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Are Jurisdictions with Significant Concentrations of Communities of Color More or Less Likely to Have Tobacco Control Ordinances?

**A Policy Backgrounder by
Policy Advocacy on Tobacco and Health (PATH) of
The Praxis Project¹**

¹ This backgrounder was written and researched by Makani Themba-Nixon with significant support in the way of data analysis from Ron Nixon. Elva Yañez also made significant contributions to this piece. The Praxis Project would like to thank Americans for Nonsmokers Rights for providing access to their database and discounting their database license fee. We are also grateful to the Robert Wood Johnson Foundation for their partnership and support of the PATH Initiative of which this publication is a part; however, the opinions and analysis expressed in this backgrounder belong solely to The Praxis Project. For more information on PATH and The Praxis Project, please visit us on the web at www.thepraxisproject.org.

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Background

Communities of color -- people of the four "meta populations" defined as African Americans, Latinos, Asian-Pacific Islanders, and Native Americans have, on average, higher tobacco related problems than Whites. Tobacco related problems include problems related to tobacco use including higher levels of tobacco related morbidity and mortality and environmental problems including higher levels of industry targeted marketing, higher concentrations of tobacco retail outlets, and lower levels of public investment in cessation and other tobacco control programming.²

The presence of tobacco control policies in a jurisdiction provides important health protections. For example, living in a jurisdiction with comprehensive clean indoor ordinances can mean significant reductions in the amount of exposure to second hand smoke.³ Given the health benefits accrued to having tobacco control policies and the tremendous burden communities of color suffer from tobacco related problems, it would seem that enacting policies in communities of color would be a priority.

Yet, this has not been the case. Of the more than 2,200 tobacco control ordinances identified by Americans for Nonsmokers' Rights Foundation Local Tobacco Control Ordinance Database, the vast majority of these ordinances have been enacted in small towns and suburban cities. In fact, only 1,488 ordinances could be matched to jurisdictions that were not unincorporated areas of counties or jurisdictions with more than 2,500 people. Tribal government policies are not tracked in this database.

According to the US Bureau of the Census, the majority of people of color live in cities with populations of 50,000 or more including Native Americans where more than 60% of the population lives outside of tribal communities. As a result, concentration of tobacco control policies in smaller, more suburban areas and outside of tribal areas will disproportionately exempt communities of color from the protection these policies provide.

Issues of policy protection are exacerbated by the fact that people of color (especially Latinos, people of African descent, and Asian Pacific Islanders) are more likely to work in service and hospitality industries where dealing with secondhand smoke is a part of the job.⁴

Methodology

Using the data in the Americans for Nonsmokers' Rights Foundation Local Tobacco Control Ordinance (ANR) Database, the Praxis Project sought to identify the racial and ethnic composition of the jurisdictions listed in the database. In order to identify racial and ethnic composition, entries in the database had to be matched to Federal Information Processing System (FIPS) codes and these codes were, in turn, matched with Year 2000 US Census data for race and ethnicity by jurisdiction.

² Please see Themba, M.N., and Robinson, R.G. *Crossing Substances for Common Interest: An Examination of the Movement Against Targeted Alcohol and Tobacco Marketing and Its Implications for Public Health Coalitions*, Center for Substance Abuse Prevention, 1997.

³ *A Model for Change: The California Experience in Tobacco Control* (October 1998) and Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs* (August 1999)

⁴ US Bureau of the Census, "Major Occupations by Race and Sex" (web chart created in 2002)

Of the 2,280 "jurisdictions" listed in the ANR Database, we excluded 399 that were unincorporated areas of counties or parishes. The remaining 373 were excluded because they could not be matched to FIPS codes because the jurisdiction was a board of health or some other entity that did not have a FIPS code, (about a fifth of entries) or the population was smaller than 2,500.

Matches were done by hand to account for similarly named jurisdictions (state information was not included) and those with the same or similar names of cities and Census Designated Places (CDPs) that could not be differentiated otherwise were phoned to confirm the presence of ordinances and their FIPS code. This had to be done in three cases (all in California): Burbank, El Cerrito, and Live Oak. In an additional case of match difficulty, the database listed Lakeside and Pinetop, Arizona as two separate jurisdictions with two identical sets of ordinances enacted on the same date. Further investigation uncovered that Lakeside and Pinetop are combined into one jurisdiction, Lakeside-Pinetop, for both policymaking and FIPS coding purposes. We combined them into one jurisdiction as well in order to maintain consistency with the demographic data. This left a total universe of 1,488 jurisdictions matched to demographic data using FIPS codes.

