Title
The Michigan Profile: A review of Michigan's tobacco prevention and control program

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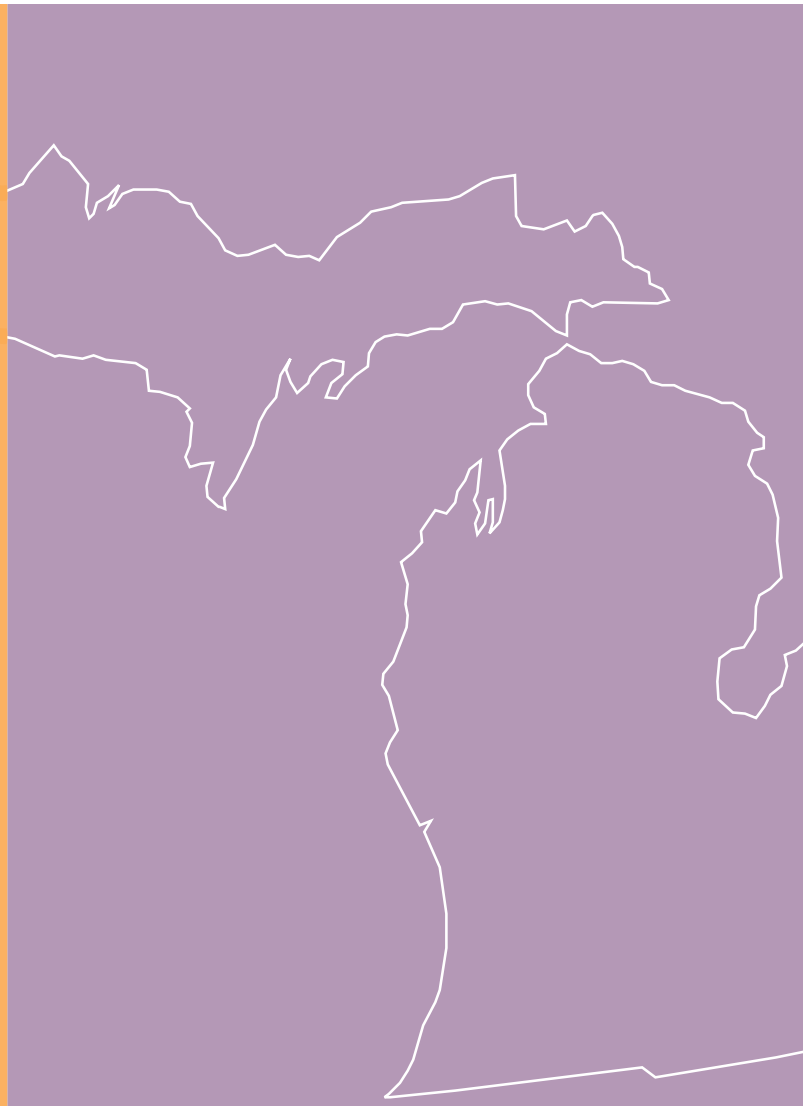
Publication Date
2003-02-01



The Michigan PROFILE

A review of Michigan's tobacco prevention and control program
February 2003

Prepared by The Center for Tobacco Policy Research at Saint Louis University

Acknowledgements

This project to evaluate the current status of 10 - 12 state tobacco control programs is funded by the National Foundation for the Centers for Disease Control and Prevention, Inc. and the American Legacy Foundation.

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The investigators would like to extend their sincere appreciation and thanks to the Michigan tobacco control partners who participated in this evaluation.

Suggested Citation
The Center for Tobacco Policy Research. *The Michigan Profile: A review of Michigan's tobacco prevention & control program*. St. Louis, MO:
Saint Louis University Prevention Research Center; 2003.

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Executive Summary

Project Overview

The Center for Tobacco Policy Research at the Saint Louis University Prevention Research Center is conducting a three-year project examining the current status of 10-12 state tobacco control programs. The project aims to: 1) develop a comprehensive picture of a state's tobacco control program; 2) examine the effects of political, organizational, and financial factors on state tobacco control programs; and 3) learn how the states are using the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. This Profile has been developed as a resource for tobacco control partners and policymakers to use in their planning and advocacy efforts. It presents both quantitative and qualitative results collected in February 2003. All information presented reflects fiscal year 2003 unless otherwise noted.

Summary

Michigan's tobacco control program has been greatly challenged by an unsupportive political climate, a state budget deficit, and inadequate program funding. Despite these barriers, the program has benefited from strong tobacco control experience and leadership, a supportive network of tobacco control partners, and recent local clean indoor air efforts. It is hoped that the new Governor and Legislature will provide more support for tobacco control, helping Michigan's program to progress in its efforts.

Financial Climate

In fiscal year 03, Michigan dedicated approximately $5.3 million to tobacco control, meeting 10% of the CDC's minimum recommendation for an effective tobacco control program in Michigan. Community programs and counter-marketing programs received the most tobacco control funding, while school, enforcement, and chronic disease programs did not receive any tobacco control funding in FY 03. Inadequate tobacco control funding and Michigan's budget crisis were major challenges to the program.

Political Climate

Michigan's political climate was in transition at the time of the evaluation. A new Governor had been elected and there was large turnover in the Legislature due to term limits. In the past the climate had not been supportive of tobacco control. The Engler Administration was viewed as restricting the Michigan Department of Community Health Tobacco Section's efforts, and tobacco control was not a high priority for the Legislature. Despite challenges to the program by the presence of the tobacco industry and preemption, partners were optimistic about Governor Granholm and the changing climate.

Capacity & Relationships

Partners believed their agency leadership and other tobacco control partners were highly supportive of their tobacco control efforts. Organizational characteristics that facilitated partners' efforts included their agency's internal decision-making process, the availability of physical resources, and the organizational structure of their agencies. The tobacco control experience of staff was very adequate, but the staffing levels and turnover were considered impediments to the program. The MDCH Tobacco Section staff was highly regarded by partners, but low funding levels, the prior influence of Governor Engler's Administration, and the placement of the Tobacco Section under Health Promotions and Publications were believed to have impeded the Tobacco Section's efforts. Partners felt Michigan's tobacco control network was effective and

identified the Tobacco Free Michigan Action Coalition and the Smoke-Free Regulation Task Force as important components. The grassroots efforts were somewhat effective locally, but partners felt they were not effective in advocating for statewide policy.

Best Practices

Michigan used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) as a model in the development of their state tobacco control plan. Partners felt that community programs should be the highest priority in Michigan, closely followed by counter-marketing and statewide programs. Enforcement programs and surveillance and evaluation programs were viewed as lower priorities. Identified strengths of the BP were that it emphasizes a comprehensive approach, was developed by the CDC, and serves as a model for constructing and implementing tobacco control programs. Identified weaknesses of the BP were that its organization does not fit into Michigan's government infrastructure, it lacks sufficient cost-benefit data, and its funding recommendations are unrealistic. Suggested improvements were to emphasize specific populations, provide guidance on funding prioritization with a limited budget, and present cost-benefit data for each BP component.

Program Goals

Youth prevention and increasing smoke-free environments were seen as appropriate priority goals for Michigan. Partners felt increasing smoke-free environments was an important priority because many counties were working on the issue. Youth prevention was also important to address because of targeting by the tobacco industry and lack of funding for youth programs. However, some partners thought youth prevention should be less of a priority and would have replaced it with adult cessation. Partners felt their work on increasing smoke-free environments had faced some challenges, but also experienced many successes. The Smoke-Free Environments Legal Project and the Smoke-Free Regulation Task Force were instrumental in working towards this goal. Fewer activities were mentioned regarding youth prevention. Some partners felt it was challenging finding effective youth programs. Partners suggested that more tobacco control staff and more funding for coalitions working on policy efforts would help ensure meeting the priority goals.

Disparate Populations

The Tobacco Section identified three primary tobacco-related disparate populations in Michigan: low-income blue-collar workers, youth, and communities of color. Partners agreed that the three populations were high priorities for Michigan, but suggested some additions to the list, including sexual minorities, women, and the elderly. Strategies targeting low-income blue-collar workers and communities of color were mentioned more often than those focused on youth. Partners felt that these tobacco-related disparities needed to be emphasized more throughout the BP document and that including culturally specific strategies would be helpful.

Program Strengths & Challenges

Partners identified the following strengths and challenges of Michigan's tobacco control program:

- Partners described the Tobacco Section staff as very dedicated, knowledgeable, and committed to tobacco control and a major strength of Michigan's program.
- The statewide coalition, Tobacco Free Michigan Action Coalition, and its members were viewed as strengths.
- A few partners identified local coalitions and their grassroots efforts as positive characteristics of Michigan's tobacco control program.
- The lack of tobacco control program funding was the most significant challenge for the program.
- Michigan's political climate was a challenge. In particular, many partners felt the lack of support by the previous Engler Administration impeded the program tremendously.

Introduction

Methods

Information about Michgan's tobacco control program was obtained in the following ways: 1) a survey completed by the Michigan Department of Community Health Tobacco section (Tobacco Section) that provided background information about the program; and 2) key informant interviews conducted with 14 tobacco control partners in Michigan. The MDCH Tobacco Section was asked to identify partner agencies that played a key role in the state tobacco control program and would provide a unique perspective about the program. Each partner participated in a single interview (in-person or telephone), lasting approximately one hour and 15 minutes. The interview participants also had an opportunity to recommend additional agencies or individuals for the interviews. The following partners participated in the interviews:

- MI Department of Community Health Tobacco Section
- American Cancer Society
- American Heart Association
- American Lung Association
- Center for Social Gerontology
- Center for Tobacco Use Prevention and Research
- Cristo Rey Community Center
- Faith Access to Community Economic Development Corporation
- Genesee County Smokefree Multi-Agency Resource Team
- Marquette County Tobacco-Free Coalition
- Tobacco Control Law & Policy Consulting
- Tobacco Free Michigan Action Coalition
- University of Michigan Health System
- Wayne County Smoking and Tobacco Intervention Coalition

Results presented in this Profile are based on an extensive content analysis of qualitative data as well as statisitical analysis of quantitative data. The results represent the major themes or ideas from many partners and do not reflect the thoughts of any one individual or agency.

Profile Organization

The project logic model used to guide the development of this Profile is organized into three areas: 1) facilitating conditions; 2) planning; and 3) activities.

