

Final Report

Tobacco Policy Change Program Evaluation

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EXECUTIVE SUMMARY

A group of independent evaluators based at The City University of New York's Center for Human Environments was contracted to evaluate The Robert Wood Johnson Foundation's Tobacco Policy Change (TPC) Program, the last of the Foundation's major investments in tobacco control, which was funded from 2004-2008.

TPC was designed to extend the momentum of the tobacco control movement to those communities most affected by tobacco use and exposure. Statistics have shown that these communities (low income, LGBT, rural, minority, and overwhelmingly the Southern region) continue to have higher than average rates of smoking, and higher than average rates of smoking-related illnesses at the population level, despite the tobacco control policy reforms that were brought about largely as the result of advocacy efforts sponsored by The Robert Wood Johnson Foundation. The Foundation found that representatives of the communities most impacted had been underrepresented in the major tobacco control campaigns, and recognized that this lack of representation was a potential factor related to the high prevalence of tobacco use and exposure in certain communities. TPC was designed to invest in expanding and diversifying the tobacco control movement, largely by cultivating partnerships with mainstream tobacco control actors and a group of activists largely new to tobacco control who represented impacted communities in order to effect policy change that would reach into these communities.

“This program is about building partnerships and collaboration between public health advocates and community advocates and working together to improve the lives of those hit hardest by tobacco use and exposure.” (APHA on TPC by RWJF program staff)

Reducing the use of tobacco and creating smoke-free environments in the most affected communities are just two of many public health priorities vying for attention in an environment of limited resources. Health and social programs are often over-subscribed and under-capitalized in marginalized communities, creating a lack of capacity that is compounded by the fact that very capable CBOs (community based organizations) and neighborhood-based organizations often focus more on filling in service gaps and less on the types of advocacy activities that would fundamentally shift the distribution of resources. Whether this is due to deliberate efforts of mainstream actors to control the policy arena or other factors, the fact remains that there is limited capacity in minority and low-income communities to engage in successful public health policy reform. Thus a goal of TPC, especially in later rounds, was not only to change tobacco policies in these communities, but also to leave capacity on the ground to monitor and maintain any tobacco policy change wins, and to transition that capacity into battles for other public health policy changes.

There is increasing recognition of the need to address the root causes of health disparities by using data to identify communities most affected by tobacco use and focusing on making systemic, structural changes to public policies and institutional practices. The foundation created TPC at the end of its investment in tobacco policy change, with a distinct focus on enhancing the capacities of community-based actors to engage in the tobacco control movement and transfer those skills to other public health issues. As funders are increasingly looking to support systemic

change, an examination of the multiple dimensions of this work and the lessons learned from the TPC demonstration program can provide valuable information. This evaluation is an attempt to ascertain how the Robert Wood Johnson Foundation and philanthropic investors in general can build advocacy capacity in impacted communities to bring about social change.

The evaluation was designed to examine the program theory, to provide information about the program's contribution to tobacco control policies, as well as to yield insights about the program as a strategy for funding locally-driven, coalition-based tobacco advocacy, and public health advocacy more generally.

TPC as a program strategy had dual goals:

(1) The first goal was facilitating tobacco policy change in the areas and communities most impacted by tobacco use and smoke, where Smokeless States had missed. In particular TPC was looking at the following policy changes – clean indoor air, coverage of cessation, treatment, increases in cigarette taxes.

(2) The 2nd goal, which gained in importance as the program progressed, was strengthening grassroots infrastructure and advocacy capacity to build healthier communities. The foundation wanted to leave something on the ground beyond the life of the grants, so when funding ended, the advocacy around tobacco and around health issues more broadly was strengthened and hopefully would continue.

In line with the dual goals of the TPC funding model, grantee outcomes were categorized according to progress made both on the policy change front, as well as the building of community advocacy capacity. Importantly, the evaluation's findings cannot be understood as a comparative study of the individual groups within the grantee pool. The individual political, social and cultural contexts are too different, and the complex nature of social change work, and the difficulty of attribution, makes side-by-side comparison inappropriate. Instead, we looked across the grantee pool for patterns, which indicated the degree to which the program met anticipated objectives; we also sought patterns that provided insights into the nature of community-driven coalition work and into the effective forms of funding this work.