About race and ethnicity categories. We defined "significant population of color" as jurisdictions with 30% or more of a combination of African Americans, Asian Pacific Islanders, Native Americans, and/or Latinos according to Year 2000 US Bureau of the Census data. To keep things consistent with the Census, we counted Latinos as a separate category but counted all Latinos (whether they indicated a racial preference or not) because of social and political perception that *construct* Latinos as people of color regardless of any self perception to the contrary. In other words, the fact that Latinos of any racial designation are subject to various forms of racial discrimination is well documented. To leave any Latinos out of the people of color designation would be to ignore important sociopolitical history and current reality.

Part of the problem with census designations for a number of ethnic communities, is having to choose between three "meta race populations" to define one's "race". The fight for a separate race category for Hispanic/Latinos has been ongoing and protracted. In fact, according to Census figures, nearly 90 percent of those choosing "Other" as a race on census forms also indicated that they were of Latino/Hispanic origin. Those of Arab and Middle Eastern descent are defined as White by the US census despite protest by numerous organizations in these communities. Add to this the historic problems with undercounting communities of color regardless of category, it is clear that these designations are far from perfect. The data do, however, give us the best sense of the demographic diversity of these jurisdictions.

There was a total of 364 jurisdictions with 30 percent or more population of people of color *and* any kind of tobacco control ordinance in the matched universe drawn the ANR Database. Of the 9,114 jurisdictions coded in the FIPS, 2,049 have populations with 30 percent or more people of color. There are 1,685 jurisdictions with significant people of color that have no tobacco control ordinances at all or, put another way, nearly 18 percent of the total number of jurisdictions with 30 percent or more people of color have ordinances. The proportion of jurisdictions with some sort of ordinance overall is just over 25 percent.

Ordinance Selection. There is a wide range of policy options in tobacco control. Therefore, for purposes of simplicity and clarity of results, we chose to narrow our examination to ten "indicator" ordinances that appeared to reflect a range of issues in tobacco control. As policy development and enactment is a highly political process, it was important to identify a range of policies (as identified from case study research and other sources) known to have some saliency for local communities including communities of color. The type of ordinances identified (using categories from the ANR Database analysis guidelines) were:

Workplaces Covered 100% and Smokefree Restaurants

Banning Tobacco Sampling (tobacco giveaways)
Restrictions on Smoking in Daycare
Restrictions on Smoking in Other Public Places (All)
Restrictions on Tobacco Advertising
Licensing of Retail Outlets
Restrictions on the Sale of Single Cigarettes
Restrictions on Youth Access
Restrictions on Cigarette Vending Machines
Restrictions on Self Service Display

Some Findings

- Communities of color are less likely to have tobacco control ordinances overall.
- Nearly a third of those that do have ordinances are located in California.
- More than three-quarters of the communities of color with comprehensive workplace ordinances and restrictions on smoking in public places are located in California.
- Communities of color were twice as likely to have ordinances restricting advertising than jurisdictions in the database overall.

With the exception of restrictions on tobacco advertising and workplace ordinances, communities of color with any kind of tobacco control ordinance are less likely to have any one of the ten indicator ordinances than communities with ordinances overall (see Figures 1 and 2). However, even this data is misleading as nearly one third of the jurisdictions with 30 percent or more population of color *and* have tobacco control ordinances are located in California. Nearly all of the jurisdictions with comprehensive workplace ordinances and restrictions on smoking in public places are located in California (see Figure 3). With the removal of California jurisdictions from the universe, the number of communities with more than 30 percent people of color with comprehensive smokefree workplace ordinances decreases fourfold – from 46 to 10.

Advertising ordinances were twice as likely to be enacted in communities of color as among jurisdictions in the database overall. It's important to note that these are likely undercounted due to the fact that there are many more of these ordinances that don't prohibit tobacco advertising specifically. This work – including efforts to regulate advertising more generally -- is consistent with the long history of activism in communities of color on issues of advertising and imagery.

Table 1: Presence of Key Tobacco Control Ordinances in Communities with Significant Populations of Color (as measured by 30% or more) Compared to Communities with Tobacco Control Ordinances Overall

Ordinance Type	Number of Pop. of Color	% of Pop. of Color*	Number of Jurisdictions in Match Universe	% Jurisdictions in Match Universe	Number ANR Jurisdictions Total Entries	% ANR Jurisdictions Total Entries
Workplaces and Restaurants	46	12.6	172	11.6	278	12.2
Tobacco Sampling	50	13.7	236	15.9	345	15.1
Daycare	50	13.7	219	14.7	371	16.3
Other Public Places	35	9.6	147	9.8	381	16.7
Advertising	46	12.6	110	7.3	147	6.4
Licensing	34	9.3	329	22.1	523	22.9
Single Cigarettes	37	10.2	201	13.5	345	15.1
Youth Access	159	43.7	898	60.3	1,366	59.9
Vending Machines	34	9.3	262	17.6	424	18.6
Self Service	77	21.2	375	25.2	659	28.9
Total Universe	364		1,488		2,280	

* Percentages rounded to the nearest tenth of a percent. Number and percentages describing communities of color are a subset of the Match Universe. The Match Universe (of jurisdictions included in the analysis as indicated above) is a subset of the total ANR Database jurisdictions entered with ordinances.

