National Center for Tobacco-Free Kids increased its focus on the states, where the Foundation's SmokeLess States program and other state and local advocate groups were ready to wage battles over funding for prevention and cessation programs, protection from secondhand smoke, and increasing excise taxes on tobacco. "From the beginning, the Center saw its role as encouraging federal and state activities in tobacco control and using our communication skills to broaden the movement," Myers said. "The Center's first two years were focused on the settlement and legislation. But over the last four to five years, our attention has been focused on becoming a resource for state and local efforts and to make sure they are as integrated as possible. We work to see that the many Robert Wood Johnson Foundation projects in different areas are integrated into the related efforts of others so that the projects are seen not as a thousand points of light but as an integrated whole greater than the sum of its parts."

Treatment and Cessation Programs

As the senior scientist at The Robert Wood Johnson Foundation, C. Tracy Orleans has played a leadership role in developing the grantmaking strategy in the area of tobacco-dependence treatment. Like many others at the Foundation, she had personal reasons for being interested in tobacco. "I had a terrible time quitting," Orleans recalled. "That experience really focused me on treatment and cessation programs."

Tobacco-policy research in the early 1990s had shown the benefits of certain cessation approaches, namely counseling and pharmaceuticals, but not many physicians or health care organizations were actively employing these tools. In 1996, the federal Agency for Health Care Policy and Research (now the Agency for Healthcare Research and Quality) identified effective treatments that could reduce tobacco-related disease and death dramatically—such as counseling by a physician and the use of pharmacological agents—and issued guidelines for their use. As a logical next step, the Foundation sought to capitalize on the guidelines by seeking to make them a regular part of medical practice, particularly within managed-care systems.

While managed-care organizations should benefit from encouraging healthy lifestyles and emphasizing preventive medicine, their constantly changing membership—which meant that they might not reap the economic benefit of their investments in prevention—slowed the adoption of tobacco-cessation treatments. The Foundation hoped that its investments in treatment and cessation would help translate science into medical practice—always a slow and difficult process. The staff also had to weigh the grantmaking trade-offs between prevention and treatment.

Orleans felt that the tobacco-control strategy had to embrace both spheres: “We needed a multipronged approach—one that combines ‘upstream’ efforts to promote environmental change through education and policy change, with more ‘downstream’ efforts to identify and disseminate effective prevention and treatment programs.”¹⁵ She observed the great gap between “what we know and what we do.”¹⁶ Only 50 to 60 percent of smokers report getting any advice on quitting from their physicians. Fewer than 25 percent report any further counseling or drug-based therapy. Low-income and minority smokers are the least likely to get this help.

Why the gap has not narrowed is due to a number of factors: lack of training in medical school, doctors underestimating the difficulty in overcoming tobacco addiction, health care systems not supporting cessation efforts, insurance and reimbursement policies not covering tobacco-dependence treatment, weak demand for such services by smokers, and the lack of a strong “business case” for treatment.¹⁷

With these realities in mind, the Foundation decided on two goals for its cessation efforts: identifying and promoting effective tobacco-cessation treatments and translating them into clinical practice. To reach those goals, the staff devised a three-part strategy: bolstering the scientific basis for tobacco-dependent treatment, strengthening the capacity of health care systems to deliver effective intervention, and building a market and demand for effective treatments among health care providers, purchasers, policymakers, and consumers.

To give managed care organizations an incentive to offer tobacco-cessation counseling and treatment, the Foundation targeted the report cards issued by the National Committee on Quality Assurance, a Washington, D.C.-based organization that provides information on quality and cost of medical care to managed care plans. These report cards, officially known as Health Plan Employer Data and Information Set, or HEDIS, are used by health care buyers, such as corporations, when selecting health plans for their employees. In 1996, a tobacco-reporting component—based on whether HMO-enrolled smokers had been advised to quit in the past year—was included in HEDIS. It marked the first time that a behavioral risk factor was made part of the annual evaluations.

