BJS Tobacco Report 7/2013

Report Summary

1. Sources:

 I looked at two types of sources: those produced by the RWJF about their anti-tobacco programs and broader chronicles of the tobacco control movement. None among the latter provided a detailed discussion of the role of philanthropy in the movement. The RWJF sources can be divided into two categories: general overviews and evaluations of specific programs or initiatives. The overviews—the Bornmeier chapter in the Anthology and the 2011 Retrospective Report conducted by the Center for Public Program Evaluation—are the most helpful. The evaluation of the SmokeLess States program, the largest of the foundation’s anti-tobacco initiatives—is a good place to start among the other category of sources. These are the one I would recommend to take a look at; I relied heavily on those, but also on all the Anthology and RWJF evaluations; the non-foundation secondary literature did not offer much (which is itself an important data point).

2. Process

 I did a thorough search of RWJF sources on tobacco reform. I read all those that provided an overview of the foundation’s tobacco-control programs, and then read at least one evaluation of all the major specific initiatives (including those within the RWJF Anthology and RWJF program reports). I searched for the major works on the “tobacco wars” of the last few decades, and then went through the bibliographies and indexes to look for references to philanthropy. I also did a quick read through of a few of the major sources—Kluger, Pertschuk, and Derthick. I reached out to a few experts in the public health field for assistance, but did not get any response to my queries.

3. Mechanistic vs. Humanitarian Impact

 As I suggest in the longer report, many of those evaluating the RWJF tobacco programs stressed that the foundation placed an emphasis on collaborating with other existing agencies and on funding state-based coalitions. When evaluating the foundation’s impact, they claimed it was nearly impossible to disentangle the RWJF’s particular contributions from the broader coalitions and collaborations they funded. This complicates efforts to demonstrate the mechanistic impact of RWJF funding in achieving certain policy goals. The RWJF sources spend little time, in fact documenting the mechanisms by which those goals were achieved—ie, showing how RWJF-funded programs were able to win increased cigarette taxes in states. Much of the political story is missing in the accounts, and the sources that include that story—the secondary literature—do not have much to say about philanthropy. There is some effort to show a broad correlation btw RWJF funding and overall policy goals, but the correlation is not very precise. Much more of the emphasis is on the humanitarian impact of the policy goals for which the RWJF can claim some share—perhaps even a larger share, but this isn’t entirely clear—in achieving.

3. Integrating Philanthropy

 As suggested above, the RWJF did not do a very good job integrating the foundation’s efforts into the broader narrative of the “tobacco wars,” in which the federal and state governments were also taking a leading role (the exception is the story of the RWJF-funded Center for Tobacco-Free Kids’s role in the settlement with the tobacco industry, in which it served as a surrogate for the WH). The sources do document how the RWJF collaborated with existing agencies and organization active in the tobacco-control movement, though I did find it difficult to tell how the foundation’s efforts fit into the initiatives conducted by these other organizations, outside their collaboration. There is some anecdotal evidence offered—largely testimonials by leaders of other organizations—about the significance of the foundation’s support, but the claims are not demonstrated with any rigor.

4. What’s Next

 I think there could be two further steps. One would be to bore down one level deeper in the investigation of the RWJF-funded programs, and to see on a state and local level, how those programs actually achieved policy change—purely mechanistically. I am not clear if this information is available in the RWJF sources or if the organizations that the foundation funded have published this information. It also might be necessary to look at some local press accounts of the effort. The second front would be to integrate the RWJF’s efforts into the broader narrative of the “tobacco wars” to get a sense of how impactful they actually were. This might require both doing a more in-depth reading of the secondary literature, as well as speaking to some academic and public health experts about how the philanthropy fit into the larger picture, as well—if possible—to some public officials at the federal and state level.

BJS TOBACCO CONTROL REPORT

ROUGH DRAFT – 7/2013

 The effort to regulate tobacco and limit smoking, which have devastating public health consequences, as one of the most significant public health campaigns of the last several decades. It is also represents one of the most celebrated philanthropic initiatives of the last decade, led by the Robert Wood Johnson Foundation (RWJF) (for instance, Joel Fleishman lists it as one of the twelve “high-impact” philanthropic initiatives in his 2007 book on Foundations (140-144).”

BACKGROUND:

 [For brief overviews of the RWJF anti-tobacco program, see the chapter on the RWJF by Knickman and Isaacs in Anheier and Hammack, *American Foundations* (2010), 148-151, and the discussion in Joel Fleishman, *The Foundation*, 140-144]

 In 1990, Steve Schroeder assumed the presidency of Robert Wood Johnson Foundation [RWJF], and committed it to drug and especially tobacco control. The foundation had little experience in the field. But between 1991 and 2009, “the Foundation invested nearly $700 million in efforts to prevent tobacco uptake, especially by children, and to help addicted users quit [CPPE].”

Hundreds of grants, ranging from $5000 to $99 million for SmokeLess States, largest national program.

See Table 1.1 Tobacco-control Grants of Over $1 Million (Bornemeier 5-6).

“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 (Bornemeier 4).”

“Through these and other programs, RWJF focused its efforts on “building policy and public health infrastructures designed to prevent smoking, help those who already smoke to quit, and transform the national culture and social acceptability of smoking. For example, the Foundation, along with other leading tobacco-control advocates, supported an expansion of comprehensive statewide tobacco-control programs that used mass media and community-based organizations to discourage smoking. It promoted increases in federal and state excise taxes, a powerful disincentive to smoking, especially among youth. It also helped bring about prohibitions on youth-targeted advertising and marketing, enactment of smoking bans, access to proven smoking cessation treatments, insurance coverage of such treatments and authority for the Food and Drug Administration (FDA) to regulate tobacco products [CPPE].”