In order to understand program outcomes, factors that contributed to grantee's progress, and the effectiveness of the program model, the evaluation was constructed around 5 key evaluation questions:

1. How successful were TPC grantees in achieving their advocacy goals?
2. To what extent did TPC contribute to building sustainable infrastructure for advocacy in communities?
3. What factors and conditions contributed to or hindered grantees' contributions to advocacy and community infrastructure outcomes?
4. How was the structure of the TPC program model conducive to achieving the program's goals?
5. What lasting impact has TPC had in the tobacco advocacy field overall, and beyond?

The findings related to each of these questions are summarized below.

1. How successful were TPC grantees in achieving their advocacy goals?

It was clear that grantees contributed to significant policy wins in communities left out of prior tobacco control successes. By policy category, 21 grantees were able to implement comprehensive clean indoor air (CIA) laws or ordinances; 9 groups were successful in contributing to excise taxes on tobacco products; 1 was able to limit tobacco sponsorship of sporting/entertainment events; 4 were able to increase Medicaid funding for tobacco cessation treatment, and two able to regulate the sale of certain tobacco products known to be popular with youth.

There was also evidence that the degree of community engagement fostered by TPC helped coalitions achieve the implementation of laws that reflected the most important priorities of the communities, such as laws with few or no exemptions. And community engagement also emerged as a key factor in the sustainability of policy wins.

2. To what extent did TPC contribute to building sustainable infrastructure for advocacy in communities?

Strengthening infrastructure, or essentially enhancing community advocacy capacity meant not just increasing the technical policy advocacy skills of community members, but enhancing their ability to participate in advocacy, and to have a seat at a table that had previously been closed to them. Across the board, we found that **participation in TPC catalyzed the development of new tobacco policy reform leaders, promoted new relationships with ally groups and decision-makers, and strengthened knowledge and skills**, as evidenced both by interviews and survey respondents:

- 76% felt they understood more about the advocacy process, as a result of their involvement with TPC
- 86% felt that an impact of the TPC grant in their community was increased support from policy makers.
- 43% said their coalition is continuing to work together on other issues.
- 90% felt that the TPC grant strengthened relationships with ally groups.

We found that grantees whose approach to policy change built on strengthening the ability of communities to participate in advocacy (and in democracy more broadly) were best positioned to heighten community awareness in order to address incidence.

We also found evidence of the transference of these skills to other health and quality of life issues of concern in communities.

3. What factors and conditions contributed to or hindered grantees' contributions to advocacy and community infrastructure outcomes?

We found that a number of factors were important in contributing to--or hindering--grantees' progress along the two dimensions of success:

1. **The level of community engagement** proved to be important for the development of sustainable tobacco advocacy capacity.

2. **A legitimate presence and history working in the community** allowed for groups to engage communities around a policy agenda, as well as leverage relationships and social capital in the coalition.
3. The **ability to situate tobacco advocacy as a social justice issue** was an important factor helping to strengthen community-driven participation in tobacco work and galvanizing support for the issue.
4. Employment of **culturally-relevant strategies** was linked to grantee progress, as demonstrated by groups working in Native American tribal regions, Hispanic communities, and others.
5. **Navigation of coalition relationships.** The TPC coalitions were characterized by mostly new relationships among groups with distinctive backgrounds, access to power and resources, and priorities. The ability of community groups to navigate these often complex relationships was central to success.
6. The use of **policy templates, training modules and toolkits**, often offered by Technical Assistance (TA) providers offered important guidelines, blueprints, and educational support.
7. Strategic **coalition coordination and volunteer engagement strategies** were critical for coordinating the work of very different groups working under tight budget constraints, with many competing priorities.

4. How was the structure of the TPC program model conducive to achieving the program's goals?

Program planners designed TPC based on their perceived need for policy change and strengthened sustainable advocacy capacity in communities most affected by tobacco. Planners then adopted strategies to address these needs, such as support for diverse partnerships, and a matching fund requirement. This program model was considered to be unusual by the foundation, both for the amount and type of program support provided, as well as the type of coalitions the program aimed to support. Given that innovative nature of the program model, lifting up lessons learned are of particular importance.