Rationale for Specific Components

Area 1: Facilitating Conditions

Money, politics, and capacity are three important influences on the efficiency and efficacy of a state's tobacco control program. The unstable financial climates in states have a significant impact on the tobacco control funding. Many state tobacco control programs receive little or no MSA funding for tobacco control and are adversely impacted by the state budget crises and securitization. In conjunction with the financial climate, the political support from the Governor and State Legislature, and the strength of the tobacco control champions and opponents have a significant effect on the program. Finally, the organizational capacity of the tobacco control partners and the inter-agency relationships are also important characteristics to evaluate. While states can have adequate funding and political support, if the partners' capacity and the cohesiveness

of tobacco control network are not evident then the success of the program could be impaired.

Area 2: Planning
Tobacco control professionals have a variety of resources available to them. Partners may find it helpful to learn what resources their colleagues are utilizing. The *CDC Best Practices for Comprehensive Tobacco Control Programs* (BP) is evaluated extensively due to its prominent role as *the* planning guide for states. Learning how the BP guidelines are being implemented and identifying the strengths and weaknesses will aid in future resource development.

Area 3: Activities
Finally, the outcome of the areas 1 and 2 is the actual activities implemented by the states. The breadth and depth of state program activities and the constraints of the project precluded an extensive analysis of the actual program activities. Instead, two specific areas were chosen to provide an introduction to the types of activities being implemented. These two areas were: the state's top two priority programmatic or policy goals for the current fiscal year (*e.g.* passing secondhand smoke legislation, implementing cessation programs) and the emphasis on disparate populations (*e.g.* identification and addressing disparate populations).

Additional Information

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants' confidentiality, all identifying phrases or remarks have been removed. At the end of each section, the project team has included a set of suggested approaches. These suggestions are meant to provide the partners with ideas for continuing and/or strengthening their current tobacco control efforts.

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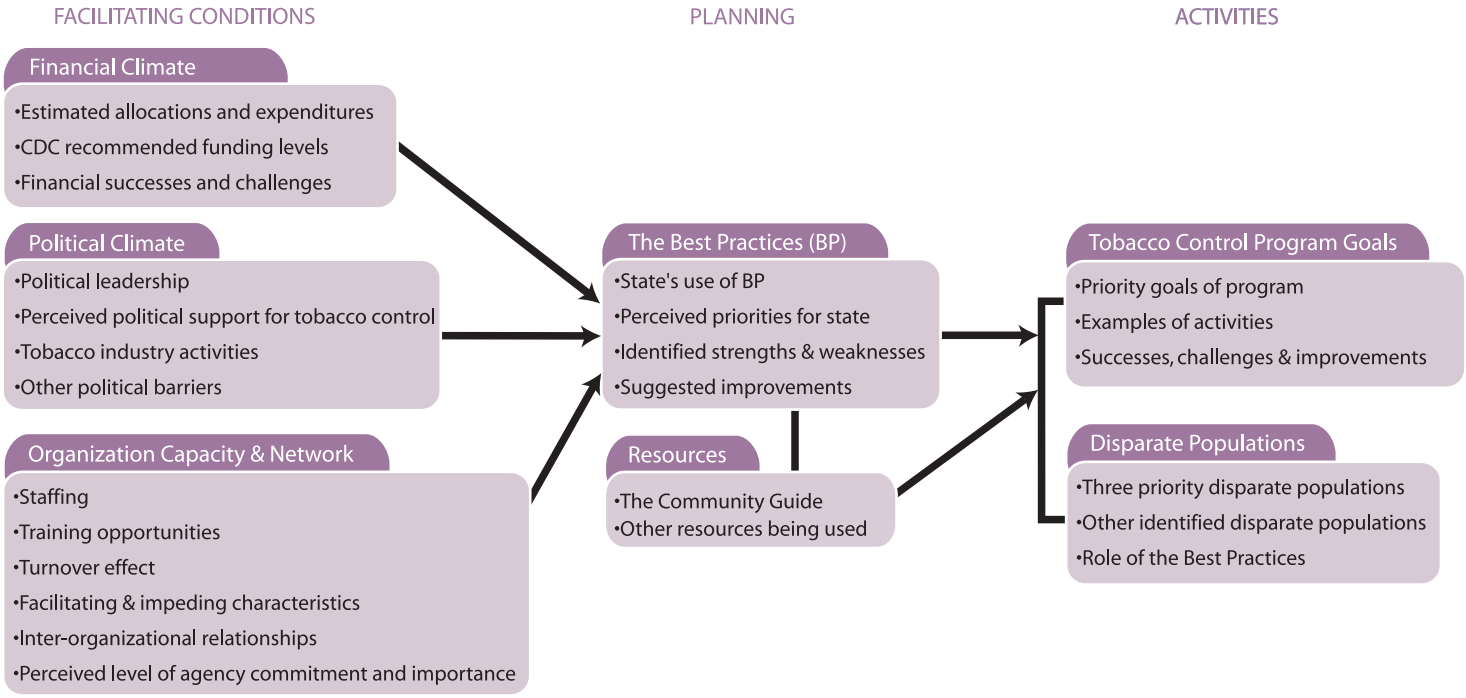
The Best Practices Project Conceptual Framework



Financial Climate

Section Highlights

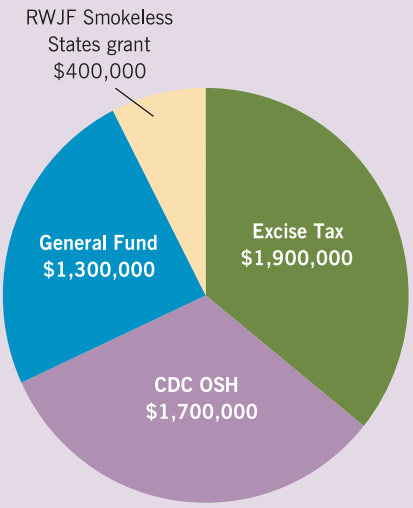
- Michigan dedicated approximately $5.3 million to tobacco control in FY 03, meeting approximately 10% of the CDC's minimum recommendation for an effective tobacco control program.
- Community and counter-marketing programs received the most tobacco control funding, while school, enforcement, and chronic disease programs did not receive any tobacco control funding in FY 03.
- Inadequate tobacco control funding and Michigan's budget crisis were major challenges to the program.

FY 2003 Funding

In FY 03, Michigan dedicated approximately $5.3 million ($0.53 per capita) to tobacco control, meeting approximately 10% of the CDC's minimum recommendation. The main sources of funding were from the cigarette excise tax (*i.e.*, The Healthy Michigan Fund), the State's General Fund, and the CDC Office on Smoking and Health. In addition, the statewide coalition Tobacco Free Michigan Action Coalition received a Smokeless States grant from the Robert Wood Johnson Foundation.

None of Michigan's annual $325 million in MSA funds were allocated to tobacco control. In 1999, a law was passed that allocated 75% of the MSA funds to the Merit Scholarship Fund for higher education scholarships and 25% to a senior healthcare initiatives and healthcare research fund. Any interest generated from

Tobacco control funding sources, FY 2003



CDC funding recommendations & estimated expenditures, FY 2003

Best Practices Category	CDC Lower Recommendation	Estimated Expenditures	Status (+/-)[a]
Cessation Programs	$11,064,000	$300,000	-
Counter-Marketing	$9,774,000	$1,000,000	-
School Programs	$7,909,000	$0	-
Community Programs	$7,692,000	$2,000,000	-
Surveillance & Evaluation	$4,766,000	$200,000	-
Enforcement	$4,356,000	$0	-
Statewide Programs	$3,910,000	$700,000	-
Chronic Disease Programs	$2,950,000	$0	-
Administration & Management	$2,383,000	$700,000	-
Total	$54,804,000	$4,900,000[b]	-

[a] (-) = below CDC recommendation
(+) = meets CDC recommendation
[b] Funding from RWJF ($400,000) received by Tobacco-Free Michigan Action Coalition is not included in estimated expenditures.

that 25% of MSA funds was earmarked for the Council of Michigan Foundations, which funds local community programs and agencies which are not required to have a tobacco-related focus.

In November 2002, Michigan voters defeated Proposition 4, a constitutional amendment to reallocate 90% of MSA funds to health care and tobacco control programs. Although, the proposition did not pass, many partners felt that it had a positive affect on tobacco control in Michigan.

> I think the campaign that we had for Proposal 4 elevated the awareness of the general public in the State of Michigan that tobacco settlement money is not being spent on tobacco-related issues. That was really new information for people…So while we did not win, I think we won a whole lot in terms of really bringing in the general idea to Michigan residents that tobacco settlement money was going to balance the budget and not to take care of people's health.

In August 2002, Michigan's cigarette excise tax was increased by 50 cents to $1.25. This increase was expected to generate approximately $326 million dollars annually in additional revenue, none of which was allocated to tobacco control.

According to the Tobacco Section's estimated expenditures for FY 03, community programs and counter-marketing received the most funding at 41% and 21%, respectively. School programs, enforcement, and chronic disease programs did not receive any tobacco control funding. When comparing these estimated expenditures to the CDC funding recommendations, Michigan did not meet or exceed the recommended funding allocation for any of the Best Practice categories.

Successes & Challenges

The following influences on the financial climate of tobacco control were identified:

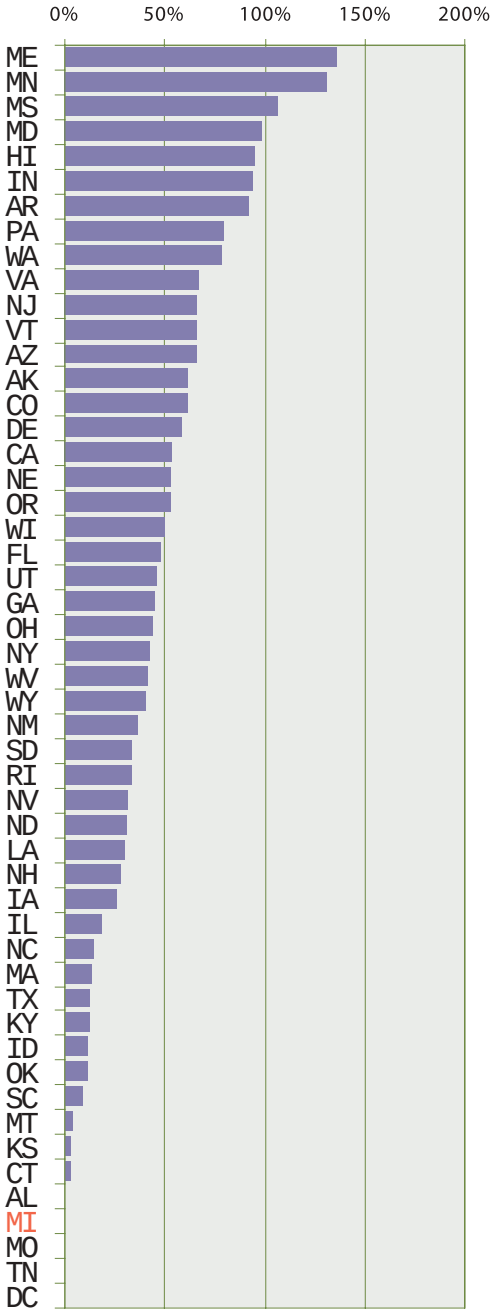
Financial Challenges

The lack of adequate tobacco control funding was the most significant barrier to Michigan's program. Partners felt they had the tobacco control expertise and network of partners but lacked the financial resources to implement a comprehensive statewide program. The lack of support for tobacco control by the previous Engler Administration was the primary reason attributed to the low funding level.