Other Table data showing jurisdiction names and demographic data matches can not published at this time due to the licensing agreement with Americans for Nonsmokers' Rights Foundation. However, we are happy to discuss the data, the methodology and analysis in more detail. Please contact Makani Themba-Nixon at mthemba@thepraxisproject.org

Figure 2: Presence of Key Tobacco Control Ordinances

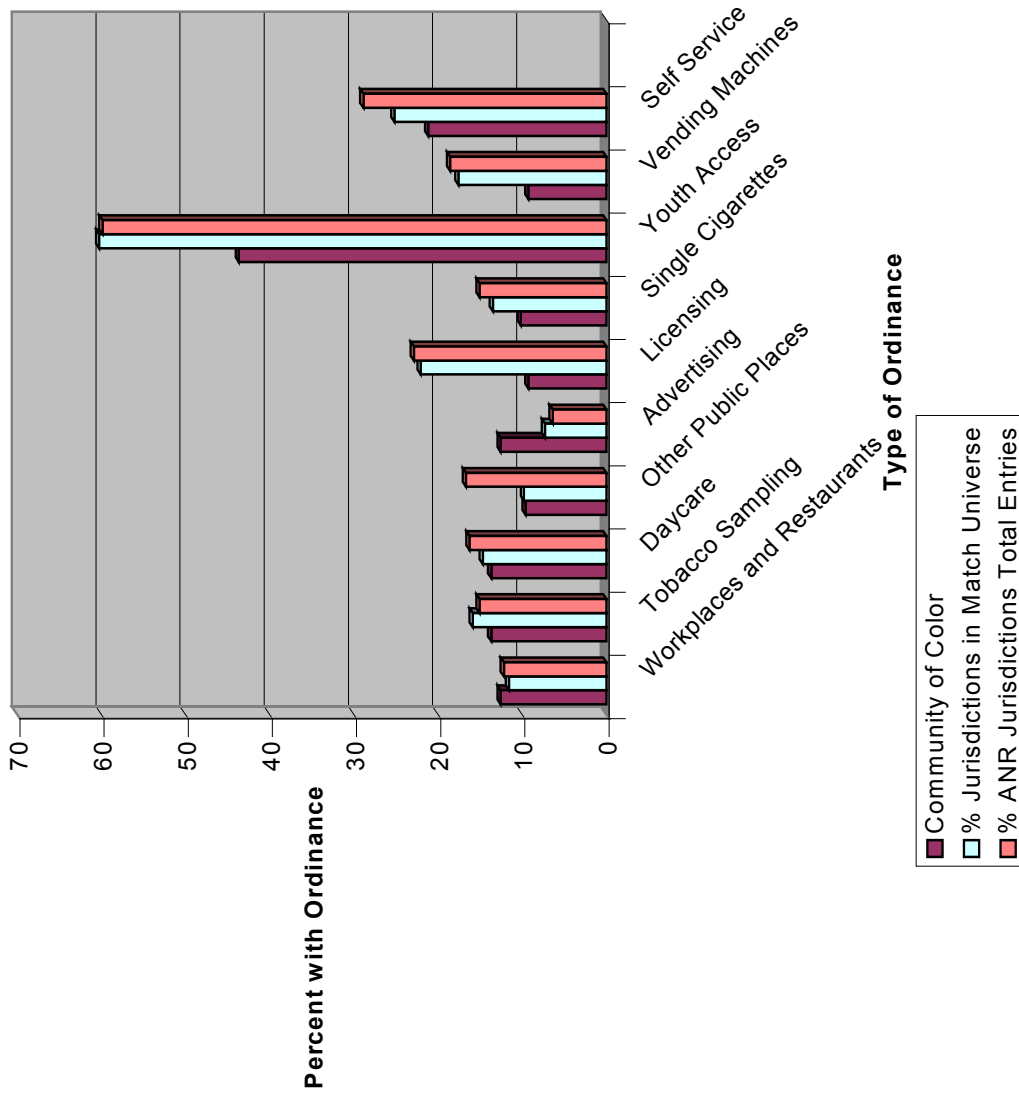


Figure 3: California Has Made Significant Contributions

Discussion

It appears that urban areas are less likely to have comprehensive tobacco control ordinances than suburban areas. Some of this phenomenon is explained by the tendency toward more complex and less accessible politics in urban areas. Cities tend to be the site of power politics where competition and conflict is more routine.