Six dimensions of the program model are noted below, and then subsequently described:

- Program design
- Grantee selection and outreach
- Senior Program Consultants and Technical Assistance
- Expected timeline
- Financial concerns: Grant amounts and matching funds requirement
- In Round 4, the requirement to work on two policy issues

TPC planners prioritized inclusivity and deliberately included tobacco control stakeholders in both developing the program strategy and in decisions about grant making. By convening groups such as APPEAL (Asian Pacific Partners for Empowerment, Advocacy and Leadership), the Praxis Project, and other TA providers that represented communities of color, along with seasoned tobacco control advocacy groups, TPC created a network for collaborating across divides that was unprecedented in the tobacco movement. While grantees, TA providers and other tobacco movement activists alike applauded this effort, we noted that at times there was a degree of unresolved tension around some grantmaking priorities, such as around the composition of the coalition, and the nature of community leadership and representation. While

this tension is natural and often productive, future efforts might consider how to ensure that assumptions are clearly stated regarding grant decision-making, and criteria are made as explicit as possible.

Grantee selection and outreach strategies were crucial in building authentic, diverse partnerships. In order to be effective in reducing tobacco use and exposure in the most impacted communities, often players new to tobacco control needed to be supported and encouraged to take part in the tobacco control arena in order to expand the advocacy base.

Coalitions that included community groups with strong base-building skills, community organizing experience, and legitimacy in the communities were best able to engage communities around tobacco issues. The TPC program favored, especially in later grant-making rounds, coalitions legitimately driven by the priorities of community-based groups, which contributed to effectiveness of advocacy and policy change in communities disproportionately affected by tobacco. The Foundation's desire to ensure legitimate community leadership was critical.

Long-lasting policy change does not happen in isolation. A policy or law may pass without the help of grassroots or coalitions. But for it to really stick and have impact on the health and wellbeing within communities – there needs to be folks on the ground, within communities, to make sure that the policy is protected and strengthened. (APHA presentation on TPC by RWJF)

Therefore, TPC encouraged and funded partnerships between community advocates, tobacco control advocates, and public health advocates more broadly. The hope was that the coalitions funded would build on the infrastructure and capacity that had already been developed within the existing community.

We really wanted to have communities most impacted drive change, and lean on the tobacco national control policy infrastructure that RWJ had supported over the years (SS, Campaign for tobacco-free kids, Americans for non-smokers rights, tobacco control legal consortium, and some ethnic networks providing TA – National African tobacco Prevention Network, Praxis, etc.(RWJF program staff)

We heard from informants that the value placed by the foundation on **community-based leadership was an important contributor to shifting the norms around coalition formation and the importance of community-based assets in the advocacy process.**

There was a deliberate outreach effort by the TPC team at the Foundation to engage community organizations and advocacy groups that, in most cases, had never had support from RWJF and had never played a significant role in tobacco policy change efforts. For instance, instead of relying on sending out requests for proposals through email and listservs, program staff and consultants made trips to communities most affected by tobacco to educate and engage them around the program. Evidencing the success of outreach efforts, traditional tobacco control groups (The American Cancer Society, American Heart Association) came to represent an increasingly smaller composition of the grantee pool.

The grantee selection process was the other key factor contributing to diversifying the grantee pool, ensuring authentic partnerships, as well as the capacity to move an advocacy agenda in a relatively short time-frame. Senior Program Consultants (SPCs) and program staff discussed the deliberation process, and it was clear to evaluators that the high level of internal debate and reflection contributed to the evolution of the program. There were two criteria for grantee selection that were possibly the most critical for the program, and also the most challenging to interpret.