> The biggest weakness as far as tobacco control in our state has been a lack of funding and our political environment in the past.

Where does Michigan rank?

The percentage of CDC lower estimate funding allocated for tobacco control in FY 2003



> One of the biggest barriers we've had is a Governor and Administration who did not support utilizing the tobacco settlement funds or the public health funds going into tobacco-related issues.

In addition, partners were concerned about the security of the current tobacco control funding due to the approximately $2 billion deficit the state was experiencing. Even though they were optimistic about the level of support the new Democratic Governor, Jennifer Granholm, would have for tobacco control, they felt the budget crisis limited her ability to increase tobacco control funding in the near future.

> I think both the national and state budget crises have impacted the tobacco control program's budget…We are up against every other issue that's out there and in a time when there isn't money for everyone.
>
> Governor Granholm has made comments and has been very supportive of tobacco control. Her challenge right now is facing a nearly two-billion-dollar deficit for the next fiscal year with no new taxes as her platform.

At the time of the evaluation, the securitization of future MSA payments had not been introduced in the Michigan Legislature as a short-term solution to the budget crisis. A few partners felt that Michigan lawmakers understood that it would be a bad investment to securitize.

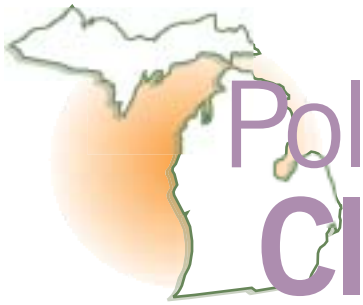
> They [lawmakers] have talked about securitization. I think it comes down to pretty much one lawmaker that has been making a lot of noise about it. He's probably doing it for political reasons…I think the Administration is very much against securitization, and we've heard that from several places…I think they recognize that it's a bad investment. That it's taking our 8.2 billion dollar settlement and whittling it down to cents on the dollar. They aren't willing to do that.

Suggested Approaches

1. Continue to educate Governor Granholm and the new Legislature about the need for additional funding for the program, and about the subsequent savings in health care expenditures.
2. Continue to advocate for increased funding through the Tobacco Free Michigan Action Coalition.
3. Investigate alternative sources of funding.

2003 Cigarette excise tax rates

State	Excise Tax
CT	$1.510
MA	$1.510
NJ	$1.500
NY	$1.500
RI	$1.500
WA	$1.425
HI	$1.300
OR	$1.280
MI	$1.250
VT	$1.190
AZ	$1.180
AK	$1.000
DC	$1.000
MD	$1.000
ME	$1.000
PA	$1.000
IL	$0.980
NM	$0.910
CA	$0.870
KS	$0.790
WI	$0.770
UT	$0.695
NE	$0.640
WY	$0.600
IN	$0.555
OH	$0.550
WV	$0.550
SD	$0.530
NH	$0.520
MN	$0.480
ND	$0.440
TX	$0.410
IA	$0.360
LA	$0.360
NV	$0.350
AR	$0.340
FL	$0.339
ID	$0.280
DE	$0.240
OK	$0.230
CO	$0.200
TN	$0.200
MS	$0.180
MT	$0.180
MO	$0.170
AL	$0.165
GA	$0.120
SC	$0.070
NC	$0.050
KY	$0.030
VA	$0.025



Political Climate

Section Highlights

- Partners felt the political climate was in transition at the time of the evaluation. In the past the climate had not been supportive of tobacco control.
- The Engler Administration was viewed as unsupportive of tobacco control and restricted the Tobacco Section's efforts.
- Partners thought it was too early to predict how supportive Governor Granholm was of tobacco control, but they were optimistic.
- Partners felt tobacco control had not been a high priority for the Legislature in the past. Due to recent turnover in the Legislature, partners were unsure whether the level of support had changed.
- The tobacco industry's influence and preemption were seen as challenges to the program.
- Partners felt Proposition 4 brought attention to the allocation of the master settlement funds to non-tobacco control programs and the need for more funding for tobacco control.

Political Climate

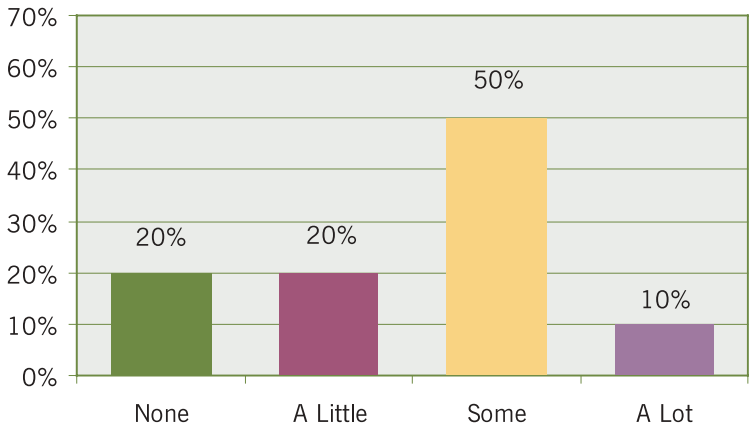
Partners described the political climate in the past as "bleak", "poor", "fairly abysmal", and "tough." The previous Administration was identified as the primary reason for the unsupportive climate. Preemption and pro-business attitudes in the state were also mentioned as influences on the climate.

> In terms of the climate that we were under, it was very negative, not conducive, not supportive. That can easily be proven by the policies, by the preemption laws, by the amount of money that certain parties receive from tobacco companies…
>
> Up until now it's been pretty bleak. In the last 12 years we have had a Governor [Engler] who has been very pro-business, pro-industry in much of his dealings with tobacco control…He has had a stranglehold on the Legislature for these years and so it's really hard to know what the political climate is except that it's been pretty dead with regard to any kind of innovative or proactive tobacco control issues.

Michigan's political composition, 2003 legislative session

Governor Jennifer Granholm	Democrat
Attorney General Mike Cox	Republican
Senate	
President Pro Tempore Patricia Birkholz	Republican
Party Breakdown	22 Republicans 16 Democrats
House of Representatives	
Speaker Rick Johnson	Republican
Party Breakdown	62 Republicans 48 Democrats

How much support for tobacco control do you receive from Governor Granholm?



Several partners felt that the climate was in transition because of significant turnover in the Legislature and the election of a new Governor. In 2003, Republicans controlled both the House and the Senate, but newly elected Governor Granholm was a Democrat.

> It is a little fuzzy right now with the new Governor and quite a few new lawmakers. We have term limits in this state, so we saw half of the Senate overturned and quite a bit of the House.

Partners felt the state budget deficit would have an influence on the political climate in the next year. Yet, overall they were optimistic about the changing climate and were hopeful that the new Governor would be more supportive of tobacco control.

> I think Michigan is moving in a positive direction. We need a lot more money, but with the current Governor we have much more hope.

Political Support for Tobacco Control and Public Health

In 2003 Jennifer Granholm (D) began her first term as Governor, replacing John Engler (R), who served as Governor for the past 12 years. The Engler Administration did not support funding tobacco control and his policies restricted the Tobacco Section's efforts.

> The past Administration had the philosophy that we were doing fine in tobacco control with the money that we had. We didn't need to put more money into it and that there were other state entities that were doing pieces of tobacco control so if you count all of those in, there's 20-some million dollars worth of tobacco control efforts, but that's really a far stretch as far as I'm concerned.

Partners thought it was too early to tell how supportive Governor Granholm was of tobacco control. She had said some promising things in support of tobacco control and

named Michigan's first Surgeon General, whose priorities included tobacco prevention. Some partners felt if the state were not in a budget crisis, she would increase funding for the tobacco control program.

> I know with Jennifer Granholm's Administration, she knows that in order to have an effective program we need to be funded at the minimum requirements of the CDC. So if we weren't in such a financial mess right now, I think that we would get more money...

Partners felt tobacco control had not been a high priority for the previous Legislature. The Legislature was not supportive of tobacco control legislation, particularly regarding clean indoor air, and had hindered the tobacco control program by allowing preemption.

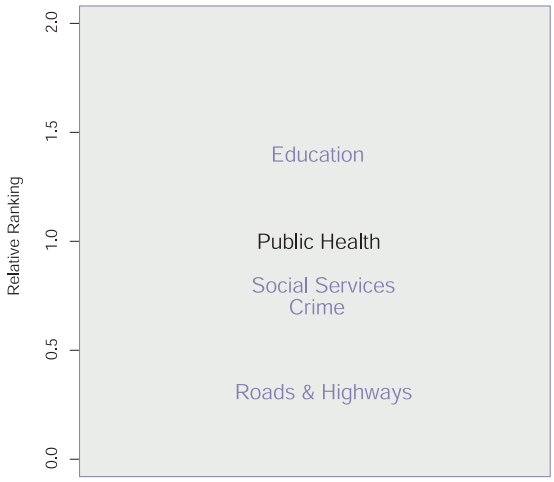
> I think our Republican Legislature is not interested in regulating business, particularly in tough economic times. There's fear that it's going to hurt the business more and create an unfavorable economic climate.

> I do not think tobacco control is a very high priority. There are a few legislators that have been on some of the inside fights and gotten burned really badly, so they realize it's a very tough issue. I think we have a few friends in the Legislature. I don't know exactly who they are, but I think there are a few.

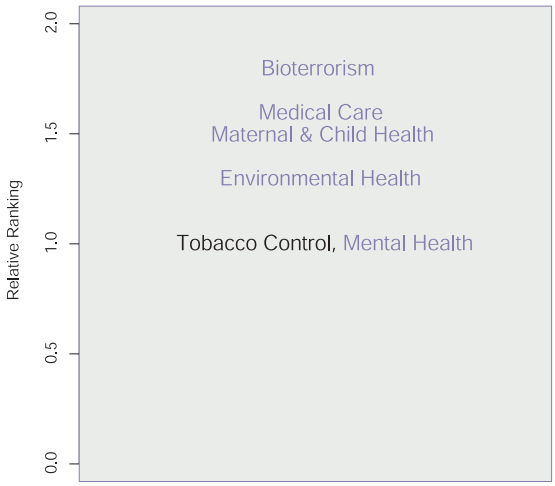
Some partners felt that it was difficult to predict whether the present Legislature would be more supportive. Due to term limits there were new legislators in the Republican controlled House and Senate. A few thought that more legislators might increase their support for tobacco control because of the new Administration, but others felt that more education was needed before support would increase.

