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African American Tobacco Control Organizations Taking Action: Building the Tobacco Control Capacity of African American Communities

by

Pamela Renee Jones

DISSERTATION

Submitted in partial satisfaction of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Nursing

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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Degree Conferred: ....2 June 2006

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by

Pamela Renee Jones

Dedication

To my grandmother and friend, Lula Hawkins.

Your wisdom and love have made this possible. You inspire me.

Acknowledgements

I would like to express my deepest appreciation for my dissertation committee: Dr. Catherine Waters, Dr. Adele Clarke, Dr. Roberta Oka, and Dr. Eva McGhee. My sincere thanks for your invaluable insight, intellectual stimulation, and guidance that made this accomplishment possible.

I am thankful to my parents for their unwavering support and love. Thank you for making me believe that I can accomplish anything. To my sister and brother, I cannot express how much your support and love has meant to me over the past three years.

To my friends, Janelle Palacios, Erica Taylor, and Sonia Lewis, thank you for keeping me laughing and always being there to listen. You have made a challenging endeavor enjoyable. I can't thank you enough.

To the participants in the study, thank you for taking time to talk to me and trusting me with your experiences and stories. I am profoundly grateful to you.

Finally, I am thankful for the financial support of the Graduate Opportunity Fellowship, Graduate Dean's Health Science Fellowship, Mentorship and Research Assistantship Fellowship, and the Century Fund at UCSF.

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African American Tobacco Control Organizations Taking Action: Building the Tobacco Control Capacity of African American Communities

Pamela Renee Jones
Doctor of Philosophy
University of California, San Francisco, 2006

Eliminating tobacco-related health disparities is a goal of Healthy People 2010 and the Centers for Disease Control and Prevention's tobacco control framework. A key component of this framework is forming partnerships with community organizations to develop and disseminate tobacco control messages. African American organizations have been conducting tobacco control efforts within their communities for at least 10 years. However, to date, these efforts have not been systematically documented.

A constructionist grounded theory study of African American tobacco control organizations was conducted. The study purpose was to understand the work of African American tobacco control organizations conducing tobacco control activities within the African American community. Semi-structured interviews were conducted with 11 organizations throughout the United States.

Study findings revealed four processes of tobacco control work in African American communities: educating, collaborating, developing collateral materials, and strategizing for community involvement. Threaded throughout these processes is the activity of ensuring that all tobacco control activities are cultural competent. Participants provide varied definitions and examples of culturally competent tobacco control work. All four processes are used to integrate tobacco prevention and cessation efforts into other

important health and social issues with higher priority within the African American community.

One of the challenges that hinder tobacco control work is differential funding where non-ethnic minority tobacco control organizations receive significantly more funding to achieve similar program objectives. Another challenge is balancing the requirements of funding agencies and the unique needs of the communities with limited resources in terms of personnel and volunteers within a limited timeline. Counteracting the tobacco industry's unlimited budget to market to African Americans and sponsor African American community-based organizations is another challenge for these organizations, most of which have limited resources. The final challenge of African American tobacco control organizations is dealing with the societal influences of institutional racism and marginalization that also hamper their work.

Approved:

Catherine M. Waters, R.N., Ph.D.
Dissertation Chairperson

CHAPTER I

INTRODUCTION

Background and Statement of the Problem

In 1964, the first federal report on smoking and health declared, "cigarette smoking is a health hazard of sufficient importance in the United States (US) to warrant appropriate remedial action" (U.S. Department of Health and Human Services [USDHHS], 1989, p. 8). Since that time, the conclusion of an abundance of scientific evidence is tobacco use causes cancer, cardiovascular disease, low infant birth weight, and chronic obstructive pulmonary disease (USDHHS, 1989, 2004). Various strategies have resulted in significant decreases, from 40 percent in 1965 to 29 percent in 1987, in the U.S. smoking prevalence rate (USDHHS, 1989). Traditional tobacco control efforts focus on promoting smoking cessation, preventing initiation of tobacco products, and anti-smoking policies. However, even with appreciable decreases in cessation rates, the 1989 Surgeon General's report on smoking states, "smoking remains the single most important preventable cause of death in our society (USDHHS, 1989, p. 11)."

Much of the decrease in smoking prevalence rates is attributed to the advocacy efforts of a variety of groups, such as non-profit organizations, state and local health departments, and federal agencies, and coalitions (USDHHS, 1989). The tobacco control efforts of many of these groups are directed at reducing minors' access to tobacco products and disseminating messages promoting cessation and/or not becoming a smoker. The importance of these tobacco control efforts is their foci on changing social conditions, such as smoking in public areas, and cultural conditions that normalize and romanticize tobacco use (USDHHS, 2000b). While significant reductions in smoking

prevalence rates are seen in White non-Hispanic adults and youth, ethnic minorities have not experienced similar declines in smoking prevalence rates (USDHHS, 1998).

Existing tobacco control studies have been minimally successful and have not closed the gap in tobacco-related health disparities for African Americans and other racial and ethnic-minority populations in the US (Lawrence, Graber, Mills, Meissner, & Warnecke, 2003). A majority of the current tobacco control efforts focus on clinic-based, pharmacological smoking cessation studies that are quantitative in design (Ahijevych & Wewers, 1995; Ahluwalia, Dang, Choi, & Harris, 2002; Ahluwalia, Harris, Catley, Okuyemi, & Mayo, 2002; Ahluwalia, McNagny, & Clark, 1998) and that are implemented at an individual level with little consideration of whether the interventions are culturally relevant within one's social context (Lawrence et al., 2003). Relatively little is known about effective tobacco-control efforts among ethnic-minority populations and even less is known about effective meso- and macro-level approaches to tobacco control within ethnic-minority communities (Fagan et al., 2004).

Some interventions to reduce tobacco use in African Americans are labeled as "community-level" interventions, but in actuality, these interventions are community-based interventions, not community-level interventions (Lawrence et al., 2003). These community-based, tobacco-related interventions and programs focus on individuals in a community, not populations or communities as a single entity. Furthermore, these traditional-type interventions and programs have yielded limited significant effects in terms of reducing cigarette smoking and tobacco-related health disparities in African Americans (Fagan et al., 2004; Lawrence et al., 2003). If we are serious about reducing health disparities at a community-level, then non-traditional, meso- and macro-level

interventions are necessary. One non-traditional, meso-level intervention that might have promise in reducing tobacco-related health disparities in the African American population is the efforts of African American tobacco-control organizations.