One of the Foundation's major cessation programs, *Addressing Tobacco in Managed Care*, offers a good illustration of the complexities of persuading clinicians to adopt cessation practices. The program, launched in 1997, asked managed care organizations and their academic partners to submit research ideas on how the federal smoking-cessation guidelines could be woven into health care settings. The premise was that managed care organizations are ideally situated to incorporate tobacco interventions in everyday clinical practice because they have access to enrolled populations and can provide incentives, tools, and structural support to their provider networks.

According to a 2001 evaluation of *Addressing Tobacco in Managed Care* done by the Schneider Institute for Health Policy at Brandeis University, the program has had mixed results.¹⁸ Evaluators found that the program had “created an air of awareness” in the minds of managed care organizations, researchers, and providers about tobacco dependence, had

built up the field's knowledge about the issue, and had created collaborations among academics, new researchers, and managed care organizations. Yet the evaluation team also reported some characteristics inherent in the health care system that worked against the effort. While the Addressing Tobacco in Managed Care program framed tobacco dependence as a chronic recurring disease, the managed care organizations tended to regard it as a health promotion issue. This view led them away from locating tobacco-dependence efforts in clinical settings, where they had the most potential rewards, and instead putting them in the hands of the marketing and/or quality improvement departments.

A Look Back on the Tobacco Strategy

For Americans of a certain age, the widespread condemnation of the tobacco industry, the near universal expectation of clean indoor air, the *de rigueur* disapproval of youth smoking, the transformation of smoking from a cool, Hollywood-fueled affectation to a reckless, inexplicable, and disheartening personal choice is nothing short of a sea change in social values and behavior. Not many decades ago, small, complimentary packs of cigarettes would appear alongside the entree on many commercial airline flights. Nowadays, huge numbers of people have quit, or are trying to, and the tobacco companies themselves are spending millions on ads asking, perhaps disingenuously, kids not to smoke.

In the 1990s, when the Foundation entered the fray, many factors had intertwined to help bring about this shift: the Surgeon General's report; the work of advocacy groups; the growing media attention to the hazards of smoking; lawsuits filed against the tobacco companies by lung cancer victims; and legislation on the federal, state, and local levels to protect innocent people from secondhand smoke. What, then, was the role of The Robert Wood Johnson Foundation in this remarkable and remarkably complex company of actors in the tobacco-control crusade?

From the vantage point of 2004, Schroeder, who now heads the Smoking Cessation Leadership Center at the University of California, San Francisco, offered this opinion on the Foundation's tobacco-control work:

“In general, I didn’t know what to expect, but as a portfolio we probably outperformed where we thought we could go.”

But outperformed against what measure? It is impossible to quantify, beyond some positive trends, how the Foundation’s investments paid off. But its entrance and, perhaps more important, its steady presence in the field of tobacco control has unquestionably had a significant impact on a difficult and insidious health issue.

Michael Pertschuk, the former chairman of the Federal Trade Commission and cofounder and codirector of the Advocacy Institute in Washington, D.C., has had a long career in public health and an abiding interest in tobacco control. (He also has written a book, *Smoke in Their Eyes: Lessons in Movement Leadership from the Tobacco Wars*, funded by The Robert Wood Johnson Foundation.) To Pertschuk, the Foundation helped transform the field by moving shrewdly and decisively and with unprecedented resources. “It was probably the biggest player, but size was not as important as its strategic focus,” Pertschuk said. “As The Robert Wood Johnson Foundation began to get involved in tobacco control, it did so with an understanding that it would not be just more social marketing, but attempts at systemic change. It had to take on the fundamental political dimension of the problem. It was a unique strategic intervention in the public health field that will serve as a model for years to come.” In terms of its influence, Pertschuk says, “The Foundation can certainly claim credit for decreases in youth smoking and arresting the late ’90s upward trend among young smokers, and they were dominant in their role as a provider of strategic resources to the field, particularly with communications guidance, media support and polling. On the state level, they brought cohesion to the advocacy network—in a field that previously had no full-time staff working solely on tobacco.”