EVIDENCE OF SUCCESS [see CPPE report, 6]:

“Between 1997 and 2009, with the work of RWJF and key collaborators in full swing, the setbacks of the early 1990s were halted. The adult smoking rate began dropping again, reaching a low of 19.7 percent in 2007. The rate among high school students dropped even more dramatically, to 20 percent, putting their rates on par with those of adults for the first time since these data were collected.

The impact of these changes is significant in terms of smoking-related mortality and illness. As a result of the excise taxes, price increases linked to the Master Settlement Agreement [a settlement btw the tobacco industry and state AGs, brokered in part by the RWJF], indoor smoking bans and other tobacco-control policy changes put into place between 1993 and mid-2009, at least 5.3 million fewer people were smoking in 2010 and a cumulative total of more than 60,000 smoking-attributable deaths had been averted. By 2063, some 70 years after the first data became available since RWJF started its tobacco-control work, 12 million fewer people will smoke and 2.1 million smoking-attributable deaths will have been averted, assuming the new policies continue [CPPE].”

“In 1990, virtually no one was covered by smoking bans. By 2009, state and local government smoking bans covered 57 percent of Americans in workplaces, 65 percent in restaurants, and 54 percent in bars. The percentage covered by such bans in July 2010 was 61 percent in workplaces, 73.8 percent in restaurants, 62.8 percent in bars, and 78.9 percent in at least one of these settings. There are direct health benefits as a result (CPPE 3).”

There was also evidence of dramatic changes in social norms related to smoking (such as the % of those who approve of bans of smoking in restaurants; decline in the number of smoking scenes in movies).

But the central issue that needs to be addressed is the causal weight of RWJF in achieving these results.

Two different types of sources that might engage the question of philanthropy’s impact (and more specifically RWJF’s impact, since it really owned the cause; the Annie E. Casey Foundation, California Wellness Foundation made limited contributions as well):

* Narratives of tobacco control movement
* RWJF sources. The foundation has a strong commitment to evaluating their programs and to making public those evaluations
	+ Yearly “To Improve Health and Health Care” Anthology which often features chapter long overviews, written in accessible style, of major RWJF initiatives. These often contain sections detailing impact of programs
		- In 2005 Anthology, RWJF also published an overview of the foundation’s entire anti-tobacco program, James Bornemeier’s “Taking on Tobacco: The Robert Wood Johnson Foundation’s Assault on Smoking.” A useful chronicle that also engages question of impact
	+ Separate project evaluations, which are often even more directly engaged in question of impact. Nearly every major program has own evaluative report, usually by independent evaluator contracted by RWJF. Often accessible via web.
		- RWJF emphasis on assessing performance
			* Based on their commitment to funding demonstration programs
			* peaks in the 90s, at the same time that the foundation getting involved in tobacco control
				+ effort combines “program evaluations that measure the impact of specific programs; performance indicators that track progress toward broad objectives; a ‘balanced scorecard’ that reviews the impact and effectiveness of the organization; and publications and web-based series that examine the foundation’s strategies and programs and what they have and have not accomplished (Knickman and Issacs on RWJF in ed. Anheier, 152).”
	+ Retrospectives. Most significant.
		- In 2003, the new president of the RWJF, Risa Lavizzo-Mourey, decided to wind down the foundation’s tobacco control programs to focus on anti-obesity initiatives. Provided opportunity for retrospective evaluations of impact.
		- In 2009, RWJF contracted with the Center for Public Program Evaluation (CPPE) “to conduct an independent assessment to help us and the field understand the results of our efforts, what worked, what didn’t, and what could be adopted or adapted to fulfill our mission to improve and make a demonstrable difference in health and health care for all Americans (1).”
		- That inquiry led to a number of reports, the primary one published in 2011, “The Tobacco Campaigns of the Robert Wood Johnson Foundation and Collaborators, 1991-2010.” This is the major source I consulted for this overview
		- “To carry out our review, we analyzed Grant Results reports and other information on the Foundation’s website and on websites maintained by grantees; reviewed the published literature on tobacco control and tobacco-use cessation; interviewed more than 50 RWJF staff members, grantees and collaborators familiar with the Foundation’s work; and analyzed quantitative data from government and other sources related to trends in tobacco use, smoking and cessation rates, and tobacco-related deaths. Another key component of our review was the analyses we commissioned. Frank J. Chaloupka, Ph.D., distinguished professor at the University of Illinois at Chicago and director of the university’s Health Policy Center, prepared estimates of the impact of RWJF-sponsored initiatives on the number of smokers and smoking-attributable deaths (CPPE 8).”

CONCLUSIONS:

 The impact of the tobacco control movement, of which the RWJF was a central actor, is well laid out in these sources. But the isolated contribution of the RWJF, or its relative weight within the movement, is left ill-defined.

CHALLENGES OF EVALUATING RWJF IMPACT:

 • Smoking rates had been decreasing since 1960s, though with some stagnation in early 90s. A 50% drop in per-capita cigarette consumption from 1960 to 2000. A number of social, political, medical changes drove the decline, before the intervention of RWJF: “these included grassroots initiatives, such as nonsmokers’ rights movements, the first World Conference on Smoking OR Health, and the first “Great American Smokeout,” the emergence of medication and counseling treatments for tobacco addiction; warning labels on cigarette packages, and eventually increased cigarette excise taxes (CPPE 11).” How to disentangle efforts of philanthropy from general trendline?

 • Bornemeier asks the question: “In the 1990s, when the Foundation entered the fray, many factors had intertwined to help bring about this shift [a decline in smoking rates]: 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 second- hand 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 (12)?” He ultimately answers it by calling attention to the foundation’s “catalyzing effect” on the field—another way of suggesting the difficulty of disentangling the RWJF from the other actors involved.

• The RWJF entered the field at the same time that the federal government increased its own engagement with tobacco control, with the FDA pushing to regulate the industry. How to disentangle the impact of one from the other?