Organizations are one of many avenues to expand the tobacco control infrastructure that may result in a more sustainable tobacco-control movement that is integrated in a coordinated way (Krauss, Mueller, & Luke, 2004), especially in low-income and racial and ethnic-minority communities. Why use organizations to advocate for and promote health? Organizations are existing networks that offer various types of therapeutic support, empowerment, and opportunities for the communities that they serve (Pizarro, 1998). Organizational and other types of community-level interventions do not focus solely on individual-level change, but on change at a larger, societal level in partnership with the community and within the sociocultural context of the community (Cummings, 1999; Walter, 1997).

This type of organizational collectivism and community capacity and building empowers communities to take control over and improve their lives and environment by working collectively and collaboratively, through shared attitudes and values, by building upon the strengths and resources of the community (Blackwell & Colmenar, 2000). Organizations, particularly those serving communities, are groups that often have extensive experience in community organizing and capacity building that advocate for social change. Organizational advocacy provides avenues for social action and critical awareness and consciousness within communities that result from the analysis of the community's concerns and the community's role in stimulating change about their identified concerns (Minkler & Wallerstein, 1997). Organizations can help the

community maintain focus, engage in dialogue, and act on key issues facing the community, such as the tobacco industry's targeting of African Americans.

The tobacco control advocacy efforts of African American groups and organizations within African American communities have had profound effects in curtailing the tobacco industry's marketing of a deadly product within African American communities. In 1990, African American activists charged R.J. Reynolds with planning to market a menthol cigarette specifically to African Americans (Gardiner, 2004; Robinson & Sutton, 1994). The campaign using the slogan "Uptown. The Place. The Taste" targeted African American through billboards, bus shelters, point-of-sale signs, and advertisements in African American publications during the first week of February, Black History Month (Gardiner, 2004; Robinson & Sutton, 1994; USDHHS, 1998). In response to the planned advertising campaign, the Coalition Against Uptown Cigarettes was formed to respond to the targeted marketing of cigarettes to African Americans.

The coalition, led by African Americans, included clergy members, the National Association for the Advancement of Colored People (NAACP), American Cancer Society (ACS), Fox Chase Cancer Center, the American Lung Association (ALA), and the Philadelphia Chapter of the National Black Leadership Initiative on Cancer (NBLIC). The media advocacy efforts of the coalition mobilized the African American community which resulted in R.J. Reynolds' cancellation of the test marketing of Uptown cigarettes (Robinson & Sutton, 1994; USDHHS, 1998). The National Association of African Americans for Positive Imagery (NAAAPI), a coalition to support positive media and advertising images of African Americans, was formed due to the success of the Coalition Against Uptown Cigarette in 1991.

Five years later, in 1995, a small tobacco company, Star Tobacco Corporation and Duffy Distributors, planned to market X brand menthol cigarettes to African Americans in Boston (Themba, 1997; USDHHS, 1998). X brand cigarettes advertising strategy sought to capitalize on the strong sentiment that African Americans have for Malcolm X and the popular Malcolm X movie (Gardiner, 2004). X cigarettes were packaged in the Afrocentric colors red, green, and black and featured a prominent "X" on the package (Gardiner, 2004; USDHHS, 1998). Several African American groups, including NAAAPI and the California African American Tobacco Education Network, devised a strategy that incorporated media, promoted community mobilization, and issued a 10-day demand to the tobacco company to withdraw the brand. One day after the deadline, Duffy Distributors agreed to withdraw X cigarette (Themba, 1997).

Continuing to build on the successes of the defeat of marketing campaigns for Uptown and X brand in 2004, African American tobacco control organizations mobilized to defeat the KOOL MIXX campaign (National African American Tobacco Prevention Network, 2004b). Annually R.J. Reynolds, the manufacture of KOOL cigarettes, holds a contest for aspiring disc jockeys across the US. However in 2004, the contest added pictures of African American disc jockeys to "special edition" cigarette packages colorfully depicting hip hop culture, distributed free CDs in Spin, Vibe and Rolling Stone magazines, and created a house of menthol website (Maryland Attorney General, 2004; National African American Tobacco Prevention Network, 2004b). Aware of this campaign, African American tobacco control groups throughout the US collaborated to end the marketing of KOOL cigarettes stating that the cigarette packaging was targeted to African American youth. As a result of their efforts, three states filed a lawsuit against

R.J. Reynolds and the tobacco company agreed to pay 1.46 million and remove all unsold KOOL MIXX cigarettes from vendors (Maryland Attorney General, 2004; National African American Tobacco Prevention Network, 2004a).

African American organizations have played a significant role in shaping policies in the US, particularly in the areas of voter's rights and desegregation (Bell, 1995). With a few exceptions, namely African American churches, the advocacy efforts of African American organizations have not extended to the tobacco-control movement (Schorling et al., 1997; Voorhees et al., 1996). To the author's knowledge, previous studies have not examined African American tobacco control organizations working within African American communities. Little is known about the processes of African American tobacco control organizations, for example, their types of activities, the depth and breadth or scope of their activities, skills, community partnerships, resources, successes, challenges, and barriers that promote or hinder organizational tobacco control work.

Furthermore, the infrastructure for tobacco control programs in ethnic minority communities has developed differently in comparison to those of White communities (USDHHS, 1998). These differences have been suggested to be due to historical and social factors, the influences of the tobacco industry, and limited resources for ethnic minority communities in tobacco control programs and research (USDHHS, 1998). A better understanding of the processes of African American tobacco control organizations has promise in helping to achieve the Healthy People 2010 objective of eliminating health disparities associated with tobacco use.

Significance of the Study

Tobacco use, mainly in the form of cigarette smoking, is the most preventable cause of death, is a major health concern and source of health disparity, and is responsible for 78% of all lung cancer diagnoses in the US (USDHHS, 2004). According to the American Cancer Society (American Cancer Society, 2005), during the period from 1997 to 2001, African American men were 47% more likely to develop and 36% more likely to die from lung cancer as compared to White, non-Hispanic men. Between 1995 and 1999, data indicated that one in every five deaths was attributed to cigarette smoking (CDC, 2004b) and the total annual direct and indirect costs of cigarette smoking was 157.7 billion dollars (CDC, 2002). In 2002, 45.8 million (22.5%) U.S. adults were current cigarette smokers, of which 25% were men and 20% were women (CDC, 2004a). For African Americans, the prevalence of current cigarette smoking was 22% as a group, 27% for men, and 19% for women. These prevalence rates fall woefully short of the Healthy People 2010 objective of 12% or less of U.S. adults smoking cigarettes (USDHHS, 2000a). Over 7 million early deaths would be prevented after 2010 if tobacco control objectives were achieved (USDHHS, 2004).