Just as important—to researchers, at least—is how the Foundation almost single-handedly brought the tobacco research community to scale. David Altman, the program director of both the Tobacco Policy Research and Evaluation Program and Substance Abuse Policy Research Program, remembered how the field used to be. “In the mid- to late-1980s people were beginning to talk about doing research in tobacco,” he said. “But at the time

there were maybe fifteen people in the whole country who were interested in that kind of work. Once The Robert Wood Johnson Foundation began to offer research grants, it almost instantly legitimized the field.”

Similarly, Susan Curry, codirector of the Addressing Tobacco in Managed Care program, believes that the Foundation’s investments to promote the most promising tobacco cessation and treatment practices in managed care organizations has had an even greater and more long-lasting effect. “It’s my firm belief that because of the progress on tobacco in managed care, the health care community is now addressing the bigger concept of treating health-risk behaviors, be it tobacco use, poor nutrition, or physical inactivity,” she said.

It is not surprising to hear such glowing report cards from those populating the Foundation’s far-flung tobacco-control activities. Yet critics of the National Center for Tobacco-Free Kids’ involvement in the settlement talks remain unforgiving, and others in the field find much to complain about in the Foundation’s approach and many of its key assumptions. One of the Foundation’s most vociferous critics is Stanton Glantz, professor of medicine and the director of the Center for Tobacco Control Research and Education at the University of California, San Francisco (and a recipient of a Robert Wood Johnson Innovators in Substance Abuse Award in 2002). A straight-talking, pragmatic veteran of the tobacco wars, Glantz recalls, somewhat wistfully, that at one time he lobbied the Foundation to enter the field. “It was a case of ‘beware of what you wish for,’” he says. “The need for a major foundation to get involved was long overdue, and there’s no question that the Foundation had a very strong agenda-setting role. It’s just that a number of things they did were wrong.”

The Foundation’s focus on youth smoking, Glantz believes, was a bad decision that diverted time and money away from other more effective targets, namely, in Glantz’s view, clean indoor air and tobacco tax policy. “The companies themselves were focused on kids smoking, and it was politically safer for the Foundation to concentrate on children,” he said. “But they got the whole movement derailed on youth access and preventing the first cigarette. They fell into that trap and did not pay enough attention to where the real power was: bottom-up, grassroots advocacy on clean indoor air. Their whole model and mentality was East Coast, Washington-

centric, and top-down. But the National Center for Tobacco-Free Kids is not where the action is; it's always at the local and state level. The further you go up the political tree, the more money talks, the more lobbyists talk, the more lawyers talk. And the tobacco companies have lots of money, lobbyists, and lawyers."

Glantz goes on to fault the Foundation's Washington D.C.-based tobacco-control generals for being heavy-handed in issuing directives. "The fight for nonsmokers' rights should be driven by what people want, not what a bunch of graybeards want," he said. "Their notion of a grass-roots campaign was an e-mail action campaign, *telling* people what to do."

As for the National Center for Tobacco-Free Kids' involvement in the tobacco settlement, Glantz is squarely in the camp seeing it as a huge blunder. "There was a big split between those in D.C. who thought it necessary to give the tobacco industry significant concessions versus the people in the field who had sent tobacco packing on indoor air fights and knew what it was like to have a clean victory," he said. "The brokering of the settlement was in direct opposition to everybody else and did great damage to the whole movement. It destroyed a lot of relationships, and it was wrong strategically and at a policy level."

Taking the long view, even as harsh a critic as Glantz sees the Foundation's tobacco strategy as having ripened with age as it moved toward the less centralized state-based advocacy efforts that he favors. "They went through a ten-year learning curve, but in the last three years or so they were just over the hump and getting some traction. In another ten years, if they did it right, like they were beginning to do it, they could have wiped tobacco out." With characteristic candor, he concludes: "They put tobacco control on the public agenda but wasted a huge amount of energy and money doing so. After ten years, they finally got it right and created a potent infrastructure, and then they walked away."