In many suburbs, where the population is often more homogenous and residents have more of a shared sense of place, there is more tendency toward policymaking as consensus. Of course, this tendency toward seeking consensus can also be a challenge when tobacco control is considered a "minority" issue or inconsistent with the "majority" political agenda.

For the most part, however, tobacco control's focus on suburban communities (communities with a significant proportion of middle class or more affluent whites and demographically few smokers) has enabled rapid progress on the policy front. In a typical tobacco control policy initiative, communities that already have a significant amount of agency, resources, and negative perception of smoking are provided with additional resources to mobilize these assets into ordinances -- the codification of current social norms. Although this work is still made difficult by tobacco industry opposition and other affected opponents (mostly in the business sector); it is a great deal easier than doing this work in communities with less infrastructure and more smokers.

There is a clear logic to this approach and this kind of "cherry picking" of communities in order to get a large number of ordinances passed represents the kind of efficiency that marks the best of traditional community mobilizing. Yet, there are problems with any approach that results in the exclusion of those places with the greatest share of problems.

Interrogating "Community Readiness". For most states, the process of identifying which communities will receive resources for policy work is, in fact, based more on their "readiness" to get tobacco control ordinances passed than the *need for ordinances* to address key tobacco problems. It's important to note that even this notion of readiness does not often include whether the community has any history of advocacy or policy work. Leaders (often policymakers themselves) "self select" to become a part of a tobacco control initiative --usually based on their relationship with paid tobacco control advocates or their knowledge of or comfort with tobacco control organizations. Unfortunately, the combination of limited diversity in the field, and tendency toward work in communities with existing infrastructure and support has created some unintended, negative consequences.

- 1. Urban communities that have significant populations of color are less likely to have support and resources for tobacco control policy work.** Organizations that engage in policy work in these communities are less likely to be a part of the social and political networks where paid tobacco control advocates work and are therefore less likely to be a part of the "universe" of "selected" communities where initiatives are launched. There are other challenges as well including historic racial and cultural tensions, fear of the unknown, and lack of trusting relationships on which to build work together. These factors not only affect tobacco control work in communities of color but also affect work with young adults and significant numbers of Lesbian, Gay, Bisexual and Transgendered (LGBT) who also tend to live in urban pockets and operate outside of traditional social and political networks.

- 2. Funding and support has tended to go to communities with the least need.** More must be done to develop needs-based policy support that improves health environments for those at greater risk. California was able to make significant progress due, in large part, to earmarking funds for support in urban communities and communities with significant numbers of people of color. Ethnic networks played an important role, though they did not often engage in policy activity directly, because they helped translate tobacco control into culturally relevant frameworks and brought credibility to work on tobacco control in their respective communities. The networks also hosted convenings that brought some mainstream tobacco control advocates into contact with organizations working in communities of color. This helped build a cadre of activists that were on the "radar screen" of paid tobacco control advocates, which in turn made inclusion and support easier.

The Unspoken Question: Do People of Color Really Do Tobacco Control Policy?

Communities of color have always held a prominent place in the work of organizing for policy change. In fact, as aptly described by Calpotura and Fellner, (see their important analysis in *The Square Pegs Find Their Groove: Reshaping the Organizing Circle*) these neighborhood or "place based" groups of color are more likely to work on issues at city hall than national marches and the like.

Public school education, environmental racism and land use issues, employment policies and housing are among the issues that define and catalyze the work of these groups. In short, bread and butter issues that affect the daily lives of their membership. So why do so few of these coalitions appear to be involved in tobacco control policy advocacy? What is so fundamentally more catalyzing about, say dump sites targeted to communities than tobacco industry targeting?

A significant part of the answer lies in funding. According to a study by the National Center for Schools and Communities (see Covington with Davis, Pagen, Quirke; *Building Power, Supporting Change? Foundation Support of Community Organizing in New York City*; National Center for Schools and Communities, 2000) community organizing groups depend heavily on foundation funding for their work. Funding and other kinds of support can determine an organization's agenda -- even in tobacco control. After all, how many tobacco control coalitions would exist in suburban areas if they did not receive funding?

Communities of color have been doing work in tobacco control for decades. Yet, groups of color often lack funding and support to sustain this work despite the many needs to be addressed. These groups need more than mini grants. They need significant resources so that they can *build institutions* that can work over the long haul as these organizations are key to extending the field's reach beyond the suburbs. The question before us is whether we, as a field, can extend our reach and our resources to effectively work with these communities to make the kind of difference we envision.