

## PATH First Steps

Race has always been a critical determinant in health status, and tobacco-related problems are no different. Although many in public health were familiar with racial disparities in tobacco-related problems, few recognized that disparities in health outcomes were directly related to disparities in funding, infrastructure and policy development.

Our efforts to document these gaps included a study of communities of color and the prevalence of tobacco control policies, interviews with local organizations in the field, and a phone survey of state directors of Master Settlement Agreement (MSA) funds and leaders of ethnic networks working on tobacco control at the state and national level. Our findings were rather depressing, although not surprising:

- Communities of color were vastly underrepresented when it came to protection by basic tobacco control policies like clean indoor air.
- Few state and national funders had dedicated resources to these communities although everyone interviewed knew that these communities shouldered disproportionately higher shares of the problem.
- Traditional tobacco control groups on the whole had limited diversity and few had plans to change. Many of these organizations were structured to advocate as political “insiders” and only factored community participation into their efforts in limited ways.
- Many groups surveyed believed that community-based groups of color generally did not have the expertise and relationships to lead this work. A number of respondents felt that this could change with mentoring and support.

- Traditional tobacco control groups had largely ignored a number of urban areas and much of the South, because they did not have the cultural competency to effectively work in these diverse communities.
- Advocacy resources were structured in ways that privileged mainstream groups — especially voluntaries and established health organizations. In the late 80s and early 90s, significant program monies were dedicated to encourage voluntaries to take up tobacco control. This investment enabled these groups to develop the infrastructure and relationships necessary to institutionalize advocacy efforts. Advocacy funding was mostly disseminated in informal processes that only went to groups with ongoing campaigns and relationships with decisionmakers.

As a result of these structural and institutional disparities, fewer resources went to the communities that faced the greatest tobacco burden. And without serious intervention, these gaps would only widen.

Prior to PATH, Robert Wood Johnson Foundation started to address the infrastructure issue through the “Voices in the Debate” funding initiative. This initiative established five-year grants to fund national ethnic networks. These networks built upon existing local advocacy work for cultural competency in programming, health promotion and advocacy that tended to mobilize specific racial and ethnic communities. “Voices in the Debate” grantees helped support policy advocacy in addition to program development. The initiative was an important trailblazer for PATH as it helped to institutionalize tobacco control advocacy in African American, Latino and Asian Pacific American communities, and pushed the entire field on issues of diversity and inclusion.

### Sample Power Analysis Grid

Decision  
Maker

Peoples Transit Hub  
or NONE AT ALL

No low-income  
HOUSING

They don't respect  
poor people +  
Centers.

Health  
Center

Gentrification

Their Transit Hub  
at any Cost

Decision  
Maker

Research has overwhelmingly demonstrated that policy development is the most effective way of protecting communities from tobacco-related problems.<sup>2</sup> However, getting policies enacted required moving political jurisdictions that were geographic in nature and often ethnically diverse. There was a need for an initiative focused on building advocacy that cut across racial and ethnic lines and helped support advocacy work in communities previously underfunded or ignored, which of course, included work in Indian country.

Our work with ethnic networks taught us that it was important for PATH to continue to support their efforts to challenge obstacles to diversity in tobacco control. Previous efforts to address tobacco related-problems in communities of color faced several barriers:

*Concentrated funding for tobacco control advocacy at the state and national level tended to exclude local, often urban, community-based health groups where people of color are concentrated.* Few tobacco control decision-making tables included shared leadership, and groups that served communities of color remained minority voices. There was a need for targeted work that would serve communities and extend leadership opportunities beyond traditional tobacco control coalitions.

*Traditional tobacco control strategies failed to reach these communities.* Institutionalizing the necessary expertise to reach these communities required diverse staffing, which was a clear challenge for most traditional tobacco control organizations. There was a need to build the capacity of grantees for advocacy within the tobacco control field, in addition to capacity for public policy advocacy.

*There was limited information, training and research to support community-based tobacco control policy advocacy in communities of color.* There was a clear need for more applicable research that focused on policy advocacy while transcending and drawing lessons from across ethnic communities and networks.

*Prioritizing tobacco policy was a challenge given the range of health, social and other injustices facing these communities.* There was a lack of “fulcrum” initiatives that would help communities address multiple issues, including tobacco, in ways that did not divert energy from their other focus areas. Communities are not, after all, affected by a single issue. It was time to advance models for tobacco control policy advocacy that placed tobacco-related problems in context with other social issues.

These factors and more led the Foundation to the creation of a national program office dedicated to supporting tobacco control policy advocacy in communities of color; the Policy Advocacy on Tobacco and Health initiative.

<sup>2</sup> See for example: *A Model for Change: The California Experience in Tobacco Control*, October 1998; and Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*, August 1999.