The CDC's (1999) blueprint for tobacco-control programs recommends interventions that are comprehensive, multidisciplinary, and multi-sectorial; interventions that take into consideration individual-, community-, organizational-, and systems-level influences on health, as well as cultural, social, physical, and environmental determinants of health; and interventions that advocate macro-level, tobacco-control strategies, such as counter-marketing, community organizing and capacity building, community partnering, and policy development, surveillance, and evaluation.

These macro-level approaches are activities that are conducted by tobacco control organizations, however, there has been little attempt to understand systematically the tobacco control processes of organizations (Starr et al., 2005), in particular, African American tobacco control organizations working within African American communities. Given the disproportionate rates of tobacco-related morbidity and mortality among African Americans, there is an urgent need to understand the processes of African American tobacco control organizations in order to design and conduct cultural-specific, macro-level investigations that transcend individual-specific, clinic-based tobacco control interventions that target racial and ethnic minorities.

Purpose of the Study

The purpose of this grounded theory, qualitative research study is to understand the processes involved in the efforts of African American tobacco control organizations to reduce tobacco-related health disparities within African American communities from the perspectives of key organizational African American individuals. The research questions are

1. How do African American tobacco control organizations become involved in tobacco control within African American communities?
2. How do African American tobacco control organizations conceptualize tobacco control activities within African American communities?
3. How do African American tobacco control organizations address tobacco-related health disparities within African American communities?
4. What are the barriers and facilitating factors of African American tobacco control organizations within African American communities?

Definitions of the Terms

The following conceptual and operational definitions guide this study. Unless otherwise cited, definitions were formulated by the researcher.

(a) *Community:* "a group of individuals with a common interest and an identity of themselves as a group" (Labonte, 1997).

(b) *African American:* an individual who self-identifies as African American.

(c) *Organization*: a group of people working collectively together for a common goal.

(d) *African American organization*: a program that has a mission of serving African Americans.

(e) *Tobacco control program:* a program that seeks to reduce disease, disability, and death related to tobacco use by preventing or controlling tobacco consumption (MacDonald et al., 2001).

(f) *Key tobacco-control organizational African American individual:* an African American person in a decision-making position of an African American tobacco control organization that serves African American communities; has expertise in tobacco control; and can provide a comprehensive, unique, and relevant perspective of his or her organization's tobacco control infrastructure and programs.

(g) *Tobacco-related health disparities:* "differences in the patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States; and related differences in capacity

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and infrastructure, access to resources, and environmental tobacco smoke exposure." (Fagan, et al., 2004, p. 211)

Assumptions of the Study

There are two major inherent assumptions that underlie this study. First, As compared to non-African American tobacco control organizations, African American tobacco control organizations operate differently in terms of developing, implementing, and evaluating programs targeted for African American communities. Second, this study does not explore the effectiveness of these organizations' tobacco control efforts, but the processes involved in their tobacco control efforts.

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CHAPTER II

CONCEPTUAL FRAMEWORK

Critical race theory can be used as a guiding framework to give context to understanding the processes of African American tobacco control organizations working to reduce tobacco-related health disparities within African American communities. Critical race theory posits that race is socially constructed, (Lopez, 1995; Pizarro, 1998). It focuses on equity, social justice, empowerment, policy, and oppression (Crenshaw, Gotanda, & Thomas, 1995). In this chapter, an overview of critical race theory is presented and the racialization of tobacco products is examined through the interpretive lens of critical race theory. In addition, African American communities and African American community organizations' role in tobacco control is discussed within the Center's for Disease Control and Prevention's (CDC) Office of Smoking and Health tobacco control framework.

Overview of Critical Race Theory

Legal scholars developed critical race theory in the mid-1970s to address subtle forms of racism in the US (Delgado & Stefancic, 2001). It grew out of the perceived failure of the civil rights movement of the 1950s and 1960s as a form of resistance to oppressive social relationships, incremental change and liberalism, and the belief in a "color-blind" society (Delgado & Stefancic, 2001). The founders of the theory sought to bring the issue of race, racism, power, and oppression into discussions about the law, especially as it relates to the right to education as being fundamental (Lynn, 1999). Derrick Bell, a civil rights lawyer, is one of the significant contributors to the discourse of critical race theory (Tate, 1997). He examined racial patterns in American law and

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viewed the advances that ethnic minorities achieved during the civil rights movement as declining (Delgado & Stefancic, 2001). Bell argues that the framers of the US Constitution chose economic rewards of property over justice; promoted racial advances for racial and ethnic minorities only when these advances also promoted their self-interest; and that they would not support civil rights policies that may threaten their social status (Bell, 1995; Delgado & Stefancic, 2001).

The foundation of critical race theory is that race is central to how we construct our world; it describes and explains iterative ways in which race is socially constructed across micro and macro levels that contribute to the continuance of racial stratification (Parker & Stovall, 2004). Critical race theory is a reflective theory, a theory that attempts to enter the thinking of the individuals in a condition and that helps to examine the situatedness of a phenomenon, especially when filtered through lens that acknowledge the social, political, historical and economic structures of US society. Critical race theorists use story-telling and everyday experiences to allow a broad audience entrance to and a perspective on how race impacts lives (Crenshaw et al., 1995; Delgado & Stefancic, 2001). Thus, critical race theory is suitable for qualitative inquiry, such as grounded theory, where research is historically, culturally, and personally situated (Guba & Lincoln, 1994).

Critical race theory's axiology comprises two elements: equity and democracy. The cornerstone beliefs of critical race theory are that racism is an "endemic facet of life in our society and that neutrality, objectivity, colorblindness, and meritocracy are all questionable constructs" (Pizarro, 1998, p. 62). It is grounded in the realities of the lived experience of racism and addresses racial oppression by looking at sexism, classism, and

elitism (Carbado, 2002; Lynn, 1999) which shape over time and are a result of historical events (Crenshaw et al., 1995). It affirms that the US is rooted in power and economic relationships that define dominant and subjugated positions in society (Tate, 1996, 1997; Watts & Erevelles, 2004).