• RWJF joined many actors in crusade for tobacco reform who had been at work for several decades: American Cancern Society, National Cancer Institute, American Medical Association, American Heart Association, National Heart, Lung, and Blood Institute, among others. Central to the RWJF’s efforts was the idea of collaboration with these existing organizations; it rarely acted alone in any initiative, and often was deeply enmeshed in other advocacy networks. So it is difficult to isolate its own contributions.

• The CPPE addresses this challenge of evaluation directly: “As a result [of RWJF always working with partners], it is not possible to categorically attribute or allocate a fair share of the results of their combined efforts to RWJF or to any of the leading tobacco-control funders and advocates. Therefore, our analysis focuses on what they did together (2).”

• Another challenge stems from the multiple, overlapping programs within the foundation’s anti-tobacco portfolio. The RWJF literature stresses that, in evaluating the foundation’s programs, one must look at them as an integrated whole, with each building on the strength of others. Yet much of the evaluations are done through particular programs, making this integrated, holistic type of evaluation more difficult.

 • A final challenge is determining the permanence of the impact of the RWJF programs, a question that was raised repeatedly in light of the winding down of the foundation’s tobacco control program. There is some evidence that some of the gains attributed in part to the RWJF programs might not have stuck. After years of decline, smoking prevalence flattened out again from 2004 through 2009, and for the first time in the history of measurement, increased in 2008 and 2009. The legislative changes that RWJF helped to enact should endure, but the grassroots coalitions funded by the foundation have tended to fade away once the funds dried up. And inflation will wipe out excise tax results if no new ones imposed (CPPE 38). How does the question of permanence shape determinations of impact?

 In outlining how the literature handled the question of impact, I’ll rely on the chronology developed and programs highlighted in the Bornemeier chapter and the CPPE report. I’ll include the assessments from the Bornemeier chapter and the CPPE report, along with from the specific project evaluations and/or chapters from the RWJF Anthology.

I. RWJF’s initial focus on policy research, the first significant investment in tobacco policy research by any foundation [2000 RWJF evaluation].

OVERVIEW:

- “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 and illicit drugs, and with a three-year, $11 million grant, the Substance Abuse Policy Research Program, or SAPRP, was formed (Bornemeier 6).”

 - “In the Tobacco Policy Research and Evaluation Program, which took place between 1992 and 1996, investigators from diverse disciplines conducted policy research aimed at helping public and private policymakers adopt policies to reduce tobacco use, especially among children and youth. Researchers came from medicine, health economics, political science, public health, sociology, psychology, criminal justice, and law. Twenty-two research projects received funding through two rounds of grantmaking between 1993 and 1994. The program funded both well-recognized tobacco policy researchers and researchers who applied to tobacco their knowledge of other fields (2000 RWJF report).”

- “Thus, one of their first major efforts, a $5 million multi-year commitment called the Tobacco Policy Research and Evaluation Program, launched in 1992, reflected a combination of these two goals. The idea was to take a systematic look at what kinds of government policies, such as advertising restrictions, limits on age-based marketing, excise taxes and clean indoor air laws, were most effective in reducing the use of tobacco, especially cigarettes. This was followed by a more extensive $38 million effort in 1995, the Substance Abuse Policy Research Program, and the $19.2 million program Bridging the Gap: Research Informing Practice for Healthy Youth Behavior [CPPE 13].”

ASSESSMENT:

RWJF contracted with Lewin Group to conduct evaluation of TPREP and its successor, the Substance Abuse Policy Research Program Success. With emphasis on determining “the impact of RWJF funding on the character and amount of research being conducted in the tobacco area.” Asking basic question: To what extent has the Tobacco Policy Research and Evaluation Program produced increased information on policy relevant options and active use of the information?

• Broadened the research field:

* “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 (Bornemeier 7).”
* Bornemeier also presents anecdotal evidence that RWJF funding attracted top researchers to the tobacco control field, but offered no systematic demonstration of this.

• Fruits of the research:

* RWJF research lays groundwork in two important policy areas: an analysis of the effect of the price of cigarettes on consumption, and 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 (Bornmeier 7).
* “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. 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 (Bornemeier 7).”
* “Two significant results of this early research [funded by the Foundation] were the development and wide acceptance of econometric models establishing the connection between the price of tobacco and the rate of smoking, especially by youth, and the analysis of tobacco industry and other public documents, which uncovered industry efforts to produce and market highly addictive products. The econometric models provided the basis for pursuing and supporting federal and state legislation to raise excise taxes to reduce smoking rates. The analysis of the tobacco industry documents contributed to the Food and Drug Administration’s (FDA’s) investigation of tobacco in 1994–1996, to the U.S. Senate hearings in 1998, and ultimately to the passage of legislation in 2009 giving the FDA authority to regulate the content of tobacco products [CPPE Report 11].”
* RWJF evaluation notes: “The projects…coincided with an overall increase in the number of peer-reviewed policy articles related to tobacco over the past 11 years.” As of the date of the evaluation report, January 1997, the studies supported under Tobacco Policy Research Program had produced 39 articles in peer-reviewed journals and 54 presentations at professional conferences. [2000 RWJF evaluation].
* "Between the end of 1985 and mid-1996, the rate of publication of such articles has more than doubled. While this increase cannot be attributed to the establishment and support of [the national program], the fact is that grantee articles are now beginning to appear in impressive numbers ... often in highly regarded journals with broad readerships [2000 RWJF evaluation].”
* “Six studies were cited in the commentary accompanying the 1996 FDA tobacco regulations [2000 RWJF evaluation].”
* 2000 RWJF evaluation has links to reports on the several dozen projects funded through the TPRP. A cursory review of them suggests that they provide considerably more details on the scope of the research, but not on the research’s policy impact

After reviewing these assessments, it seems clear that the evaluations only make a modest effort to outline the impact of the RWJF research on policy as opposed to the state of the tobacco control field; there is little reporting from within governmental agencies testifying to the importance of the research, for instance, although it is possible that internal RWJF evaluations do contain such evidence. It is difficult to determine the significance the FDA citations of RWJF-funded research without knowing how many other studies were founded. And without a fuller detailing of how significant RWJF funding was to the discovery of tobacco industry documents, it is difficult to know how much causal weight to give the support. Little of this background material was provided in the sources.