> We have legislators who are really for tobacco control but because of the former Governor and his Administration, they felt intimidated to come out for it. I don't have a feel right now of where they are. I know that maybe now they will feel better about coming out in support of it now that we have a Governor who has said that she is in support of it.

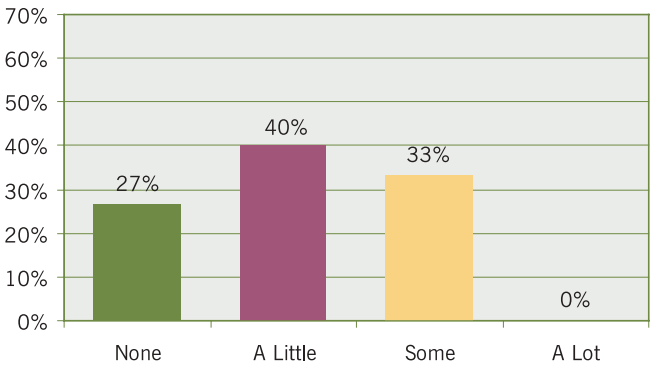
Perceptions of Governor Granholm's prioritization of public health



Perceptions of Governor Granholm's prioritization of tobacco control



How much support for tobacco control do you receive from the Legislature?



> There's a lot more education that we need to do with them. I don't think they always understand despite our efforts what a comprehensive tobacco control program is and why it makes a difference. Some of them look at tobacco control as kind of a benefit when we're not dealing with a budget crisis, rather than as an investment.

Tobacco Control Champions

Tobacco Free Michigan Action Coalition (TFMAC) and the American Lung Association, American Cancer Society, and American Heart Association (also known as the Coalition on Smoking or Health) were mentioned as strong tobacco control champions because of their advocacy roles.

> Tobacco Free Michigan is, in my perspective, the lead organization in Michigan. They are the only organization I know of whose jobs, whose staff, whose mission is 100% tobacco control. Not part-time, not tobacco control and substance abuse in terms of alcohol. That [tobacco control] is their primary goal.
>
> I would say if you asked the general person on the street, who is driving the agenda for tobacco control policy-wise, they would say Heart, Lung, and Cancer. That doesn't mean that TFMAC's not involved. It does not mean that the State Department of Health is not involved. People highly recognize the names of Heart, Lung, and Cancer and respect those organizations.

The Smoke-Free Environments Legal Project's involvement in the clean indoor air movement in Michigan led to partners identifying them as leaders in tobacco control. The Tobacco Section staff were also identified as strong leaders in tobacco control. Partners felt they provided leadership for tobacco control efforts throughout the state.

> MDCH is important because at the state level, they set the pace for what a lot of people are doing and they also fund most of the local coalitions. They set the pace of what are going to be our priorities, what we're going to be working on, and how we're going to go about doing that.

Political Barriers

The tobacco industry had a strong presence in Michigan. Partners felt they were not as visible as they were before the MSA, but they were still influential through campaign contributions, lobbying efforts, and their work with other organizations, such as the Michigan Restaurant Association.

> We have had a strong history of campaign contributions in the state that have been given to both sides of the aisle from the tobacco industry and from other groups like the Restaurant Association, the Chamber of Commerce, other business groups that have worked closely with the industry.

Partners thought the tobacco industry was effective in inhibiting the tobacco control program, especially in terms of hindering the program's legislative efforts by incorporating preemption into clean indoor air and youth access laws.

> Because we [tobacco control program] don't have the money to compete, I think the tobacco industry has been very successful [in inhibiting the tobacco control program]. We don't have the money to go on the radios or to advertise our health messages. That's a real setback for us because we just cannot compete on that level.
>
> The tobacco industry has been successful in getting preempted laws in place and it's always easier to keep the status quo than it is to change it. That is a major barrier for us politically to take that on.

Significant Event

Proposition 4 was seen by partners as having a significant impact on the tobacco control landscape in Michigan. Prop. 4 was a constitutional amendment that would have reallocated the state's tobacco settlement proceeds to health care programs, including $45 million a year for tobacco prevention. In November of 2002, Michigan voters defeated the proposition. Partners felt that even though it was defeated, Prop. 4 brought attention to where the settlement money was being allocated and educated the public on the importance of a well-funded tobacco control program.

> I certainly think that the campaign that we had for Proposal 4 elevated the awareness of the general public in the State of Michigan that the tobacco settlement money is not being spent on tobacco related issues. That was really new information to people...
>
> I do think the fight over Proposition 4, while it was a losing battle electorally, was extremely important in raising awareness of the need for greater funding to do tobacco control and in bringing together a wide variety of allies among organizations and individuals in the state.

Suggested Approaches

1. Continue to educate the public, the new Legislature, and the new Governor about the importance and economic benefits of a well-funded tobacco control program.
2. Continue to garner grassroots and state-level support for overturning preemption.
3. Foster strong relationships with key legislators and with Governor Granholm to increase the number of political champions for tobacco control in Michigan government.
4. Examine lessons learned from the Prop. 4 campaign to apply to future initiatives for increasing tobacco control funding.

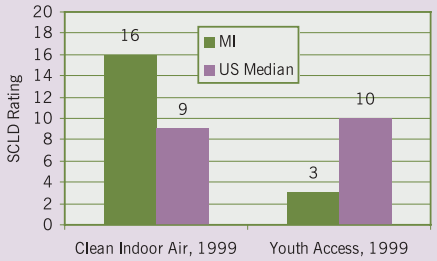
Policy Watch: SCLD Ratings

Rating systems have been developed to measure the extensiveness of youth access and clean indoor air (CIA) legislation, collected by The NCI's State Cancer Legislative Database (SCLD). States with higher scores have more extensive tobacco control legislation. Scores are reduced when state preemption is present.

For youth access, nine areas were measured: six addressed specific tobacco control provisions, and three related to enforcement provisions. Nine areas were also measured for CIA: seven related to controlling smoke in indoor locations, and two addressed enforcement. The maximum scores for youth access and CIA are 36 and 42, respectively.

Despite preemption regarding restaurants, Michigan's clean indoor air score is above the national median. Michigan's youth access score was reduced due to existing preemption and is well below the national median.

Michigan's ratings
Clean Indoor Air: **16**
Youth Access: **3**



Capacity & Relationships

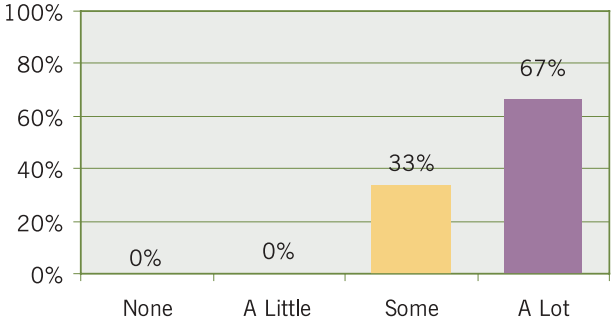
Section Highlights

- Partners believed that their agency leadership and other tobacco control partners were highly supportive of their tobacco control efforts.
- The availability of physical resources, and the organizational structure and internal decision-making process of partners' agencies were viewed as helpful organizational characteristics.
- Staffing levels were considered inadequate, and staff turnover was an impediment as well.
- Staff's tobacco control experience was very adequate, and many partners believed the quality of tobacco control professionals in Michigan was a strength of the state's program.
- Partners highly regarded Tobacco Section staff, but believed low funding levels, the influence of Governor Engler's Administration, and the placement of the Tobacco Section under Health Promotions and Publications rather than Chronic Diseases within the MDCH impeded its efforts.
- Partners felt Michigan's tobacco control network was effective, and that two important components of the network were Tobacco-Free Michigan Action Coalition and the Smoke-Free Regulation Task Force.
- Partners felt that grassroots efforts were effective locally, but not in advocating for statewide policy.

Organizational Capacity

Partners identified a number of characteristics that influenced their tobacco control efforts. They felt that they received a lot of support for their efforts from their agencies' leadership as well as from other partner agencies. The availability of physical resources (*e.g.* computers, office space), the organizational structure, and the internal decision-making

How much support for tobacco control do you receive from your agency leadership?



process of their agencies were viewed as facilitating to their tobacco control efforts. Staff turnover was identified as an impediment to their efforts. The Tobacco Section had recently experienced some turnover, and a few other agencies felt turnover had been a problem as well.

> Anytime somebody leaves there's the re-education process and getting people to feel comfortable. Tobacco is a lot to learn…

Although over half of the partners believed their staffing levels were inadequate for implementing tobacco control activities, the large majority (91%) believed that the tobacco control experience of their staff was adequate. In fact, 55% felt that their staff's tobacco control experience was extremely adequate. Many partners felt that a major strength of the state's program was the quality of the people working in tobacco control throughout the state. They believed Michigan's tobacco control professionals to be committed, passionate, and knowledgeable.

> I think the people are really committed and that they are dedicated. And as to the forefront, they're open to new ideas.

In the past year, partners attended a variety of tobacco control trainings. State or regional level trainings were most commonly attended, and most partners felt that the trainings they attended were moderately adequate. Finally, partners believed that more resources, in terms of both funding and staff, would help their agencies engage in tobacco control activities more effectively.