A central tenet of critical race theory is the "interest convergence principle," that is White Americans, organizations, institutions and businesses will promote advances for racial and ethnic minorities only when these advances also promote their self-interests, particularly, economic self-interests (Bell, 1995; Crenshaw et al., 1995). The concept, interest convergence, has its origins in Marxist theory that the upper bourgeoisie will tolerate advances for the proletariat only if these advances benefit the bourgeoisie even more (Delgado & Stefancic, 2001). In this sense, racism is defined as a political, economic, and social force that has benefited a certain group as opposed to being defined as specific, individual acts against persons of racial and ethnic minority backgrounds (Jones, 2000). Another tenet of critical race theory is the belief that color-blind laws, strategies and interventions do not result in equality, but fosters white domination (Gotanda, 1995). Critical race theorists believe that race neutral policies and interventions only address blatant forms of racism, but cannot address racism that is not readily visible (Delgado & Stefancic, 2001).

Racialization of Tobacco Products through the Lens of Critical Race Theory

Racialization occurs when a person, group, or organization assumes that race is the logical manner to categorize people (Ahmad, 1993). According to Ahmad, "racialization takes place in terms of notions of culture being static and homogeneous and

having a biological basis" (p. 19) as seen in prevalent stereotypes in the US about the sexuality, propensity for crime, and intelligence of ethnic minorities. In the case of the tobacco industry, this belief of a non-mutable culture allows the industry to develop marketing strategies that are based upon real or perceived stereotypes of a group of people. From this perspective, the philosophical foundation of racialization is the belief that race is a reasonable, intelligent strategy that can be utilized to determine and categorize preferences and behaviors among certain groups of people (Ahmad, 1993). This perspective is a form of institutional and societal racism. Institutional racism occurs when organizations and institutions create and enforce policies and operating procedures resulting in a biased effect (King, 1996) and it is characterized by differential access to goods and services, and is often perceived as being normative (Jones, 2000). Societal racism is closely related to institutional racism, but exists on a larger scale. In a broad sense, societal racism occurs when predominant cultural assumptions, beliefs, habits, and norms are clearly partial to one racial group.

The racialization of tobacco products has profound, negative health and social consequences and implications for African Americans. The high prevalence of tobacco and alcohol advertising in racial and ethnic minority communities is an example of the differential marketing of unhealthy products. Studies show that racial and ethnic minority communities have a greater number of alcohol and cigarette advertisements as compared to White neighborhoods (USDHHS, 1998). In the past century, the tobacco industry actively sought to market and develop tobacco products that would be appealing specifically to African Americans, as well as to other underrepresented groups (USDHHS, 1998) The tobacco industry's intent is to increase the numbers of African

Americans smoking by developing targeted marketing strategies based on "inherent" characteristics of African Americans (Balbach, Gasior, & Barbeau, 2003). Institutional norms about race and the incentivization of institutional racism contribute to the racialization of tobacco products.

As early as the 1960s, the tobacco industry consulted with marketing firms to assess the best manner in which to attract African Americans to their products. In an internal document, *New Menthol Cigarette Introduction,* R.J. Reynolds notes that

> Black consumers are significantly different from the rest of the population....To be fully effective, advertising targeted to Black consumers should reflect a clear understanding of their attitudes, interests, and values....The physical and psychological deprivation that occurred after slavery gave rise to certain wants and needs which, even today, affect Black consumer behavior (Lockhart & Pettus, 1990).

The advertising campaigns of the tobacco industry clearly communicate the expressed wants and needs in African Americans by portraying smoking their brand of tobacco as prestigious, glamorous, and fun. As recently as 1998, Philip Morris hired an African American advertising agency to provide information on "insights into the African American consumer market" (Burrell, 1998). The tobacco industry uses these presumed differences to develop marketing campaigns with the intent of increasing the volume of tobacco products bought by African Americans.

The tobacco industry has strong ties with the African American community (Balbach et al., 2003). Tobacco companies were among the first industry to hire African Americans into executive positions, place paid advertisements in African American

publications, contract with African American owned businesses, sponsor cultural events, and provide scholarships, giving the appearance of supporting the issues and causes that are important to African Americans (USDHHS, 1998; Yerger & Malone, 2002). These actions afford the tobacco industry two benefits. First, the African American community is less likely to "speak out" against an employer willing to hire African Americans. The economic benefits to African Americans of an upwardly mobile position and hope for advancement outweigh the health risks. Second, by "supporting" African Americans, the tobacco industry is able to gain allies in the African American community, and thus, is able to normalize their organization's presence in African American institutions and communities. Recognition of the "plight" of African Americans is central to the tobacco industry's marketing of their tobacco products to African Americans. An internal tobacco company document states

> The desire for respectful recognition is an outgrowth of the fact that Blacks have historically been ignored by the larger society. Certainly, as slaves, Blacks had low status....As a result of that past exclusion, Blacks today tend to be particularly responsive to those who treat them, with sympathy, dignity and respect—and that includes advertisers who demonstrate a respectful recognition of the Black consumer market through their advertising and marketing efforts (Lockhart & Pettus, 1990).

Critical race theorists would ask what caused these policies to be put in place and how has the social structure encouraged this negative view of those who do not fit the social norm. Larger cultural and societal processes influence individuals. It is through social interaction in everyday situations that individuals work out the details of social

structure. Whatever the background, every human being should command respect, if only for the potential that all humans have (Taylor, 1991). Critical race theorists challenge us to grapple with the "truth" of tobacco control from the perspectives of those that are affected—individual, group, community, and organization stakeholders—within the context of race.