II. RWJF’s shift to advocacy: Smokeless States

OVERVIEW:

- Staff “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.”

 - “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 (Bornemeier 8).”

“From 1993 to 2004, SmokeLess States: Statewide Tobacco Prevention and Control Initiative (renamed in July 2000 SmokeLess States®: National Tobacco Policy Initiative) supported statewide efforts to reduce tobacco use, particularly among children and youth. RWJF's Board of Trustees authorized a total of approximately $88 million for the 11-year program, which concluded in June 2004.

- SmokeLess States made grants to 48 statewide coalitions and two other coalitions (in the District of Columbia and Tucson, Ariz.) working in partnership with community groups to develop and implement comprehensive tobacco-control programs that included education, treatment and policy initiatives. Beginning in 2000, the program shifted its focus to policy change only with a focus on comprehensive clean indoor air laws and tobacco tax increases, and expanded Medicaid coverage for tobacco dependence treatment to find matching funds which were used to support lobbying activities focused on policy change [SS Evaluation].”

- “In 1993 the RWJF Board of Trustees launched a new program, SmokeLess States…with an initial authorization of $10 million….Its purpose was to reduce the number of children and young people who start using tobacco, reduce the number of people who continue using tobacco and increase the public’s awareness that reducing tobacco use is an important component of any major health care reform effort. The first grants were made in 1994 to coalitions in 19 states, most of which were not receiving funds from ACS or NCI. Among the first to receive funding were Alaska, Hawaii and Washington. By 1997 these states had increased their per-pack cigarette excise taxes to $1, 80 cents and 82.5 cents respectively, among the highest in the nation.”

 In 1996 and again in 2000, the RWJF dramatically increased the funding of Smokeless States, eventually totaling $104 million, the largest program in the foundation’s anti-tobacco initiative. In 1996, the Board directed the programs involved in Smokeless States to focus on policy advocacy for state and local legislation. “With strong leadership from RWJF and the help of its national program office at the American Medical Association, participating state coalitions were required to develop concrete and practical plans for seeking legislative and regulatory changes that would increase tobacco excise taxes, ban indoor smoking, or provide Medicaid or state employee health insurance coverage of smoking-cessation treatments.” They were also required to secure matching grants, because RWJF could not support lobbying (CPPE 20).

ASSESSMENT:

Besides the Bornemeier chapter, and the CPPE report, I consulted a separate 2005 RWJF evaluation of SmokeLess States. The RWJF commissioned several independent evaluations of SmokeFree States, to which all three sources referred:

* *Lifting the Smokescreen: 7 Stories from the Front Lines of Tobacco Control.* Was not able to find this online. But from summaries available, seems to be more concerned with outlining lessons learned.
* Second, an evaluation of the impact of the program conducted by Frank Chaloupka, professor of economics and public health, University of Illinois at Chicago. Used a tobacco-control policy simulation model to estimate the impacts of the program
* There was also an evaluation of one of the particular programs funded, in Tucson, Arizona. I did not find this online, but it was referred to in the other reports. This was one of the few evaluations of a single local program that I encountered in the sources.

[The sources grappled with how to address the large number of programs funded; often only have space to mention a few specifics with statement of impact, and without offering supporting evidence. Occasionally, footnotes will cite websites from which claims of impact derived, but high proportion of the links provided were no longer working]

- “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. 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 [Bornemeier 8].”

[The above represents a good example of ways in which claims of impact are not sufficiently substantiated in these sources; the SmokeLess States coalition in MT might have helped pass a clean-air ordinance, but there is no supporting evidence to explain how big a role it played or to address a counterfactual]

[Extended excerpt/summary from the 2005 RWJF Smokeless States: RWJF Program Results Report, which addresses the impact and effectiveness of the SmokeLess States programs]:

“Coalition policy campaigns, underwritten by their matching funds, led to increased excise taxes in 35 SmokeLess States,…clean indoor air legislation in 10 states and ordinances to restrict youth access to tobacco products in 13 states.

• Eight coalitions defeated or blocked preemption bills and four states repealed or partially repealed preemption.

• The SmokeLess States grantees secured funds (at least $10 million) for comprehensive tobacco prevention and control programs from the $206 billion Master Settlement Agreement with the tobacco industry signed in 1998.”

 The Chaloupka evaluation found support for SmokeLess States coalitions was associated with:

• Increased legislative activity around tobacco.

• A greater number of enacted tobacco-related policies.

• More legislative activity on clean indoor air policies and tobacco taxation.

• Enactment of stronger state clean-indoor-air policies.

• Higher state excise taxes on tobacco.

• Increased strength of state tobacco-control efforts.

• Higher scores for three sub-domains within the strength of tobacco control: resources, capacity and efforts.

• Higher scores for strength of tobacco control measures for state coalition activity/capacity, media advocacy and policy advocacy.

• Reductions in cigarette consumption.

[The RWJF evaluation does not offer details as to how Chaloupka arrived at these conclusions; I’ll need to track down the report he authored for that material]

- Results of Tucson Full Court Press program evaluation [based on synopsis from the RWJF Program Results Report]:

“Based on results from this study [the evaluators] conclude that, despite the

relatively limited scale, [Full Court Press] represents a cost-effective investment

in public health....The cost per quit/non-initiation was about $3789. This compares

favorably [to the estimates] of the cost per quit of $4270 when implementing the 1996

U.S. Clinical Practice Guideline for Smoking Cessation. [Both figures are in 2000

values] (22).”