First was the requirement that grantees needed experience moving policy on some issue. We found that in reality a number of coalitions had limited technical advocacy skills, while often possessing deep, legitimate relationships with their communities. While coalitions may have contained some members with experience, this didn't necessarily mean that the community organizations possessed technical advocacy skills. **In some cases, lack of advocacy skills and experience made participation within the grant timelines more challenging.**

Second was the need to identify partnerships which were "authentic" and, if not specifically led by groups based in the communities most impacted by tobacco, as indicated by the statistics, at least strongly informed by their needs. We found that given the grant timeline of a maximum of 18 months, the partnership model was most effective when groups had previously worked together.

Feedback from grantees and TA providers, as well as document review of the grant deliberation process, suggested that there was a difference in perception of what defined a "diverse" or "authentic" partnership or coalition. While there certainly is no formula for defining these concepts, it underlined for evaluators the importance of strong presence in program design and decision-making from people with a deep understanding of specific cultures, power dynamics, and social, political and economic realities.

The program staff of the TPC program made important headway, with much success, in identifying projects with credible community leadership. However, the effort expended was itself evidence that finding and effectively assessing the groups that are "really doing the work" remains challenging. In order for the advocacy process and policy outcomes to reflect the priorities and input of communities, community advocates needed to play a legitimate role in coalition decision-making. Site visits were an important strategy carried out by Senior Program Consultants, in understanding the degree to which community priorities were integrated into the decision making and planning process.

We heard a number of recommendations from both grantees and technical assistance providers suggesting that future efforts to support community-driven advocacy start with assessment and mapping of community organizing infrastructure and leadership capacity within the community, which could then be bolstered and built on.

While all coalitions were supposed to have policy advocacy experience of some type, there was an understanding that experience overall varied, and many groups were new to the tobacco field. Likewise, many organizations had limited experience working in coalitions, and the diverse nature of the coalition membership created specific challenges and tensions, for instance regarding decision-making power and resources. In this context grantee support was a critical part of the

program model, and took the form of Senior Program Consultants (SPCs) and external program consultants.

The foundation's SPCs worked closely with grantees to develop a set of realistic benchmarks indicating their progress towards their policy change goal. These benchmark reports formed the basis for regular check-ins with SPCs to monitor progress, and through which the foundation could provide support and guidance, when needed. External TA providers were of great assistance to a number of grantees, offering important training in areas such as power mapping, communications and media access. They also helped local groups strategize how to navigate tricky political waters.

The significant technical assistance provided by the program through SPCs and other technical assistance providers was significant in helping groups develop skills needed to successfully advance an advocacy campaign. **The expertise of SPCs in the tobacco control movement was an important contributing factor to grantees' ability to shape an effective campaign.**

There was also a need for program support and assistance providers to have the background and culturally-relevant experience and skills to assist community based groups, especially those from marginalized communities. **While cultural competency was often present in TCP grantees, there were a number of cases where more appropriate or relevant support may have been more effective.**

While the foundation communicated that they worked closely with grantees to establish advocacy benchmarks that the groups felt were relevant, the grantees we interviewed used "policy win" as the major marker of success, and worked to craft a strategy to get a win during the grant period. Because of this understanding of success, many of the grantees felt that attempting to achieve a policy win within the **12-18 month timeline was a challenge** that they were not able to surmount, and the most unrealistic aspect of the program. From interviews we noted that groups specifically that had limited technical advocacy capacity felt this timeline "pressure".

This concern was echoed by Round 4 grantees who reported that the six-month planning period and one-year implementation period was especially unrealistic given the requirement to take on a second issue and simultaneously focus on their tobacco agenda.

While there was a mixed sense about the **level of funding provided**, many of the grantees reported that the amount was sufficient for the work they planned to do during the grant year. Quite a few had supplemental funds from elsewhere that they were able to draw on, and thus were able to use the TPC funds for specific line items in the campaign that would have otherwise gone unsupported (media, stipends, coordinators, travel, etc.). However, it's important to note that often the groups that didn't critique the funding amounts were perennially under-resourced, and used to making do with very little. Therefore, for these groups even a small grant from an important national foundation was considered a blessing. There were some groups, however, who found that the level of investment was inadequate given the high expectations for the TPC, and expressed a desire for lower expectations from the beginning.