Critical race theorists believe that the problem lies in the methods and processes of the system, where insistence on race neutrality negates the sociohistorical context (Gotanda, 1995). As an illustration, the tobacco control movement recommends the diffusion of tobacco control strategies that have worked with White Americans to racial and ethnic minority communities (Fiore, Hatsukami, & Baker, 2002). Within the context of critical race theory, this recommendation homogenizes individuals without taking into consideration their social and cultural experiences. Consequently, the tobacco control movement has failed to acknowledge the essential differences of subpopulations by believing that tobacco control strategies are universal. In contrast, the tobacco industry tailors its marketing messages toward ethnic and racial minorities. Health officials in the US, however, are beginning to acknowledge that race-neutral interventions do not work in racial and ethnic minority communities (CDC, 1999; Lynn, 1999). Yet, even with this awareness, these interventions, a majority of which are individual-level strategies, continue to be implemented in racial and ethnic minority communities (Israel, Schulz, Parker, & Becker, 1998; Lawrence, Graber, Mills, Meissner, & Warnecke, 2003).

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African American Communities and African American Community Organizations' Role in Tobacco Control

According to Charles Taylor's (1991) view of the person, people are not created in isolation. Individuals define themselves based on the interplay of personal relationships, culture, art, language, environment, community, among other influences (Robinson, 2005; Taylor, 1991). These interactions are posited to shape one's identity, attitudes, values, and beliefs. Individualism is a value that exists throughout much of the US and science (Rockhill, 2005), however, individualism typically is not the dominant viewpoint among African Americans and other racial and ethnic minority populations (Triandis, 2001; Vandello & Cohen, 1999). Collectivism, the antithesis of individualism, is defined as a social pattern of closely linked individuals who are interested in the welfare of the entire social group (Walter, 1997). According to Walter, community is more than people living within the same geographical boundary; it consists of multidimensional systems interacting together at many levels.

Communities are unique systems that have a culture influenced by race, ethnicity, socioeconomic status, geography, historical events, and politics (Israel et al., 1998; Walter, 1997). Every community, including the poorest, has valuable assets and resources that include individual skills, community associations, and community organizations—all of which interact, influence, and potentially improve the community (Kretzmann & McKnight, 1993). Programs that build upon the collective strengths and assets of communities have a greater potential for success because the interventions developed were relevant, meaningful, and appropriate for the individuals living in those communities (Israel et al., 1998; Kingsley, McNeely, & Gibson, 1997).

A strength of community organizations lies in their community organizing and capacity building abilities, which builds upon the strengths of the community. Community organizing is the process by which community groups are helped to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching goals that they set; community capacity building is an orientation to the ways in which people, who identify themselves as members of a shared community, engage together in the process of community change (Glanz, Lewis, & Rimer, 2002). Participation and ownership are the two overarching principles of community organizing and capacity building models. The participation principle presumes that change is more likely when people affected by the problem are involved in defining and solving the problem. The owner principle presumes that people affected by the behavior believe in their control over the development and implementation of strategies and solutions. The community organizing and capacity building model posits that behavior occurs within a social context, and that large-scale change requires that the social context of those affected be changed (Minkler & Wallerstein, 1997).

A premise of community organizing and capacity building is that people living within communities are best equipped to design solutions for issues and problems within their community; it advocates a bottom-up approach as opposed to the top-down approach that is commonly used in health promotion frameworks, such as the CDC's Office of Smoking and Health tobacco control framework. A guiding principle of community organizing and capacity building is that the community takes the lead role in problem identification, and the professional or community organizer follows the direction of the community (Walter, 1997). Similar to critical race theory, community organizing

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and capacity building emphasize community empowerment, social action, and social consciousness of shared attitudes and values and the ways in which micro and macro levels of society interact to improve the conditions of the community (Israel et al., 1998). Thus, there is an emphasis on both process and structure. Not only does the efficacy of the community intervention increase, the community's ability to analyze effectively, frame, and respond to issues within its community can result in effective, sustainable public health policy initiatives, which is core to the opposition intellectualism of critical race theory (Blackwell & Colmenar, 2000).

The CDC Office on Smoking and Health, the federal agency responsible for policy and programmatic tobacco control issues, developed a National Tobacco Control Program (NTCP) (CDC, 2004). The NTCP framework (see Figure 1) has four program goals: preventing youth initiation of tobacco use; eliminating secondhand smoke exposure; promoting quitting among adults; and the identification and elimination of health disparities (Wisotzky, Albuquerque, Pechacek, & Park, 2004). The program goals are accomplished through four population-based program areas: counter-marketing, policy and evaluation, surveillance and evaluation, and community interventions. Counter-marketing strategies include media advocacy and tobacco control advocacy, policy strategies are inclusive of education of decision makers on public policy issues and ensuring enforcement of tobacco regulations, and surveillance and evaluation strategies assess the effectiveness of programs and policies. The final program area, community interventions are "programmatic interventions to influence societal organizations, systems, and networks that encourage and support individuals to make behavioral changes consistent with tobacco-free norms" (Wisotzky et al., 2004, p.305). African

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American tobacco control organizations fulfill the NTCP goal of reducing health disparities by developing community-based culturally competent strategies to achieve program goals.