Bearing such criticisms in mind, after more than a dozen years of grantmaking and hundreds of millions of dollars in investments how should the Foundation's engagement in the tobacco wars be judged? A reasoned interpretation of all the evidence leads to a positive conclusion. The Robert Wood Johnson Foundation entered the tobacco-control arena with superb timing and had an enormous catalyzing effect, reenergizing

existing tobacco-control forces and playing a crucial role in the development of new approaches. With a sustained flow of financial resources to all corners of the field and an overall strategy that coalesced into a proven and effective integrated battle plan, the Foundation can take significant credit for one of the major public health triumphs in recent years. As Schroeder and others concede, the Foundation's now widely admired tobacco-control strategy came together in bits and pieces. But seen in retrospect, it could rightfully be held up as a model—blending policy research, state-based advocacy and coalition building, and a national communications and strategic command center—for others seeking social change against formidable odds.

Winding Down

Risa Lavizzo-Mourey took over as president of The Robert Wood Johnson Foundation in 2003. As was true of Schroeder twelve years earlier, Lavizzo-Mourey was eager to put her own stamp on the Foundation. A geriatrician with clinical experience in chronic illness, she had been a Robert Wood Johnson Clinical Scholar. As she and the board reviewed the Foundation's direction, it became clear that Lavizzo-Mourey had plans to reduce investments in some areas—notably, end-of-life care and tobacco—and re-deploy them.

In an interview posted on the Foundation's Web site, Lavizzo-Mourey elaborated on her rationale. Expressing pride in what the staff and the grantees have accomplished in reducing the use of tobacco, Lavizzo-Mourey explained, "The reason we are trying to balance our prevention efforts is that there are now new threats on the horizon. We have seen some decrease in the prevalence of smoking, so we can and should shift some of our attention to these new threats. We try to look at areas where there is a significant need." She elaborated, "When you look at the causes of preventable mortality in this country, smoking and tobacco use rival lack of physical activity and obesity for the number one and number two slots. Many of the chronic diseases that plague us, like cardiovascular disease, hypertension, diabetes, stroke, and many cancers, are related to those two unhealthy behaviors. If you look at the epidemiology, you see that

obesity, particularly obesity in children, is becoming more common, and there's a decline in physical activity associated with that rise in obesity. Consistent with our mission [of improving health and health care], we need to focus our prevention resources on the areas that are the biggest threats. In addition to the work that we've invested in reducing the harm caused by tobacco over the years, we think it's important to add obesity, particularly among children, to that prevention portfolio."

Lavizzo-Mourey took pains in the interview to insist that the Foundation would not become complacent about the risks of tobacco and would remain vigilant in not only maintaining hard-won gains but also making further progress in smoking cessation and in helping people resist starting. "We will not abandon tobacco- and substance abuse-related prevention," she said, "but we would be remiss if we didn't pay attention to obesity, another grave and growing threat."

The Foundation's plan going forward, Lavizzo-Mourey said, is to sustain the tobacco-control policy infrastructure and its research base through a cluster of programs, projects, and communications activities. She projected a \$72 million grantmaking budget for tobacco control over the next two years and \$30 million more through 2008. She also said that if trends started "going in the wrong direction," the Foundation would reconsider its funding decisions.

The reduced emphasis on tobacco control has, predictably, raised concerns. "The phaseout of tobacco was a very difficult decision," said the Foundation's Robert Hughes, "but we are doing it in a responsible way. We are doing no harm because we are retaining the structures, and retaining a commitment to the field. But, yes, there is a very real risk of losing some gains. We would have a much less healthy population were it not for the work the Foundation has done. The question is, will the phaseout come at a price to the public's health and can the investments in childhood obesity compensate?"