“The evaluators estimated that ‘more than 1000 high school students from the city of Tucson either quit or did not initiate smoking due to the [Full Court Press] community-

wide initiation.’ They also found evidence that ‘the theoretical model implemented in Tucson had an impact on youth smoking beyond the originally narrow targeted group.’

The targeted group was 7th and 8th graders in 1996 attending school in Tucson. The evaluators found that their smoking rates declined from 20 percent in 1996 to 13.1 percent in 2000. However, because the intervention included changes in laws and school rules as well as media coverage, other adolescents were likely affected by the intervention…The evaluation found that 24.3 percent of 9th and 10th graders smoked in 1996 compared to 17 percent in 2000. Similarly, 28.6 percent of 11th and 12th graders smoked in 1996 and 20.8 percent smoked in 2000. This was a ‘relative reduction in smoking prevalence of 27 percent, which exceeded the target of a 10 percent decline in youth smoking rate.’ (23)

The evaluators noted the limitation that not having a control group posed for them. ‘It made it impossible to absolutely determine if the observed effects were

solely attributable to the project. We thus needed to rely on several well-reasoned assumptions, but assumptions never-the-less, in ruling out alternative explanations

with respect to interpreting the observed decreases in smoking prevalence.’

 [Synopsis of Smokeless States result RWJF Program Results Report (p. 23-25)]:

“Coalition policy campaigns, underwritten by their matching funds, led to increased excise taxes in 35 SmokeLess States…clean indoor air legislation in 10 states and ordinances to restrict youth access to tobacco products in 13 states. 35 SmokeLess States increased their cigarette excise tax. The average increase was 51.3 cents per pack, with five states increasing taxes by $1 or more.

“With the shift in focus in 2000 for SmokeLess States to policy change only, RWJF established the goal of doubling the level of combined state/federal excise taxes on tobacco products by 2005; SmokeLess States achieved this goal by 2003.”

“Seven SmokeLess States enacted statewide clean indoor air legislation banning smoking in all workplaces, including restaurants and bars. These states are: California, Connecticut, Delaware, Maine, Massachusetts, New York and Rhode Island. In addition, 1,500 counties, municipalities and towns nationwide passed strong clean indoor air ordinances. Among the major cities that are now smoke-free are Austin and El Paso, Texas. According to the national program office, by May 2004, close to 30 percent of the U.S. population was covered by strong workplace smoking restrictions—a 50 percent increase from 2002.”

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

 13 states passed ordinances to restrict youth access to tobacco products.

Example: New Jersey, where the coalition worked with communities to shape local ordinances on youth access, vending machines and a billboard ban.

 Eight coalitions defeated or blocked preemption bills and four states repealed

or partially repealed preemption during the program.

[These sources, as in the evaluations of other programs, make strong claims for impact, but rarely provide supporting evidence for the claims]

III. The National Center for Tobacco Free Kids

In January 1996, The Robert Wood Johnson Foundation authorized a grant of $20 million to establish the National Center for Tobacco Free Kids, which was meant to function as a national clearinghouse of information and strategy for the tobacco control movement, and would counter the power of the tobacco industry-funded Tobacco Institute. The RWJF recruited the existing major players in the tobacco control field to participate in the Center. (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.) Total of $95 million.

 “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 (Bornemeier 9).”

“Starting in the mid 1990s a number of state attorneys general were suing the industry for the costs of medical care provided under their Medicaid programs for tobacco-related disease.” In 1996, the Center’s VP worked with state attorneys general to reach a settlement with a number of tobacco companies (by many accounts, the White House used the Center as its representative in these negotiations). Many in the tobacco control field opposed negotiating with the tobacco industry, and the Center earned considerable criticism for its involvement. The settlement agreement that emerged from the negotiations died in the Senate, and a weaker version, more favorable to the tobacco industry, eventually passed. Among its achievements were an agreement by the tobacco industry to eliminate advertising in venues frequented by youth; the banning of cartoon characters from tobacco ads; and the establishment of the American Legacy Foundations, to fund anti-tobacco advertising. The Center can take some credit for the settlement, but within the tobacco control movement, it is largely perceived as a major disappointment.

After the settlement, the National Center shifted its focus to the states, pushing for funding for prevention and cessation programs, protection from second hand smoke, and increased excise taxes, among other causes.

According to the CPPE evaluation: “For the next decade [after the MSA], the center, with the support of many other organizations, worked to enact legislation giving FDA authority over tobacco products. In 2009, the long effort to regulate tobacco products concluded with the passage of the Family Smoking Prevention and Tobacco Control Act of 2009. This new law provides the FDA broad authority to regulate the manufacture, marketing and sale of tobacco products and requires stronger warning labels on cigarettes. The center played a prominent role as a key adviser, building support for this legislation as it was debated and ultimately enacted (CPPE 19).” [The report does not provide any detail to demonstrate more concretely how the Center helped sway the FDA; this is a common feature of the claims within these evaluations; the causal mechanisms of impact within governmental agencies or legislative bodies are assumed but not specified]

IV. RWJF’s focus on treatment

 [Besides the coverage on treatment/cessation programs in the Bornemeier chapter and the CPPE report, there is also a review in the 2003 *Anthology*, Orleans, C. T. and Alper, J., “Helping Addicted Smokers Quit: The Foundation’s Tobacco-Cessation Programs.” There was also a review of the foundation’s cessation programs that was part of the CPPE’s 2011 retrospective report, “More Than a Decade of Helping Smokers Quit: RWJF’s Investment in Tobacco Cessation”]

RWJF sought to identify and promote effective tobacco-cessation treatments and translate them into clinical practice. Represented about 18% of their total investment in tobacco control.

“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, policy-makers, and consumers (Bornemeier 11).”