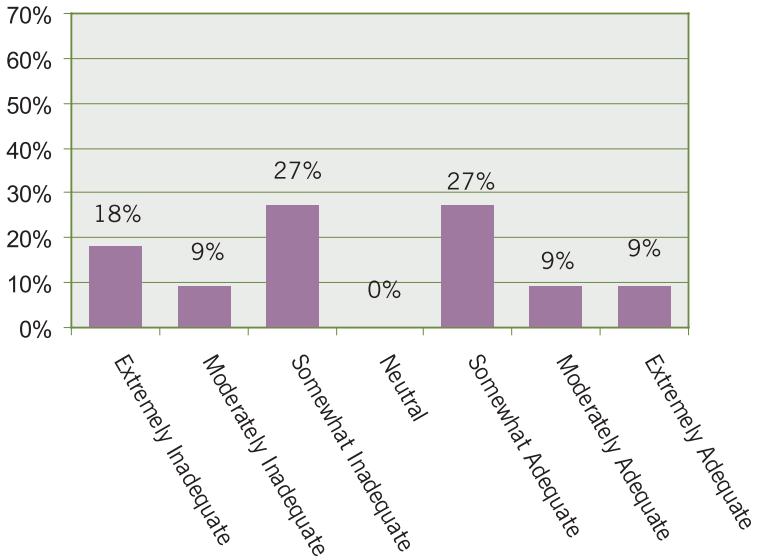
Perceptions of the MDCH Tobacco Section

Most partners highly regarded the staff at the Tobacco Section due to their dedication,

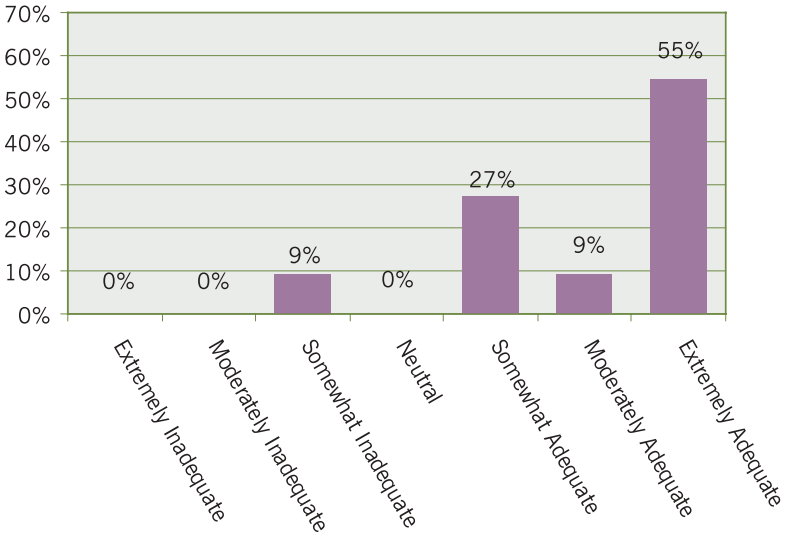
How does each of the following characteristics affect your agency's tobacco control program?

Organizational Characteristic	Helps	Hurts	Both	Neither
Physical resources	81%	0%	13%	6%
Organizational structure of agency	63%	19%	13%	6%
Internal decision-making process	60%	13%	13%	13%
Number of tobacco control staff	60%	33%	7%	0%
Size of agency	56%	25%	13%	6%
Training opportunities	53%	20%	7%	20%
Reporting requirements	50%	0%	25%	25%
Internal communication network	44%	6%	31%	19%
Staff turnover	7%	53%	20%	20%

How adequate is your tobacco control staffing level?



How adequate is your staff's tobacco control experience?



expertise, and support for tobacco control efforts throughout the state.

> They're [Tobacco Section] a very committed, dedicated staff that are very knowledgeable and have a lot of energy. So that has been wonderful for the state.
>
> They [Tobacco Section] try to have their staff people out in the field to work with folks directly…So they're very available, and that makes it easier for folks to connect with them.

Partners felt that the Tobacco Section's low level of funding impeded the progress of the program, but that they had done well with the limited amount of funding given to them. Specifically, partners were pleased that they were able to develop a comprehensive program based on the CDC's Best Practices with such low funding.

> What's helpful is that they have a program that fits the model for CDC's Best Practices. What's been hurtful is that they don't have the funding to fully implement it in its capacity.

Partners felt that a major barrier to the progress of the Tobacco Section's efforts had been Governor Engler's Administration (1990-2002) and the previous administration of the MDCH, including its Director, who were unsupportive of tobacco control and restricted the Tobacco Section's efforts. For example, the Engler Administration had much control over media and did not make effective counter-marketing a high priority.

> Through the Engler Administration, the serious problem was the top down of a detrimental leadership. Engler's Director of the Department of Community Health was unhelpful and sometimes destructive…
>
> He [Governor Engler] had to always see every piece of material for tobacco programs that went out to advertise. He had to approve the advertisement. He placed his own people inside the Tobacco Section within the Michigan Department of Community Health. Their programs and their presentations, everything had to be approved.

Furthermore, under Governor Engler's Administration, the Tobacco Section was relocated from the Chronic Diseases division to the Health Promotions and Publications division. Partners strongly believed that this hindered tobacco control efforts and collaborations with chronic disease programs. They would like to see the Tobacco Section moved back under the Chronic Diseases division.

> The Tobacco Section, under the Engler Administration, has been set off under Marketing and Promotion, they're not even part of the Chronic Disease program. So they're not even operating with their colleagues in Chronic Disease…I think [that] really helped cripple tobacco related issues…

Partners were hopeful that the administration under newly elected

Governor Granholm and the new leadership of MDCH would support tobacco control and help relieve the restrictions that had been placed on efforts of the Tobacco Section.

> I'm hoping based upon what we've preliminarily seen and understand, that it [having a new Governor] will improve their [Tobacco Section's] ability to do their work well.

Tobacco Control Network

Fourteen tobacco control partners were identified as core members of Michigan's tobacco control program and were invited to participate in the interviews. The list of agencies included contractors, coalitions, voluntary agencies, a legal consultant, a research agency, and a health system.

Contact Frequency

In the adjacent figure, a line connects two partners who had contact with each other at *least* once a month. Michigan had a relatively dense communication structure where many partners had frequent contact with each other. A few agencies, including MDCH TS, TFMAC, and Gerontology, had the most control over communication flow, followed by ALA and Law & Policy that had relatively high control over communication flow. However, quite a few partners had less frequent contact and low control over information flow. These partners were usually contractors or regional coalitions.

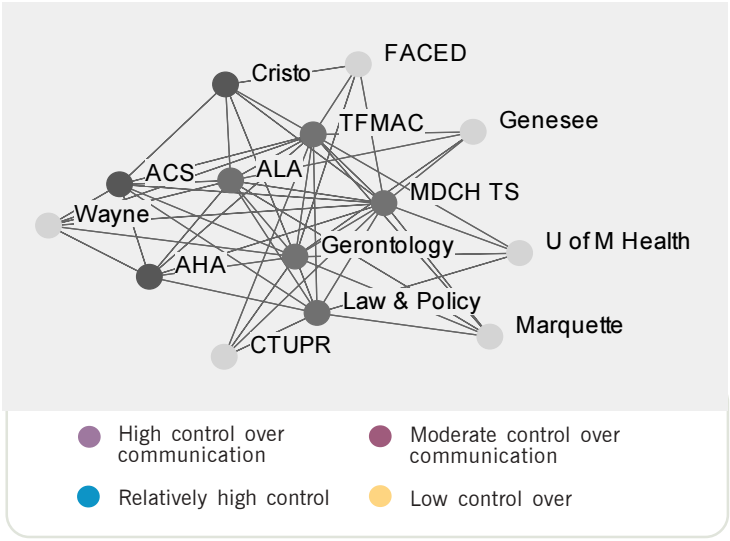
Money Flow

In the adjacent graph, an arrow indicates the direction of money flow between two partners. Overall, money flowed from MDCH TS to its contractors and regional coalitions. Therefore, MDCH TS had the largest financial influence over the network. Many partners sent money to TFMAC, mostly in the form of membership dues. TFMAC was therefore financially influenced by others in the network.

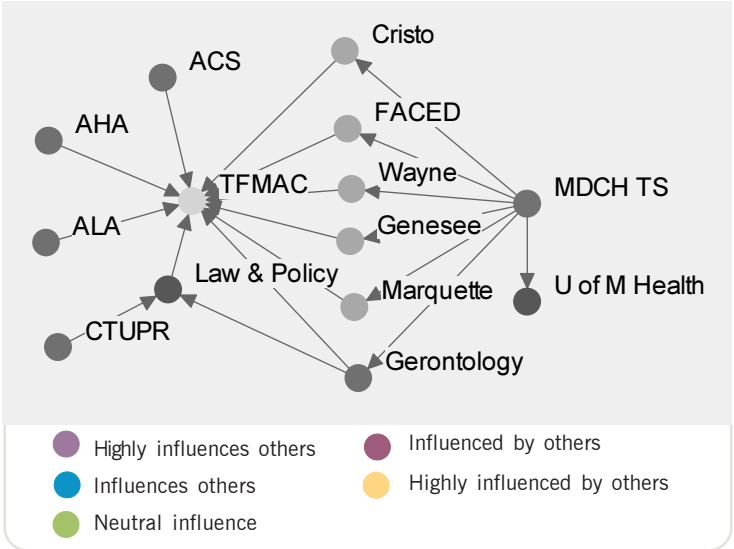
Partners of Michigan's tobacco control network

Agency	Abbreviation	Agency Type
MI Department of Community Health, Tobacco Section	• MDCH TS	• Lead agency
American Cancer Society	• ACS	• Voluntary
American Heart Association	• AHA	• Voluntary
American Lung Association	• ALA	• Voluntary
Center for Social Gerontology	• Gerontology	• Contractor
Center for Tobacco Use Prevention and Research	• CTUPR	• Research Agency
Cristo Rey Community Center	• Cristo	• Contractor
Faith Access to Community Economic Development Corporation	• FACED	• Contractor
Genesee County Smokefree Multi-Agency Resource Team	• Genesee	• Regional Coalition
Marquette County Tobacco-Free Coalition	• Marquette	• Regional Coalition
Tobacco Control Law & Policy Consulting	• Law & Policy	• Legal Consultant
Tobacco Free Michigan Action Coalition	• TFMAC	• Statewide Coalition
University of Michigan Health System	• U of M Health	• Health System
Wayne County Smoking and Tobacco Intervention Coalition	• Wayne	• Regional Coalition

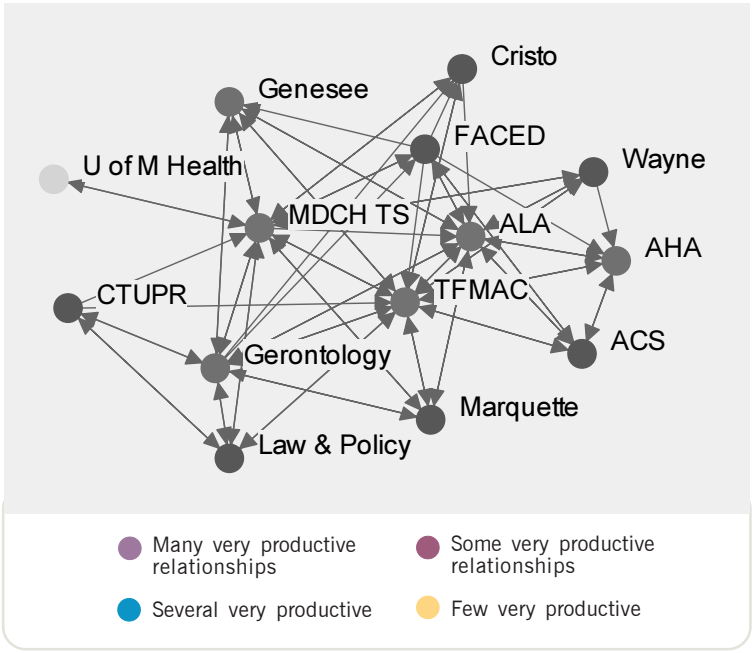
Monthly contact among network partners



Money flow among network partners



Productive relationships among network partners



Productive Relationships

A directional arrow (A→ B) indicates that Partner A felt it had a *very* productive relationship with Partner B. A bi-directional arrow (A↔B) indicates that both partners agreed that their relationship was very productive. Three agencies (*i.e.* MDCH TS, TFMAC, and ALA) had many highly productive relationships with others in the network, while Genesee, Gerontology, and AHA had several productive relationships with others. However, several other agencies only had few to some productive relationships.