Other experts in tobacco control express similar fears. "I have to respect each new president's vision, and I applaud Risa on her attention to obesity in children," said Kenneth Warner, the University of Michigan health economist. "But I am terribly disappointed by the lack of resources [for tobacco research]. If you look back on the last decade, the first part

was the most exciting, but the most recent year was the most depressing, because all the resources that took so long to build up are being dissipated.”

The phaseout coincides with tough budget times for the states, and the Advocacy Institute’s Mike Pertschuk sees that as a double whammy affecting the state-based antismoking coalitions. “If you didn’t have the simultaneous plunge in funding in the states, it wouldn’t be so threatening, because the leadership is mature and well-established,” he said. “But you can’t say that now. In terms of its timing, in the setting of state economic crises, the phaseout is a serious blow.” Pertschuk is more sanguine about other aspects of the tobacco control. “There seems to be strong, independent momentum for smoke-free environments, and the same goes for tax increases. Cessation activities will suffer somewhat, and on the national level there is still a major need for the Center for Tobacco-Free Kids.”

Mindful of the tricky course she must navigate going forward, Lavizzo-Mourey is pragmatic. In the Internet interview, she said, “We know that we cannot do everything. To take on something like tobacco or obesity requires not only a major financial commitment, but also intellectual commitment, passion for the work on our part, and collaboration to leverage other resources from people around the country. There are only so many big issues you can take on at a time, and no foundation can take any of them on unilaterally. . . . What are the most pressing for us to engage in right now? That’s going to change over time. And frankly, the amount of the resources that we put into any one will also change over time as the environment—the external forces with which we contend—change. The only way to keep this in balance is to keep asking ourselves what are the most pressing issues and how can we use our resources most effectively to make a difference?”

Notes

1. Hughes, R. “Adopting the Substance Abuse Goal.” *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999.

2. Schapiro, R. "A Conversation with Steven Schroeder." *To Improve Health and Health Care, Vol. VI: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2003.
3. Hughes, R. "Adopting the Substance Abuse Goal." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999.
4. <http://www.cdc.gov/tobacco/overview/oshsummary2004.htm>
5. *Substance Abuse, The Nation's Number One Health Problem: Key Indicators for Policy*. Prepared by the Schneider Institute for Health Policy, Brandeis University, for The Robert Wood Johnson Foundation, February 2001.
6. The Center for Tobacco Free Kids (<http://tobaccofreekids.org/research/factsheets/pdf/0002.pdf>).
7. Koppett, L. "The National Spit Tobacco Education Program." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999.
8. Gutman, M. A., Altman, D. G., and Rabin, R. L. "Tobacco Policy Research." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999.
9. The Lewin Group. *Assessment of the Substance Abuse Policy Research Program and Tobacco Policy Research and Evaluation Program*. Fairfax, Va.: The Lewin Group, 1997.
10. Gutman, M. A., Altman, D. G., and Rabin, R. L. "Tobacco Policy Research." *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 1999.
11. See Chapter Two in this volume.
12. <http://ama-assn.org/ama/pub/print/article/3216–7745.html>
13. See Diehl, D. "The Center for Tobacco-Free Kids and the Tobacco-Settlement Negotiations." *To Improve Health and Health Care, Vol. VI: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2003.
14. Schroeder, S. A. "Tobacco Control in the Wake of the 1998 Master Settlement Agreement." *New England Journal of Medicine*, 2004, 350, 293–301.

15. Orleans, C. T. "Challenges and Opportunities for Tobacco Control: The Robert Wood Johnson Foundation Agenda." *Tobacco Control*, 1998, 7(Supp.), S8–S11.
16. Orleans, C. T., and Alper, J. "Helping Addicted Smokers Quit." *To Improve Health and Health Care, Vol. VI: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2003.
17. Ibid.
18. *Addressing Tobacco in Managed Care, An Evaluative Assessment*. Schneider Institute for Health Policy, Brandeis University, January 2001.