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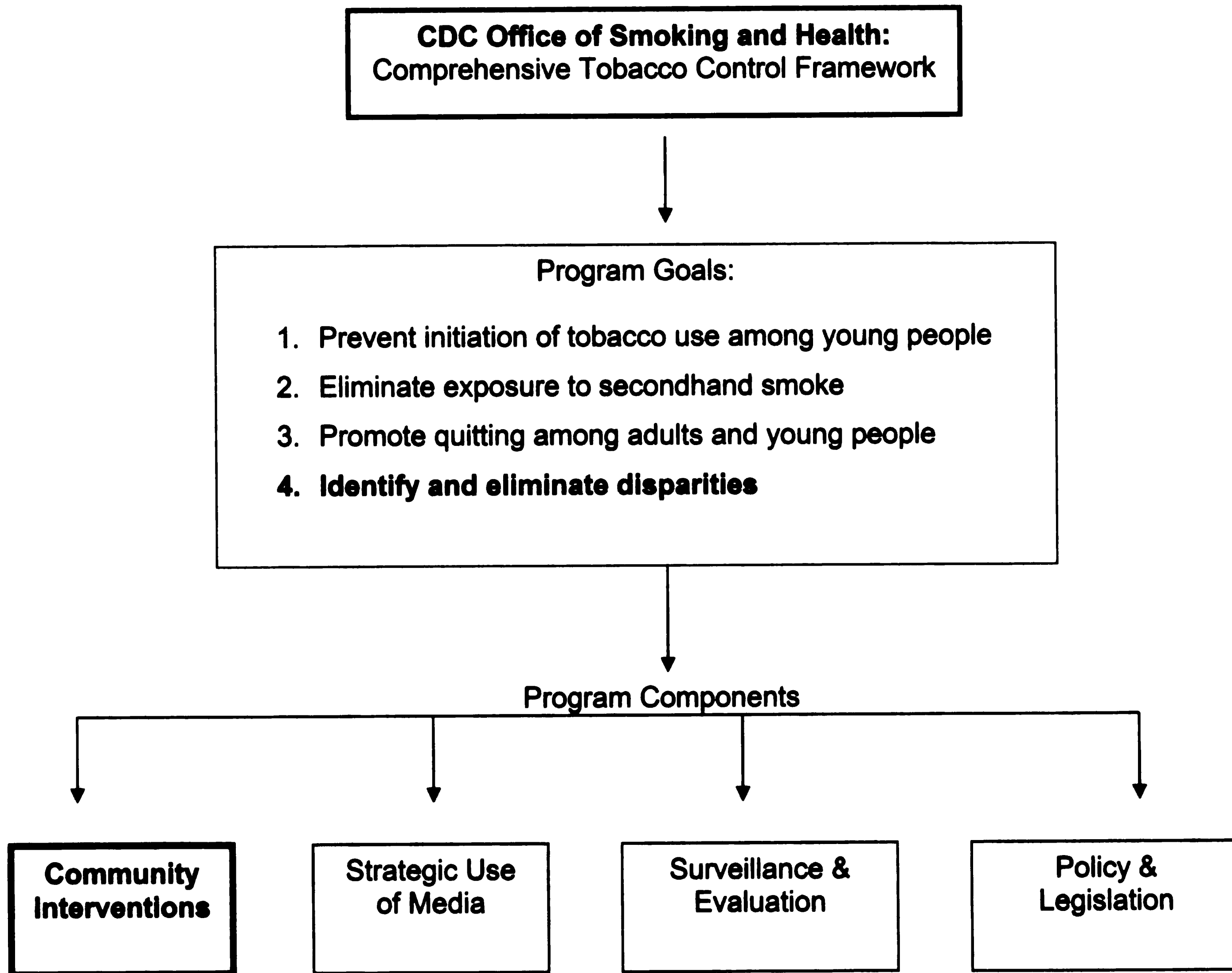

Figure 1: CDC's Office of Smoking & Health Tobacco Control Framework

CHAPTER III

REVIEW OF THE LITERATURE

The majority of research about community-based tobacco control efforts for adult African Americans have been community-based smoking cessation interventions (Lawrence, Graber, Mills, Meissner, & Warnecke, 2003) Presented in this chapter is literature relevant to tobacco control efforts in African American communities. This chapter is organized in two major sections: (a) individual-level, community-based smoking cessation interventions; and (b) community-level, community-based smoking cessation interventions. The chapter ends with a summary and discussion of the gaps in the tobacco-control literature, with a particular focus on African American communities.

Two techniques for information retrieval were used for this literature review—the online computer search and the ancestry approach (Jackson, 1980). An initial online computer search of the National Library of Medicine's MEDLINE worldwide database of biomedical citations and abstracts and the nationwide Cumulative Index for Nursing and Allied Health Literature (CINAHL) database were conducted for tobacco control studies. Subsequently, the ancestry approach was employed by reviewing the references from the articles obtained from the initial online computer search. A broad conceptual definition of tobacco control as defined by the World Health Organization (WHO) was used for the literature review to protect review conclusions from threats to validity. According to the WHO, tobacco control refers to "a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke" (World Health Organization, 2003).

The search terms for ethnic and racial minorities were the medical subject headings (MeSH): Blacks, African Americans, Hispanics, Latinos, Asians, Native Americans, and Asian/Pacific Islanders. The MeSH search terms for tobacco control included cigarette smoking, smoking cessation, tobacco use, and tobacco cessation. The ethnic and racial and tobacco control MeSH search terms were used in combination with the MeSH search terms community, organization, and system. The search was conducted for relevant studies published within the last 10 years, 1995 to 2005. A search prior to 1995 was conducted to evaluate seminal work related to tobacco control interventions in racial and ethnic minority populations. The inclusion criteria for the literature review were smoking cessation intervention studies that were community-based and included racial and ethnic minorities in the sample. The exclusion criteria were clinic-based, pharmacotherapy smoking cessation studies, studies that were conducted outside the US, and studies that were published in a language other than English, included pregnant smokers, and/or smokers younger than 18 years.

Ten community-based smoking cessation intervention studies, published between 1988 and 2002, met the inclusion and exclusion criteria. Seven studies included African Americans in the sample (Campbell et al., 2002; Fisher et al., 1998; Jason, Tait, Goodman, Buckenberger, & Gruder, 1988; Orleans et al., 1998; Resnicow et al., 1997; Schorling et al., 1997; Voorhees et al., 1996); two studies included only Latino Americans in the sample (McAlister et al., 1992; Munoz, Marin, Posner, & Perez-Stable, 1997), and one study's sample included only Asian/Pacific Islander Americans, specifically the Vietnamese population (Jenkins et al., 1997). The three studies that

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included other ethnic and racial minority groups, but not African Americans, were excluded from the review.

Seven studies were selected for review (see Table 1). All seven studies were quantitative; five of them were randomized-controlled trials; and two of them were quasi-experimental studies. Four of the studies were delivered at the individual level and the other three were implemented at the community or organizational level. Five of the seven studies used culturally specific smoking cessation interventions. All of the studies were theoretically grounded. The theoretical and conceptual approaches included social ecology, social support, community-based participatory research, community organization, community empowerment, self-help, media, stages of change, and sociocultural and spiritual-based perspectives. Of the seven studies, five showed a decrease in cigarette smoking, but the decrease was not statistically significant. Statistical significance for smoking cessation prevalence was observed in the other two studies. With the exception of one study, all of the studies used self-report as the method of verifying smoking cessation.

Individual-Level, Community-Based Smoking Cessation Interventions

Among the three individual-level, community-based, randomized-controlled studies, a variety of smoking cessation strategies were used. Interventions ranged between 4 months to 2 years. Baseline sample sizes of the intervention groups were 109, 703, and 733. Attrition rates varied from 25% after 4 months, 7% and 37% after 6 months, and 69% after 12 months. Over half of the mostly low-income, inner-city African American participants in the studies were women.