Perceived Effectiveness of Network

Most partners felt that Michigan's tobacco control network was very effective and had improved over the last few years. Many even believed that the network was the biggest strength of Michigan's tobacco control efforts.

> It's pretty effective now, and it has improved dramatically in just the last year and a half.

Two important components of Michigan's network were Tobacco Free Michigan Action Coalition (see the Coalitions section below), and the Smoke-Free Task Force. The Smoke-free Regulation Task Force brought many tobacco control stakeholders throughout the state together on the issue of clean indoor air.

> …the creation of the Smoke-Free Task Force, which has brought together people from Tobacco-Free Michigan, Heart, Lung, and Cancer, the Smoke-Free Environments Law Project, the Tobacco Section, and other key individual leaders and organization to work on this. It's really revolutionized our ability to work on these issues in Michigan.

Although partners were generally positive

about the network, they also mentioned some challenges. For example, they felt that the partners in the network could improve communication and collaboration.

> Of course, there's been ups and downs. Even just last week, Tobacco Free Michigan, the Tobacco Section, and Heart, Lung, and Cancer, all of us had a retreat with a facilitator and just really talked about what all the organizations do and how we can work together. And where's there's been frustrations or complaints from one organization to the other in the past…I think it's going to improve.

Coalitions

Tobacco-Free Michigan Action Coalition (TFMAC), an independent non-profit statewide coalition, was identified as an integral component of the network. Their receipt of the RWJF Smokeless States grant and the subsequent hiring of staff greatly facilitated the coalition's efforts. Partners were also pleased with the fact that TFMAC had recently expanded to represent diverse populations by broadening their Board to include designated seats for five major ethnic/minority groups. Mich Alerts, through which TFMAC instantly alerts everyone in the network via the Internet to state tobacco control issues, strengthened the network's ability to work more efficiently.

> I think even more important [to the network] is Tobacco-Free Michigan, which represents 150-odd organizations and brings through those organizations an important level of representation for diverse populations, which is becoming increasingly important and better utilized in Michigan…The Board of Directors of Tobacco-Free Michigan was reconstituted in this new year to include several additional members designated from different communities of color.

However, a few partners still believed improvements could be made to TFMAC. They believed TFMAC could more effectively collaborate with the Tobacco Section and prioritize tobacco control.

> I would wish to improve the commitment of Tobacco-Free Michigan to the Tobacco Section's funding issues and policy issues. Because I think if there were more of a camaraderie and a commitment there, some of these other communication things would work better.

Although most partners believed Michigan's grassroots network was at least somewhat effective, most felt efforts were only effective at the local level. They felt that the local coalitions/grassroots were not very effective in advocating for statewide policy. One challenge was that many coalitions were funded by the state through local health departments which prevented them from advocacy work. It was suggested that coalitions may have difficulty distinguishing the difference between lobbying and educating their legislators.

Agency rating of importance to the program & commitment to tobacco control

Importance to the program[a]		Commitment to tobacco control[b]	
Agency	Avg. rating[c]	Agency	Avg. rating[c]
Tobacco-Free MI Action Coalition	9.6	Tobacco-Free MI Action Coalition	9.9
MDCH Tobacco Section	9.0	Marquette County Tobacco-Free Coalition	9.8
Center for Social Gerontology	8.8	MDCH Tobacco Section	9.7
American Lung Association	8.4	Center for Social Gerontology	9.6
Marquette County Tobacco-Free Coalition	8.1	American Lung Association	9.3
American Heart Association	7.4	Genesee County Smokefree Multi-Agency Resource Team	9.1
Genesee County Smokefree Multi-Agency Resource Team	7.3	Tobacco Control Law & Policy Consulting	9.1
Faith Access to Community Economic Development Corp.	7.1	Wayne County Smoking and Tobacco Intervention Coalition	8.7
American Cancer Society	7.0	Cristo Rey Community Center	8.6
Wayne County Smoking and Tobacco Intervention Coalition	6.9	Center for Tobacco Use Prevention and Research	8.2
Tobacco Control Law & Policy Consulting	6.9	Faith Access to Community Economic Development Corp.	8.2
Cristo Rey Community Center	6.8	American Cancer Society	8.0
University of MI Health System	5.9	American Heart Association	8.0
Center for Tobacco Use Prevention and Research	5.6	University of MI Health System	7.5

a How would you rate the importance of each agency for an effective tobacco control program in your state?
b How would you rate the level of commitment to tobacco control for each of the following agencies in your state?
c 10 = high; 1 = low

> …when you look at tobacco control advocates,a lot of them receive state funding. There's a law in place that says that they can't then go and lobby on tobacco issues. So that definitely hampers our ability to mobilize the grassroots.

Agency Importance & Committment

Partners were asked to rate each agency's level of importance for an effective tobacco control program and its level of commitment to tobacco control. Although the scores for importance to the program varied across agencies, the scores for commitment to tobacco control were relatively high for all agencies. TFMAC and the Tobacco Section were rated very high for both importance and commitment. The University of Michigan Health System was rated as having less importance to the program and less commitment compared to other partners in the network.

Suggestions for Improvement

Partners suggested several ways to increase the effectiveness of the entire tobacco control network, including:

- Improve communication by openly sharing organizations' priorities and activities
- Engage in planning efforts together
- Identify more funding resources
- More effectively mobilize grassroots
- Support each other's efforts

Suggested Approaches

1. Continue to improve communication and collaboration among all network partners.
2. Strengthen grassroots advocacy efforts for statewide policy by educating local coalitions about their ability to educate and advocate for statewide issues.

The Best Practices

Section Highlights

- Michigan used the BP as a model in the development of their state tobacco control plan and in promoting initiative Proposition 4.
- Partners felt that community programs should be the highest priority in Michigan, closely followed by counter-marketing and statewide programs. Enforcement programs and surveillance and evaluation programs were ranked as lower priorities.
- Strengths of the BP were that it emphasizes a comprehensive approach, was developed by the CDC, and is a model for constructing and implementing tobacco control programs.
- Weaknesses of the BP were that its organization does not fit into Michigan's government infrastructure, it lacks sufficient cost-benefit data, and its funding recommendations are unrealistic.
- Suggested improvements were to emphasize specific populations, provide guidance on funding prioritization with a limited budget, and present cost-benefit data for each BP component.

The Best Practices

Michigan tobacco control advocates used the *CDC's Best Practices for Comprehensive Tobacco Control Programs* (BP) in the following ways: 1) to guide the development of their program; 2) to advocate to the Legislature for funding a comprehensive tobacco control program; and 3) to establish priorities and objectives with a limited budget. In fact the BP was integral in

Best Practices category definitions

Community programs – local educational and policy activities, often carried out by community coalitions

Chronic disease programs – collaboration with programs that address tobacco-related diseases, including activities that focus on prevention and early detection

School programs – policy, educational, and cessation activities implemented in an academic setting to reduce youth tobacco use, with links to community tobacco control efforts

Enforcement – activities that enforce or support tobacco control policies, especially in areas of youth access and clean indoor air policies

Statewide programs – activities accessible across the state and supported by the state, including statewide projects that provide technical assistance to local programs and partnerships with statewide agencies that work with diverse populations

Counter-marketing programs – activities that counter pro-tobacco influences and increase pro-health messages

Cessation programs – activities that help individuals quit using tobacco

Surveillance & evaluation – the monitoring of tobacco-related outcomes and the success of tobacco control activities

Administration & management – the coordination of the program, including its relationship with partners and fiscal oversight

Best Practices ranking & MDCH estimated budget allocations, FY 2003

BP Category	Mean Rank[a]	Budget %[b]
Community Programs	2.3	41
Counter-Marketing	2.9	21
Statewide Programs	2.9	14
Cessation Programs	3.9	6
Chronic Disease Programs	5.6	0
School Programs	5.8	0
Surveillance & Evaluation	6.2	4
Enforcement	6.4	0
Administration & Management	Not included[c]	14

[a] Ranking: 1 = highest priority; 8 = lowest priority
[b] Does not include RWJF Smokeless States grant ($400,000) recieved by Tobacco-Free Michigan Action Coalition for FY 03.
[c] Not included because not mutually exclusive with the other categories

promoting ballot initiative Proposition 4 in 2002.

> We recently did a ballot initiative with the public. We've taken that document [the BP], we've talked about how significantly Michigan is under funded, and if we did have a comprehensively funded tobacco control program, what the funding levels would look like based on the percentages the CDC document outlines.

The majority of the partners were reasonably familiar with the BP. Partners felt that community programs, counter-marketing, and statewide programs should be high priorities for Michigan, while enforcement and surveillance and evaluation programs should be lower priorities.

High BP Priorities

Community programs were ranked as a high priority for the following reasons:

- Local level efforts facilitate policy and community norm changes.

> Because I think that what the *Best Practices* shows is that institutional change needs to happen…for example, smoke-free policies, for community norms to change. And you get at that through working with local groups in coalitions.

- Communities know best how to address issues in their own region.

> Well I think that because you have to go to into communities, you have to find out what their needs are…we don't know all the communities, so you have to go out there and talk to community leaders and some of the people who have a lot of influence…

Many partners agreed that this was a high priority for Michigan. The Tobacco Section made this evident by dedicating a large proportion of their tobacco control funding to community programs in FY 03. This funding

was used to help support local coalitions throughout the state.

Counter-marketing programs were also ranked as a high priority because partners felt they are essential to a successful comprehensive tobacco control program. Past media campaigns in Michigan had been weak and under funded. This was due to the previous Administration's lack of support for tobacco control and the restrictions it imposed upon counter-marketing efforts.