[some overlap here with section on the National Center]

 “In the last three years, RWJF and the Campaign for Tobacco-Free Kids, as [the National Center] has been renamed, began working more purposefully to connect public policy changes (e.g., tobacco tax increases and new clean indoor air laws) with effective and free cessation treatments (e.g., through quitlines), following successful models in New York City (CPPE 22).”

[See CPPE 23 for a list of the tactics employed by RWJF to help make proven cessation treatments available]

According to the CPPE companion report on smoking cessation programs, since 1995, RWJF invested $86 mill on programs/grants, to increase access to, use of, effective tobacco cessation treatments. The report lists the various RWJF initiatives that sought to bridge the gap between scientific research on smoking cessation and medical practitioners [CPPE companion, 6].

“RWJF’s Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy (1993–2008) was the Foundation’s first and longest-funded cessation-focused national program. It funded 42 small-scale pilot studies to identify effective and innovative strategies to help smokers quit that could be integrated into routine prenatal and postpartum care for all pregnant smokers. The program disseminated the results through a coalition it created of more than 60 organizations and by developing almost 70 products. The dissemination office grew to become part of the National Partnership to Help Pregnant Smokers Quit [CPPE companion, 7].”

RWJF also helped to expand the national managed care “report card” on health care quality (developed by the National Committee for Quality Assurance [NCQA] and known as the HEDIS measures) to include measures of provider quit-smoking advice and assistance, including counseling and medications. The Foundation’s efforts have focused on developing and disseminating federal guidelines to aid physicians and other health care professionals in delivering tobacco-cessation treatment.

The Foundation found two ways to further cessation efforts: first, by identifying and promoting effective tobacco-cessation treatments; and second, by translating research on successful treatment into practice. Focus on three populations: pregnant women, managed care enrollees, and adolescents. Took a three-pronged approach: improving the scientific basis for and the knowledge of effective tobacco-dependence treatment; building the capacity of health care systems to deliver effective intervention; building a market and demand (among health care providers, purchasers, policy-makers and consumers) for them [Anthology].

RESULTS:

“The annual meetings, the awards program, and research grants helped to keep tobacco cessation on managed care’s radar screen and quality improvement priority list during turbulent times. Surveys conducted by the American Association of Health Plans in 1997 and 2000 showed increases in the proportion of plans requiring smoking cessation status in patient charts (from 61 to 83 percent); using computerized databases to identify smokers (12 to 27 percent); offering provider tobacco-cessation training (16 to 22 percent); and providing part-time or full-time staff for tobacco control (7 to 23 percent) [2003 Anthology].”

“Documentation of tobacco use status rose from 7.5 percent of primary care visits to 82 percent; the number of smokers who…were advised to quit, rose in a similarly dramatic manner [2003 Anthology].”

[There is little reporting in any of these sources from within managed care or medical community, and so it is difficult to determine the weight to give to RWJF’s efforts in this shift, alongside other factors that might have been at play]

The evaluations do offer some specific evidence of health care groups receiving grants to study the effectiveness of various systems of tobacco treatment, and then successfully implementing them.

One example cited by the 2003 Anthology of such a system: “Nearly 17 percent of the organization’s smokers reported having quit during the first sixteen months of the system’s installation, compared with only 3.7 percent in the sixteen months before this system started. A follow-up analysis showed that four and a half years after the system was installed, 25 percent of the smokers surveyed had not had a cigarette since their last contact with their primary care clinic, and a third of those who quit had not been smoking for at least a year [2003 Anthology 12].”

[Much of these statistics come from the RWJF funded journal, *Nicotine and Tobacco Research*. I have not yet looked at the journal.]

 The efforts of the Robert Wood Johnson Foundation to stimulate market demand began with work to make tobacco intervention one of the core measures used by the National Committee on Quality Assurance (NCQA) to grade overall health plan quality for its annual Health Plan Employer Data and Information Set, or HEDIS, report cards. In belief that HMOs would adopt tobacco treatments in order to get higher HEDIS scores.

 In 1995, through a Robert Wood Johnson Foundation grant to the Center for the Advancement of Health, more than four hundred tobacco-control researchers and public health and managed care leaders across the country were surveyed about the best empirically based tobacco measures for use in the HEDIS report card. Asked HMO-enrolled smokers participating in the annual HEDIS survey if they had been advised by any provider to quit in the past year. First time anything having to do with behavioral risk put into HEDIS so represents a significant development. Represents a significant achievement in itself.

The tobacco-reporting measure was adopted by HEDIS in 1996, and first reports appeared in 1997. In 1997, in the 375 or so HMOs that report their HEDIS scores, the percentage of smokers who received advice to quit was 61 percent—about 10 percent higher than in the population as a whole. By 2002, the percentage had risen to 65 percent. In 2002, HEDIS include new question about whether patients had received any assistance in tobacco cessation as well.

“One way to get smokers to quit is to reduce their out-of-pocket costs for insurance copayments, treatment, and pharmaceuticals. The HEDIS tobacco measure, combined with the advocacy of committed managed care leaders, has been credited with reducing copayments for best-practice treatments among smokers enrolled in managed care. There was no reliable national baseline before 1996, but a survey conducted by the American Association of Health Plans in 1997 found that 75 percent of managed care plans were offering full coverage for at least one component of Guideline-based counseling or pharmacotherapy—a rate much higher than that reported for indemnity insurers. By 2000, this had risen to 94 percent [Anthology 14].”

V. Other RWJF tobacco control programs

[There are many other tobacco control programs the RWJF sponsored; see Bornemeier 5-6 for a list of all grants/programs more than $1 million and dates of duration. I focused on the top few programs in terms of funds allocated; a few of the other programs also had Anthology chapters and I’m certain most of them had evaluation reports, some of which were made public. But my sense was that the focus on impact would be most pronounced within the reports on those top programs and so I could assume that the attention to the other programs’ impact would not be any more thorough, and that the gaps I found in the coverage of the top programs would likely extend to the lesser programs as well.