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Table 1

Search Results for Community-Based, Smoking Cessation Studies Targeting African Americans (N = 7)

Criteria	Retrieved	Source
Study Design		
Quantitative		
-Randomized controlled	5	Campbell, et al., 2002; Jason, et al., 1988; Orleans, et al., 1998; Resnicow, et al., 1997; Voorhees, et al., 1996
-Quasi-experimental	2	Fisher, et al., 1998; Schlorling, et al., 1997
Intervention Level		
-Individual	3	Jason, et al., 1988; Orleans, et al., 1998; Resnicow, et al., 1997
-Community/organization	4	Campbell, et al., 2002; Fisher, et al., 1998; Schorling, et al., 1997; Voorhees, et al., 1996
Theoretical framework		
-Social ecology	1	Campbell, et al., 2002
-Social support	1	Campbell, et al., 2002
-Community participatory research	1	Fisher, et al., 1998
-Community organization and empowerment	2	Fisher, et al., 1998; Schorling, et al., 1997
-Self-help	2	Jason, et al., 1988; Resnicow, et al., 1997
-Media	1	Jason, et al., 1988
-Stages of change	5	Campbell, et al., 2002; Orleans, et al., 1998; Resnicow, et al., 1997; Schorling, et al., 1997; Voorhees, et al., 1996
-Sociocultural	4	Orleans, et al., 1998; Resnicow, et al., 1997; Schorling, et al., 1997; Voorhees, et al., 1996 Voorhees, et al., 1996
-Spiritual-based	1	
Healthy People 2010 Objective 27		
-Smoking decreased, but not statistically significant	5	Campbell, et al., 2002; Jason, et al., 1988; Resnicow, et al., 1997; Schorling, et al., 1997; Voorhees et al., 1996
-Statistical significance for smoking cessation	2	Fisher, et al., 1998; Orleans, et al., 1998

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In the study with the highest attrition rate, attrition rates were primarily due to an inability to locate participants or participants that were unwilling or unable to complete follow-up interviews (Orleans et al., 1998). In this study, attrition levels were similar in both the intervention group (62.2%) and the control group (63.4%). However, because the sample size needed to achieve an effect was not provided, the lack of significant results may have been due to an inadequate sample size. The high attrition levels in this study may have resulted in the masking of significant results due to a loss of power. The study authors, however, did not make a reference to power or effect size.

The smoking cessation interventions included both individual and group activities. The interventions consisted of a televised smoking cessation program in combination with a self-help manual, support meetings, and personal calls (Jason et al., 1988); a tailored interactive telephone counseling in conjunction with a tailored smoking cessation guide (Orleans et al., 1998); and specialized telephone counseling in combination with an initial home visit, self-help kit with a smoking cessation guide and video, and one booster phone call (Resnicow et al., 1997).

Culturally specific interventions consisted of strategies, such as relevant pictures or language, that appeal to a specific population (Lawrence et al., 2003). Two of the three studies defined their intervention as culturally specific, although no details were reported (Orleans et al., 1998; Resnicow et al., 1997). The population of interest, however, was African American. Of particular interest is that with the exception of one, none of the studies developed culturally specific intervention materials and none of the interventions were informed by the population of interest. Resnicow and colleagues (1997) developed a culturally specific intervention that was based on focus groups of current and former

African American smokers and smoking cessation experts. In addition, the study materials were pretested with two groups of African American smokers from Harlem.

Although there were downward trends with the "culturally specific" and individualized, tailored approaches, changes in the smoking cessation rates were not statistically significant. These findings are not surprising given that it is questionable if culturally specific interventions for this population were developed, limiting the ability to determine the efficacy of the intervention. Only one of the three individual-level studies demonstrated statistical significance for smoking cessation (Orleans et al., 1998). In this study, the intervention included a tailoring counseling session, tailored cessation guide and a booster call at 6 months. Of interest is the high attrition rate of this 2-year randomized-controlled study (69%) compared to other trials. The significant results found in this study are complicated by the change in study design during year two to include a longer follow-up period of 12 months compared to the initial six months. This longer follow-up period may have contributed to the significant improvements noted in the intervention group. Another confounder is the differential amount of attention given to the intervention group versus the control group. Based on the results of this study, long-term interventions and greater attention may be essential for the efficacy of smoking cessation interventions in African American adults. One important consideration in evaluating the efficacy of these interventions is that the weak results may be due to the lack of truly culturally specific interventions.

Community-Level, Community-Based Smoking Cessation Interventions

There were three community-level and one organizational-level, community-based smoking cessation studies represented among the literature reviewed. Community-level

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strategies focus on implementation that occurs where people live, work, and socialize (Anderson et al., 2003). These interventions can take place at a local business, faith-based institution, or civic organization. Historically, faith-based institutions have played a major role in the African American community. African American churches provide social support, comfort and assistance to the sick, guidance and counseling to people in distress, and feeding and clothing of the poor (Wu & Hatch, 1989). Churches also strengthen and expand health promotion programs in the mostly underrepresented communities in which they exist (Eng, Hatch, & Callan, 1985; Schorling et al., 1997). Two of the four community-level studies used churches as avenues for recruitment and/or as a venue for the intervention(Schorling et al., 1997; Voorhees et al., 1996). Other recruitment channels included worksites and entire neighborhoods.

Of the four studies, two were randomized controlled trials and two were quasi-experimental (see Table 2). The samples were comprised mostly of African Americans with the exception of the worksite (organization) study, which consisted of 48% African Americans (Campbell et al., 2002). Similar to the individual-level studies, the samples included mostly low-income, inner-city African Americans, with the exception of two studies (Campbell et al., 2002; Schorling et al., 1997). In these two studies, the sample was comprised of African Americans residing in rural areas. Baseline sample sizes of the intervention groups were 292, 344, 362, and 504. Attrition rates ranged from 14% to 30% and the attrition rate was indeterminate in the study by Fisher and colleagues (2002).