> The Legislature does not see the value of media programming, of media funding. We've heard them say that it is waste of money. And politically, they simply have not shown interest in doing effective, hard-hitting counter-marketing advertising. They do real wimpy stuff like 'smoking hurts', or 'I don't like smoking'…

Statewide programs were also identified as a high priority. Partners felt that a statewide infrastructure and assistance to community programs were essential to the success of local activities.

Low BP Priorities

Enforcement was ranked as a lower priority for the following reasons:

- Michigan has weak youth access laws that include preemption.

> If you're going to do enforcement well, you need some good statewide law, and we don't have that. Our youth tobacco act is not strong enough language…So it's not really worth putting a lot of eggs in those baskets.

- Research suggests that enforcement is not as effective as other strategies.

> The other reason is that I don't know that we have a lot of proof of…I think there's kind of been a debate out there about how much the youth access laws work and how effective they are in achieving the overall goals in tobacco control.

- Enforcement requires large amounts of time and staff power.

> We were doing a lot of compliance checks. You have to really be out in the field beating their heads with these numbers and fines in order to make a difference. And the minute that you let up, the rates go right back up. That was a lot of money and time that we put into that.

Partners also ranked *surveillance and evaluation programs* as a lower priority. They felt that building a comprehensive program should precede the implementation of surveillance and evaluation, which supports the other BP components.

> Well, because unless you can do something up here [within the other categories], there's no point in having surveillance and evaluation. This is merely serving a support function. It's not really in and of itself having an impact on public health.

Other BP Issues

A few partners saw overlap between community and statewide programs, while others were uncertain of the definitions of chronic disease, statewide and community programs.

> Okay, I looked at this initially and it's pretty vague. You know what does community programs mean? How about chronic disease? Because tobacco is chronic disease, you know what I mean?

Issues regarding school and cessation programs also surfaced. The Tobacco Section had not invested much time and money into school programs because Governor Engler's Administration would not allow them to work in schools. The Administration felt that other programs receiving funding for school programs, such as the Michigan Model Comprehensive Curriculum, covered tobacco education sufficiently. In addition, partners ranked school programs as a relatively low priority for Michigan because they believed these programs were not effective and that schools were too overburdened with other curricula to support tobacco education.

> And I also think that schools have got too much jammed into their curriculum as it is, and when they try to shoehorn tobacco education in there, it really is shoehorning, and I am not convinced that it does any good.

Restrictions on using federal tobacco funds to support direct cessation services limited Michigan's cessation efforts. Partners would like to see improvements in this area, such as having a statewide cessation program or a quit line in place.

BP Funding

For FY 03, the Tobacco Section allocated the largest portion (41%) of tobacco control funding to community programs, which partners also ranked as the highest priority (See table on page 19). This was followed by 20% to counter-marketing programs and 14% to both statewide programs and administration and management. Chronic disease programs and enforcement

programs received no funding from the tobacco control program for FY 03.

BP Strengths and Weaknesses

A number of strengths of the BP were identified:

- Developed by the CDC
- Serves as a model framework
- Is evidence-based
- Emphasizes a comprehensive approach
- Provides funding guidelines that are helpful for advocacy efforts

Partners also identified weaknesses of the BP:

- The organization of BP is not consistent with the organization of Michigan's government infrastructure (*e.g.,* schools already follow the Michigan Model Programming, so it is not considered part of BP planning)
- Lacks cost benefit strategies
- Has unrealistic funding recommendations

Partners had the following recommendations regarding improvements for the BP:

- Place more emphasis on specific populations, such as elderly people, low income and ethnic groups
- Provide guidance regarding how to prioritize funding with a limited budget
- Present better cost-benefit data for each BP component

Suggested Approaches

1. Partner with agencies to develop and implement cessation activities on a local and statewide level.
2. Educate partners about the importance of collecting baseline program evaluation data and conducting other surveillance and evaluation activities.
3. Refer to other tobacco control resources to supplement the Best Practices. For example,
   - *The Guide to Community Preventive Services for Tobacco Use Prevention and Control* (www.thecommunityguide.org)
   - *The 2000 Surgeon General's Report on Reducing Tobacco Use* (www.cdc.gov/tobacco/sgr_tobacco_use.htm)
   - *The 2000 Public Health Services Clinical Cessation Guidelines* (www.surgeongeneral.gov/tobacco/smokesum.htm)
4. Take into account the strengths, weaknesses, and areas of potential improvement to *the Best Practices* guidelines identified in this Profile when developing your own tobacco control activities.

Tobacco Control Program Goals

Section Highlights

- Youth prevention and increasing smoke-free environments were seen as appropriate priority goals for Michigan.
- Partners felt smoke-free environments was an important priority because many counties were working on the issue. Youth prevention was also important to address because of the targeting by the tobacco industry and lack of funding for youth programs.
- Some partners thought youth prevention should be less of a priority and would have replaced it with adult cessation.
- Partners felt their work on increasing smoke-free environments had faced some challenges, but also experienced many successes. The Smoke-free Environments Legal Project and the Smoke-free Regulation Task Force were instrumental in accomplishing this goal.
- Fewer activities were mentioned regarding youth prevention. Some partners felt it was challenging finding effective youth programs.
- Partners suggested more staff to focus on tobacco control and more money for coalitions working on policy as some of the improvements in their agency that could help ensure meeting the priority goals.

Top Two Goals

For this evaluation, the Tobacco Section was asked to identify the top two priority policy or programmatic goals for FY 03. The two goals identified were:

- Increase smoke-free environments
- Youth prevention

These goals were two of the five goals documented in Michigan's CDC Annual Action Plan, 2002-2003. They were chosen as priorities for the state through strategic planning by the Tobacco Section staff and were based on CDC's priorities.

Partners agreed that youth prevention and increasing smoke-free environments were appropriate priorities. Partners felt increasing smoke-free environments was an important goal because many counties were working on the issue and it impacted other goals, such as promoting cessation. Several partners thought that youth

prevention was also important to address because youth are targeted by the industry, it is important to get them involved, and funding for youth programs had been insufficient.

> I think that the whole issue of clean indoor air is absolutely essential and all the studies show that youth are particularly targeted and that the adult smoker was once a youth who was targeted, so it makes sense.
>
> With the youth, we recognize that the tobacco industry has increased its thrust to market and target to youth and if we look at it from a long-term perspective, as older people are beginning to stop smoking, younger people are beginning to start. So, I look at that [youth prevention] as a very critical piece.

Other partners thought youth prevention should be less of a priority. A few partners would have put youth as the second priority or lower and a couple of partners felt that a more effective strategy for youth prevention would be focusing on adult cessation.

> I think that going into schools and the Kick Butts events, they're all good things, but when you have limited dollars I think a more effective strategy is to get the adults to quit. That helps prevent children from taking up smoking.

Changes and Additions

Partners suggested changes and additions to the list of priorities. Some felt changes needed to be made to the youth prevention goal. Partners would have liked to see youth cessation and activism included in the goal. A few partners wanted the definition of youth to be changed to 18-24 year olds or at least broadened to include this age group.

> Well, the youth prevention part I'm not as clear on what that means. I mean as far as youth activism would be a more accurate description with what I would be looking for. Youth prevention and youth activism are…I would make sure that they're paired.

Several partners suggested adding adult cessation as a priority goal for Michigan. Reasons given for this were that it creates a favorable environment for youth prevention, and cessation is a good investment for decreasing health care costs.

> I think the other area of cessation needs to be a priority. Two reasons, one is that cessation is a good investment for bringing down healthcare costs. The other things is that I also believe that when you get adults to quit, you are creating a more favorable environment to prevent teens from starting, and that I think is quite often greater than education.

A sampling of Michigan's activities

Increase smoke-free environments	• Working with colleges, unions, and worksites on tobacco-free policies • Working on local level clean indoor air ordinances • Smoke-free Environments Legal Project • Promoting smoke-free restaurants • Smoke-free Regulation Task Force, made up of agencies from around the state
Youth Prevention	• Youth involvement in coalitions • Teens Against Tobacco Use, a peer education program in schools by the American Lung Association • N-O-T, Not on Tobacco, a teen cessation program by the American Lung Association • Youth driven media campaign

Successes, Challenges, & Improvements

Increase Smoke-free Environments

Partners felt that there had been successes and challenges in their work towards increasing smoke-free environments. Several partners mentioned the passage of an ordinance in Marquette County as an example of a success. They felt Marquette was successful in raising awareness about the issue of second-hand smoke through media campaigns, youth activities, and their work with county commissioners. At the time of the evaluation several other counties were working towards smoke-free policies.

> The one that worked the best was in Marquette. They did a great job in raising awareness about the issue of second-hand smoke through media campaigns that saturated the airways over a period of time…they were constantly doing things that were visible at the local level so that it was covering the entire county. At the same time they were also working with the County Commissioners to see what the support would be and to get the Board of Health to pass a resolution.

A challenge for communities working towards smoke-free ordinances was moving forward before the grassroots infrastructure was in place. Another challenge was losing supporters on the County Commission due to elections. This often led to an ordinance not being passed.

> I don't think that there was as much planning up front to do an ordinance, as there should have been. It's something that came out of the city council in some of those instances, and unfortunately the tobacco control advocates only had the ability to respond and not be proactive about taking on the issue.

Partners felt that the Smoke-free Environments Legal Project was very successful in their work with communities working for ordinances. Partners also viewed the Smoke-Free Regulation Task Force, made up of the Legal Project, Tobacco Free Michigan Action Coalition, MDCH Tobacco Section, American Cancer Society, American Lung Association, American Heart Association, and other agencies as an integral part of the clean indoor air movement in Michigan.

> Our Smoke-Free Environments Legal Project is very instrumental in helping all this happen by providing legal research and support for the communities. The legal project has been the most effective at getting information out there and helping move the clean indoor air movement forward.
>
> Smoke-free Regulation Task Force works to me, even though it's just getting started, it's very successful because it's an organized effort to involve everyone in the state who has some type of stake in tobacco control. It's a way you can put all your resources together to maximize them.

Youth Prevention

Fewer activities were mentioned regarding youth prevention. Some partners felt that youth prevention programs were challenging because there were many programs in place but they were not always evidence-based.

> It is difficult and hard to wrap your arms around the youth prevention focus as much as it is the clean indoor air because there are so many ways and so many efforts going on to reach youth. It takes many years to evaluate what it successful and what isn't.

Other partners felt that events such as Kick Butts Day were successful. They involved people from throughout the community and information was presented in a way that kids could have fun and learn at the same time.