Many applicants had to secure pledges for the **matching funds** during the proposal stage, and have them in-hand by the time of a pre-award site visit. This model was instituted as a

mechanism for building and the coalitions, based on the belief that the organizations would be forced to reach out to new partners to secure funding, which would then contribute to their sustainability. Surveys and interview feedback indicated that some grantees were successful, especially those with significant fundraising experience, and an advocacy track record. However, quite a few of the grantees new to the tobacco movement found raising matching funds onerous, and not contributing to their sustainability in any significant way.

In Round 4, **the requirement to work on two policy issues** was an effort by the foundation to deliberately support the transfer of skills, experience and capacity from tobacco work to another public health issue. While there were some significant and noteworthy successes, in most cases, the transfer was not smooth. In many cases, the work required to move the tobacco agenda required so much attention that short shrift was paid to the second issue; it was seen as a requirement to get Round 4 funding but fell off of the table or was put on the back burner. Still others faced difficulties in brokering successful new relationships and in dealing with substantial conservative backlash, within the timeframe of the grant.

5. What lasting impact has TPC had in the tobacco advocacy field overall, and beyond?

The evaluation demonstrated that nearly all of the funded coalitions accomplished or made significant progress with their established goals. Given the history of the tobacco movement, and its failure to prioritize addressing those communities and sub-populations with the highest rates of smoking and tobacco use, this finding is significant. Therefore, **TPC as a program model clearly has contributed making an impact in communities disproportionately affected by tobacco.**

In many ways, we saw that **TPC functioned as an advocacy catalyst**. While grantees were expected to have significant advocacy experience prior to becoming grantees, in reality for many groups this was their first foray into advocacy in any significant way. For these groups the experience and skills gained through TPC built advocacy capacity which could then be applied to work beyond TPC and indeed beyond tobacco.

The program, especially in the 4th round, prioritized the need for community sustainability that extends beyond the grant period or a particular campaign. The assumption was that by building skills, knowledge and connections on a tobacco policy campaign, communities would then be better positioned to work on other issues of community concern.

In order to strengthen fiscal sustainability grants had a **matching funds** component, with the hope that this would expand the longer-term funding base. Additionally, the 4th round of the program had a requirement for groups to target a 2nd issue, (obesity, etc.) in an effort to transfer some of the strategies from the tobacco movement to other issues of concern to communities.

As the evaluation progressed, we recognized that grantees that had developed the ability to engage their constituents in the advocacy process were more likely to achieve a policy reform success during the grant period. As such, **community engagement was a key element in the cultivation of advocacy resources, which were often deployed by TPC grantees for other campaigns after TPC ended.**

At the same time, it is important to note that a number of the grantees based in marginalized communities (especially in the south) were contending with a dearth of resources and community infrastructure that decreased the likelihood of efforts continuing after the grant period.

Significant investments are needed in these marginalized communities in order to help create a foundation on which to build policy work.

In addition, a number of grantees reported that their policy goals tended to supersede their focus on sustainability or capacity building. And even though there was an understanding that the policy work would in and of itself enhance capacity, there was an **expressed need for more explicit addressing of capacity needs and program prioritization of increased sustainability.**

One of the strongest critiques we heard of TPC was that the program no longer existed. Informants pointed to continued high smoking rates in marginalized communities, and concern that the funding community is no longer an ally in this fight.

Grantee recommendations for future funding of community-based advocacy emphasized the need for longer timelines, and larger grant amounts. A common theme raised by informants was the difficulty of building capacity for policy change within communities (engagement, education, etc.) while also advancing a policy change agenda. This was especially true for groups where policy advocacy had not been a primary organizational concern, and in these cases there was a steep learning curve, and the work often vied for attention with other programmatic priorities.

What we heard in many of the interviews, especially those with seasoned community organizers and tobacco control advocates, was support for the new direction taken by the TPC program. Across the board informants were appreciative of the Robert Wood Johnson Foundation's recognition of the need to broaden the tobacco movement to include the communities most affected. Informants underlined the importance of addressing tobacco control, or any other issue, through a social movement building approach, rather than a technocratic approach to policy change. At the same time, we heard a call to action for more of this work, not just for the Robert Wood Johnson Foundation, but for the philanthropic sector more broadly.