I did look at one more program, based on a 2012 evaluative report:]

- Tobacco Policy Change (TPC) Program, the last of the Foundation’s major investments in tobacco control, which was funded from 2004-2008, $12 million total. An evaluation was conducted by The City University of New York’s Center for Human Environments. TPC was designed to extend the momentum of the tobacco control movement to those communities most affected by tobacco use and exposure and underrepresented in the major tobacco control campaigns: minority and low income communities.

According to the evaluation, “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 [TPC Evaluation].”

[As with other evaluations, there is little detail offered demonstrating how the program actually led to these policy outcomes]

CONCLUSIONS:

[The CPPE report offers the most sustained assessment of the RWJF’s impact on the tobacco control movement. I am quoting it at length because I think it provides the best sense of both the scope and the limits of the RWJF’s evaluation of their anti-tobacco programs’ impact]

“We can think of the results of the tobacco work of RWJF and fellow collaborators in terms of: direct impacts on smoking rates, number of smokers and smoking-attributable deaths averted; benefit-cost comparisons; significant improvements in tobacco-control infrastructure; and changing attitudes toward smoking. Before discussing each of these categories, however, it is important to put the results in perspective. It is not possible to know what might have happened without the interventions and campaigns described here.” Smokers quit for many reasons, etc (25).

 “Between 1997 and 2009, the work of RWJF and its collaborators reversed the stagnation in smoking rates of the early 1990s, when rates had halted their downward trend. The adult smoking rate began dropping again in 1999, reaching a low of 19.7 percent in 2007.

Much of this success, especially in reversing the dangerous surge in youth smoking, can be attributed to a comprehensive approach that included significant increases in state excise taxes (a powerful disincentive to smoking, especially for youth), expansion of smoke-free environments and effective mass media campaigns that impacted youth. RWJF funded the research proving that tobacco tax increases were effective, which was pivotal to their adoption. RWJF also funded state coalitions to educate and advocate for increasing tobacco taxes and smoke-free laws. The growth of smoking bans in workplaces, restaurants, bars, shopping malls and indoor sports venues also played a role.

By 2007 the high school student smoking rate had dropped dramatically, to 20 percent, putting it on par with the adult rate,” perhaps the campaign’s most significant achievement. “RWJF can take an appropriate share in the credit for this success through its own programming and those of other major tobacco-control funders with whom it strategically partnered. Without a collaboration specifically targeted on youth smoking through higher excise taxes, effective mass media, community-based prevention programs, the Master Settlement Agreement’s reductions in tobacco advertising directed toward youth, and increases in youth-targeted tobacco-control advertising, this pivotal national decline in youth tobacco use would probably not have occurred.”

“To get a better handle on the extent to which these trends in smoking rates reflected the work of RWJF and other leading tobacco-control funders, we focused on 1) the reductions attributable to state and federal excise tax increases; 2) tobacco price increases resulting from the MSA; and 3) increases in state-level indoor smoking bans. These were three facets of tobacco control specifically advanced through RWJF’s 20-year campaign, and for which it is technically feasible to estimate an impact. (While recent advances have been made in estimating the impact of another major RWJF focus area, tobacco-cessation treatments, it is not practical to make such estimates for the 20-year period our study covers [26].)

“We asked Frank Chaloupka, Ph.D., distinguished professor of economics and public health, University of Illinois at Chicago, and director of the university’s Health Policy Center, to use the SimSmoke tobacco-control policy simulation model to estimate these impacts. The SimSmoke model has been continuously refined over the years and is now generally regarded as the most well-developed model for projecting the impact of these and other changes. Chaloupka analyzed the impact of activities in the three focus areas on the numbers of smokers and of premature, smoking-attributable deaths over two time periods. The first period, 1993–2010, corresponds to the overlap between the data available in the SimSmoke model and the period of the RWJF tobacco campaigns. The second, longer time frame, 1993–2063, captures the impact over 70 years, when a generation of people would have been affected by RWJF’s tobacco-control initiatives.

As a result of the policy changes put into place between 1993 and mid-2009, at least 5.3 million fewer people were smoking in 2010 and a minimum cumulative total of more than 60,000 smoking-attributable deaths were averted. By 2063, 12 million fewer people will smoke as a result of those policy changes and 2.1 million smoking-attributable deaths will have been averted.” Chaloupka thinks this an underestimation. “These estimates do not include the effects of local policy changes, exposure to effective mass-media countermarketing campaigns, greatly expanded support for cessation efforts, and the many other activities supported by various public and private organizations. These estimates also do not reflect the increases in quality-adjusted life years gained as a result of the premature deaths averted (27).”

“To create an upper-bound estimate of reductions in smoking over the last two decades, we calculated the number of smokers based on smoking rates and population in 1990 and 2009. This approach may overestimate the impact of RWJF and collaborators because it incorporates many influences which could have been present without the RWJF-sponsored campaigns. Smoking prevalence rates, which had flattened out for adults and increased for high school students in the early 1990s, might have resumed their long-term downward trends even without the efforts of RWJF and other tobacco-control funders. Although the prevalence of adult smokers fell by almost 5 percent from 1990 to 2009, the larger population in the United States meant that 0.8 million more adults were actually smoking, a 1.6 percent increase. However, 11.4 million fewer adults were smokers in 2009 than would have smoked had the 1990 smoking rate remained unchanged.”

 - Given the spike in high school student smoking rates from 1990 through 1997, the 1997 rate is a more appropriate basis for comparison than the 1990 rate. By 2009, 2.4 million fewer high school students smoked than in 1997, a net 41.9 percent reduction. Again factoring in population growth, 2.8 million fewer high school students were smoking—a 46.4 percent decline—than would have been if the 1997 smoking rate had remained unchanged.”