> It's [Kick Butts Day] not just one of these boring lecture type programs about tobacco issues. It's a big family affair, we always include local, state, and federal elected officials just as well as the student from the school, and the parent and agency that is assisting us. We bring them all together in a positive, pro-active approach where I think you are much more successful.

Partners identified some improvements in their own agencies that could help ensure meeting the priority goals:

- More staff to focus on tobacco control;
- Continue to support smoke-free policies at the local level;
- More funding for coalitions working on policy; and
- Increase funding for media campaign.

Suggested Approaches

1. Begin to develop a plan for establishing a youth advocacy movement.
2. Continue to use community efforts, the Smoke-free Regulation Task Force, and the Smoke-Free Environments Law Project to successfully pass clean indoor air ordinances.

Disparate Populations

Section Highlights

- The Tobacco Section identified low-income blue-collar workers, youth, and communities of color as experiencing significant tobacco-related disparities.
- Partners agreed that the three populations were high priorities for Michigan. They also suggested some additions to the list, including sexual minorities, women, and the elderly.
- Strategies targeting low-income blue-collar workers and communities of color were mentioned more often by partners than those focused on youth.
- Partners believed the *Best Practices* were somewhat useful in addressing disparate populations. They felt that tobacco-related disparities needed to be emphasized more throughout the BP document and that including culturally specific strategies would be helpful.

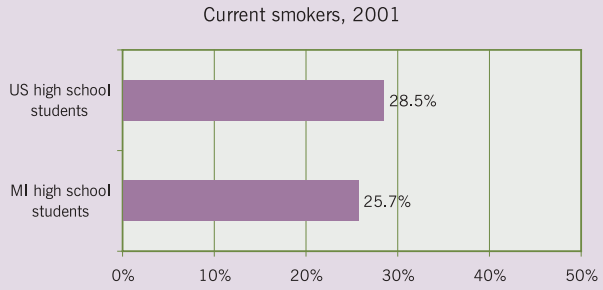
Priority Disparate Populations

MDCH Tobacco Section identified the following populations as having tobacco-related disparities:

- Youth
- Low-income blue-collar workers
- Ethnic populations (communities of color)

With the assistance of the CDC, the Tobacco Section established three criteria to identify populations with tobacco-related disparities: 1) populations with higher than average smoking rates; 2) populations highly targeted by the tobacco industry; and 3) populations with less access to care and cessation services. Other resources used were epidemiologic

MI Youth

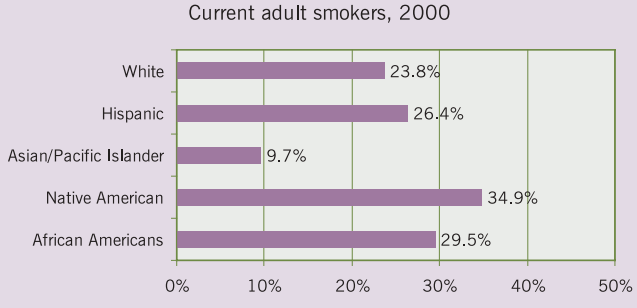


MI Communities of Color

MI has the largest Arab-American population in the U.S. Approximately 1.2% of MI's population is of Arab ancestry. The rest of MI's population is made up of the following populations:

- 80.2% White
- 14.2% African American
- 0.6% Native American
- 1.8% Asian
- 3.3% Hispanic/ Latino

(based on 2000 U.S. Census data)



data, evidence-based literature on tobacco use prevalence and disparate populations, and anecdotal information from tobacco control professions in Michigan. In addition, they established a disparities work group to help facilitate this process.

In FY 03, MDCH Tobacco Section received a CDC Disparities Grant in the amount of $75,000. These funds were allocated for tobacco control activities for disparate populations. During the planning of these activities, MDCH Tobacco Section solicited input in the following ways:

- Interactions with representatives from identified populations
- Meetings with appropriate multi-cultural agencies
- Feedback from other partner agencies
- Internal MDCH review

Partners' Comments

Partners agreed that the three identified populations were a high priority for Michigan and that they were fairly inclusive.

> When you look at these groups, you pass through all the other groups that might be a part of it. I know sometimes we want to really get to where we're breaking it down. But if you look at it from a total picture what disparities are greatest, I think these three categories capture that.

There were specific thoughts relating to each population that partners mentioned, including:

- While the youth population was viewed as an important priority, some felt that the definition for youth should be expanded to include young adults and college-aged individuals.
- Since Michigan is a major industrial center, partners felt the low-income blue-collar worker was an obvious focus for the tobacco control program.
- Many partners felt that Michigan was becoming a leader in working with communities of color.

Finally, partners also suggested some additional populations to add to the list, including sexual minorities, women, and the elderly.

Identified Strategies

Partners shared more strategies targeting low-income blue-collar workers and communities of color than the youth population. The following are examples of strategies implemented in Michigan:

Low-income blue-collar workers

- Coalitions are working with local unions and automotive manufacturers to develop smoke-free policies and cessation programs.

Communities of color

- MDCH Tobacco Section developed the multi-cultural network with the representation of Asian Americans, African Americans, Latinos, Arabic Americans, and Native Americans to raise awareness on tobacco issues.
- The Communities of Color grant funded approximately 14 to 19 organizations. The goal is to facilitate the integration of tobacco education into all the community services provided by the organizations. In the future Michigan hopes to expand the Communities of Color grant to include other non-ethnic populations with tobacco-related disparities.
- Tobacco Free Michigan Action Coalition amended its by-laws to include permanent seats on the board for racial and ethnic populations.

Disparate Populations & Best Practices

Some partners found that the BP was somewhat useful for addressing tobacco-related disparities. However, the following suggestions were given to improve the guidelines:

- Emphasize disparate populations throughout the entire document.
- Provide culturally explicit intervention strategies.
- Accentuate how programs must be tailored for a specific community.

Suggested Approaches

1. Continue to develop partnerships with individuals and/or groups representing the identified populations to play an active role in the development and implementation of strategies to address tobacco use.
2. Seek information from other states about how they are addressing their youth population to help in Michigan's development of youth-focused strategies

Program Strengths & Challenges

At the end of the interviews, the partners were asked to identify the biggest strength and weakness of Michigan's tobacco control program. Below is a list of the strengths of Michigan's program and the challenges facing it.

- Partners described the MDCH Tobacco Section staff as very dedicated, knowledgeable, and committed to tobacco control and a major strength of Michigan's program.

> The [MDCH Tobacco Section] staff is extremely dedicated and works hard even though they don't get a lot of money and they do get a lot of restrictions. I think their ability to do a lot with a little is probably their biggest strength.

- The statewide coalition, Tobacco Free Michigan Action Coalition, and its members were viewed as major strengths. Partners felt that the membership's ability to work together was helpful. However, some felt that the collaboration and cooperation between partners could be improved.

> Our greatest strength is the ability to come together and network. The Tobacco Free Michigan Action Coalition does a great job in helping to facilitate that. We've worked really hard to make a strong, independent standing coalition that brings us all together.

- A few partners identified local coalitions and their grassroots efforts as positive characteristics of Michigan's tobacco control program.

> It's the coalitions [that are the biggest strength] because they know their communities and they're able to relate to them and then report back up to the State.

- The lack of tobacco control program funding was the most significant challenge for the program.

> It's grossly under-funded, and it's difficult to see at this point where that adequate funding is going to come from.

- Michigan's political climate was a challenge. In particular, many partners felt the lack of support by the previous Engler Administration impeded the program tremendously.

> We had a Governor [Engler] and Administration who did not support utilizing the tobacco settlement funds going to tobacco-related issues.

Partners also identified the following major changes or events that were likely to have a strong influence on the future of tobacco control in Michigan:

- Michigan's current budget crisis is likely to have a major effect on the future of the tobacco control program.
- Partners were hopeful that the new Governor, Jennifer Granholm, would have a positive influence on tobacco control in the state.
- The movement of establishing clean indoor air ordinances at the local level was viewed as extremely positive for the program.

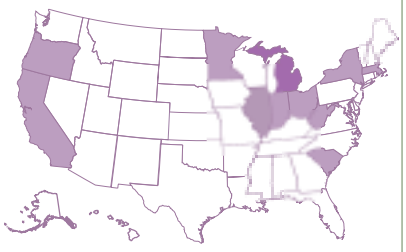
Resources

The following is a short list of available tobacco control resources identified by the partners and the project team:

National tobacco control organizations

American Cancer Society	www.cancer.org
American Heart Association	www.americanheart.org
American Legacy Foundation	www.americanlegacy.org
American Lung Association	www.lungusa.org
Americans' for Nonsmokers' Rights	www.no-smoke.org
Campaign for Tobacco-Free Kids	www.tobaccofreekids.org
The Centers for Disease Control & Prevention	www.cdc.gov/tobacco/
The National Cancer Institute	www.tobaccocontrol.cancer.gov
The Robert Wood Johnson Foundation	www.rwjf.org

Michigan regularly shares information with...



Other suggested resources

- Tobacco Technical Assistance Consortium (TTAC) www.ttac.org
- The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction www.cdc.gov/tobacco/edumat.htm
- The CDC National Tobacco Control Program State Exchange www.cdc.gov/tobacco/ntcp_exchange/index.htm
- The CDC Media Campaign Resource Center www.cdc.gov/tobacco/mcrc/index.htm
- The CDC Guide to Community Preventive Services for Tobacco Use Prevention and Control www.thecommunityguide.org
- Cancer Control PLANET cancercontrolplanet.cancer.gov/index.html
- Michigan Department of Community Health, Tobacco Section www.michigan.gov/mdch/0,1607,7-132-2946_5113—,00.html
- Tobacco Free Michigan Action Coalition www.smokefreeair.org/Org/Orgdet.cfm?ID=2590

In addition to the evaluation data presented in this Profile, supplemental data were obtained from the following sources:

- CDC Best Practices www.cdc.gov/tobacco/bestprac.htm
- NCI State Cancer Legislative Database www.scld-nci.net
- Show Us the Money: A Report on the States' Allocation of the Tobacco Settlement Dollars, Jan. 2003 www.tobaccofreekids.org/reports/settlements/
- YRBSS 2001 www.cdc.gov/nccdphp/dash/yrbs/2001/index.htm
- CDC Tobacco Control State Highlights 2002 www.cdc.gov/tobacco/statehi/statehi_2002.htm
- US Census www.census.gov

The Prevention Research Center (PRC) at Saint Louis University is one of 28 national Prevention Research Centers funded by the Centers for Disease Control and Prevention. The mission of the PRC is to prevent death and disability from chronic diseases, particularly heart disease, cancer, stroke, and diabetes by conducting applied research to promote healthy lifestyles.