 The report also made cost benefit calculations, comparing reductions in premature deaths and corresponding increases in potential years of life saved to $700 million invested btw 1991 and 2009, to get calculation that RWJF invested $29 for each potential year of life saved (CPPE 28).

- “Permanent changes to what we might call the tobacco-control infrastructure are the less direct but perhaps ultimately more important impact of the tobacco-control initiatives described in this study. These include permanent changes in laws or in health care systems that provide disincentives to smoking, promote the use of proven tobacco-cessation treatments or protect Americans from the unhealthy effects of smoking. These institutional changes also include creating standing organizations or agencies with missions and resources to promote tobacco control. Box 8 [p. 29] provides a partial list of the enduring improvements made during the 20 years of the RWJF initiatives and related to the four focus areas (state and federal excise taxes; tobacco price increases resulting from the MSA; increases in state-level indoor smoking bans; and tobacco-cessation strategies).”

 The final impact considered is the shaping of social norms (among other programs, the foundation sponsored an effort by professional athletes and sports leagues to dissuade young smokers from smoking), but researchers conclude that it is especially difficult to isolate RWJF’s role in this regard.

- “Although we tried to use mathematical modeling to estimate the pro-rata reductions in the number of smokers and smoking-related deaths attributable to RWJF funding levels and those of its collaborators, the synergies among them made it impossible to mathematically distinguish RWJF’s contributions. This is not really surprising, given that RWJF’s overall strategy was to facilitate, promote, draw in and empower many collaborators. To the extent that this emphasis on collaboration was successful, it would be impossible to tease out RWJF’s distinct contribution. Doing so would be tantamount to declaring how much of the winning football team’s score is attributable to the coach.”

 [The researchers cite the American Legacy Foundation, created out of the money given by the tobacco industry through the 1998 Master Settlement, and the fact that it spent between $100-$200 a year on anti-tobacco ads a year, a sum dwarfing the spending of the RWJF. The foundation worked closely with the Legacy Foundation, the report’s authors note, but it is difficult to disentangle its contributions from those of the Legacy Foundation, and so their conclusions often seem to take them as a single unit, along with the other collaborators.]

 - “We examined the statistical correlation between RWJF’s funding of state coalitions through the SmokeLess States program (RWJF’s largest single tobacco-control program) with state legislative action. We were not able to correlate specific policy successes, such as the enactment of a particular state excise or smoke-free law, with RWJF funding, but we could correlate the overall increase in the number of state laws to the overall and continued level of RWJF grant support to the state coalitions. That result is to be expected. The enactment of state laws depends on many factors beyond the control of a grantmaker like RWJF and its collaborators.”

 The authors also chart out when major strategies and programs were developed by the RWJF in regards to their anti-tobacco initiatives and show how these programs correlate with various markers of legislative success—excise tax increases, # of state clean air laws passed (CPPE 37). At various points, there does seem to be a correlation between the initiation of certain programs and those markers. But the graph does not demonstrate what the causal mechanisms of that philanthropic impact might be.

**Ultimately, then, the sources on the RWJF’s tobacco control programs seem to do a relatively good job demonstrating that the policies that the foundation has taken a lead in helping to enact have had a significant impact on certain health outcomes. What they do not do—some with the explicit claim that this is not possible—is to isolate the RWJF funding from the various other actors that also might have been pushing for similar reforms. There is little context provided—political or otherwise—and so it is difficult to determine exactly how much causal weight to give the RWJF funding. Many of the sources do include testimonies from various leaders of the field claiming that RWJF support was indispensible to various policy shifts, and that their own organizations depended on RWJF support. There is little reporting, however, from within government itself, that would demonstrate conclusively the impact of the programs funded by the RWJF.**

 Might this sort of context be provided by more general works of history that chronicle the tobacco control movement, and the “tobacco wars” of the last several decades? Unfortunately, this does not seem to be the case.

 The most definitive of these is Richard Kluger’s *Ashes to Ashes: America’s Hundred-Year Cigarette War, the Public Health, and the Unabashed Triumph of Philip Morris* (1997). The book takes a broad chronological view, showing how cigarettes have become entrenched in American society, and how the industry has battled efforts to regulate them. It was published not long after some of the major RWJF programs were initiated (not long enough for their impact to be notable), and it only mentions the RWJF and the National Center for Tobacco-Free Kids once, in its afterward. Michael Pertschuk’s 2001 book, *Smoke in their Eyes: Lessons in Movement leadership from the tobacco wars*, gives the best ground-level view of the movement and the place of the National Center for Tobacco-Free Kids (funded by the RWJF) within it. But it is largely concerned with the struggle over the settlement between the tobacco industry and the state AGs, which is less significant in terms of the foundation’s impact. And Pertschuk himself admits that the book does not contextualize the battle over tobacco control in terms of shifts in politics or public health; it is, ultimately, much more concerned with questions of strategy than impact.

A work from 2000, on California’s battles with the tobacco industry by Stanton A. Glantz (a leading critic of the RWJF) and Edith D. Balbach, *Tobacco War: Inside the California Battles* does not contain any references to RWJF or any of its major programs in the index (nor does it list the program that RWJF funded in CA through its SmokeLess States program). A recent edition of Martha Derthick’s *Up in Smoke: From Legislation to Litigation in Tobacco Politics* (2012), does mention the RWJF and its National Center, but only relatively briefly, and places it along side a whole slew of other actors in the movement—government agencies, other nonprofit groups, academics at research universities, etc. Mentions of some of the programs the RWJF funded are embedded in the narrative and it is possible that a closer reading of the book would help to give more of an understanding of how significant these programs were in the broader campaign of reform.

 So, ultimately, if there is work to be done on this topic, it is here: figuring out ways to contextualize the RWJF’s engagement in tobacco reform, to situate it alongside the contributions of other actors, but governmental and private, and to attempt to determine, roughly, its weight in the general reform effort.