Like the individual-level studies, the community-level interventions used individualized components and multiple methods in combination. All of the interventions included various forms of printed self-help and audiovisual materials. Smoking cessation

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strategies used were individualized computer-tailored messages and lay health advisors in a work setting (Campbell et al., 2002); individual sessions with trained smoking cessation counselors in combination with self-help materials and referrals to community smoking cessation resources (Schorling et al., 1997); spiritual-based strategies that included pastoral sermons, testimonies, and lay health advisors (Voorhees et al., 1996); and smoking cessation counseling that used stakeholders such as citywide wellness advisory councils functioning in the context of community-based participatory research (Fisher et al., 1998).

As in individual-level, smoking cessation interventions, community-level smoking cessation interventions resulted in decreased smoking prevalence, although not statistically so. An exception was the community-based participatory research study by Fisher and colleagues (1998); in this study, smoking prevalence decreased 7% after 2 years ($p = .028$). In the church-based studies, African Americans who attended church were more likely to progress through the stages of behavioral change and to quit smoking than those who did not attend church, although the results were not statistically significant (Schorling et al., 1997; Voorhees et al., 1996).

Summary and Gaps in the Literature

Tobacco-related diseases, in particular lung cancer, disproportionately affect African Americans, and thus, tobacco control efforts among this population will have a large impact on morbidity and mortality, and thus, health disparities. Efforts to develop tobacco control interventions that are at the community-level and specific to African Americans and other racial and ethnic minorities are limited (USDHHS, 1998). Of the

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studies reviewed, few were conducted at the community level and few resulted in significant changes in tobacco use among African Americans (see Table 2).

Self-reported point prevalence rates were used to measure successful smoking cessation rates in four of the reviewed studies. In the remaining three studies, smoking cessation status was determined by self-reported quit smoking for one month (Schorling et al., 1997) and self-reported quit smoking in the past 7 days, (Campbell et al., 2002; Orleans et al., 1998). Two of the studies verified self-reported smoking cessation rates by collecting serum or saliva cotinine levels (Voorhees et al., 1996) and by confirmation of quit status by a family member or friend (Jason et al., 1988). In the Voorhees and colleagues study, 27% of subjects self-reported quitting smoking, although only 19.6% of them were confirmed as quitting smoking with the biochemical measures of saliva cotinine and exhaled carbon monoxide. The lack of standardization of the outcome measures used across studies limits the conclusions that can be drawn from these various interventions.

The experimental design employed is a strength of the studies. Five of the seven studies were randomized-controlled studies, thereby decreasing the likelihood of selection bias and systematic error. The quasi-experimental studies matched intervention communities with control communities that had similar characteristics (e.g., ethnicity, income, and education) to create equivalent groups, in lieu of randomization.

All of the studies worked in collaboration with communities, although the level of community involvement was variable, ranging from training lay health advisors to the use of formative focus groups to develop materials. Only Voorhees and colleagues (1996) involved community members in the development of the study interventions.

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Interventions and program materials that were informed by the attitudes, beliefs, and culture of the target population may have increased the likelihood of successful adoption and the desired behavioral change. The lack of significant results in most of these studies provide provocative findings that suggest the importance of culturally specific strategies and materials informed by and developed in conjunction with communities. Only when communities guide strategies can conclusions be drawn about the impact of culturally-specific interventions on the reduction of cigarette smoking in that population.

The external validity of these studies is limited to inner-city, low-income, African American women. Only two studies included participants living in rural areas. In six of the studies, the majority of the sample were females; in the remaining study, the majority of the sample were males (Schorling et al., 1997). The mean age in the studies ranged from approximately 40 to 52 years old, with the exception of one study where 62% of the sample was between the ages of 20 and 39 years (Orleans et al., 1998). Thus, findings from these studies are mostly generalizable to African American adults approximately 40 to 50 years.

The sample sizes of these studies were modest, ranging from 109 to 733. Studies with larger sample sizes may have resulted in more robust findings. Further, only two authors provided information on power or effect size in their studies. Schorling and colleagues (1997) needed 315 subjects to have an effect and the final sample size in this study was 452. Resincow and colleagues (1997) determined that 400 to 500 subjects would be needed to see an effect and had a final sample size of 1,154. Both studies were able to recruit and maintain a sample large enough to detect a statistical significance between the intervention and control groups, indicating that the lack of significant results

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was due to factors beyond sample size and loss to follow-up, such as underdeveloped or inappropriate materials and/or strategies or the duration of the intervention.

An additional limitation is that the Orleans and colleagues (1998) study, which had a significant cessation reduction rate, utilized multiple intervention strategies, including self-help materials, counseling, and social support. More studies are needed to determine the efficacy of one method versus the additive effect of multiple intervention strategies in smoking cessation. Additionally, the 12-month results were based on a partial cohort, that is, those participants who entered within the second year. Having knowledge of the smoking status of the participants entering during the first year of the study at 12 months might have resulted in different results.

It was difficult to determine whether these studies were culturally appropriate, relevant, and acceptable, although they used "culturally specific" interventions, e.g. gospel-fests and tailored cessation guides. For example, in Schorling and colleagues (1997), the project staff developed the intervention with the assistance of community members. An explanation of the depth and extent of community members' involvement in development of the intervention would have been helpful in determining the cultural appropriateness of the intervention.

One important qualitative study provided insight into smoking cessation by conducting focus groups to examine what low-income, inner city African American women living in public housing believed to be a culturally appropriate, relevant, and acceptable smoking cessation intervention (Lacey, Tukes, Manfredi, & Warnecke, 1991). Fifty-four percent of the women, most of whom smoked menthol cigarettes (96%), expressed either no or a weak desire to quit smoking. Content analysis of the focus group

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interview data revealed that smoking was a response to both stress and pleasure. Barriers to smoking cessation included limited social support, avenues for enjoyment and income; commonality of smoking; scarce literature on how to quit smoking; and the belief that they can do it themselves. The women emphasized that smoking cessation cannot be the only focus of the intervention; they were interested in having a support group and an intervention that would have relevance to and not disrupt their lives. The results from this qualitative study reveal important and unique considerations for the design of culturally specific smoking cessation interventions. To date, interventions that integrate these ideas have not been examined. Studies that are more descriptive are needed to address the specific needs of African American smokers in order to reduce smoking prevalence rates.

All of the studies reviewed had self-help materials and with the exception of one study, social support was provided to the subjects. Social support ranged from one phone call from a counselor to participation in weekly cessation classes. In Fisher and colleagues (1998), social support was implemented using a community organization framework. Although social support is a component of community organization, it is not clear whether the social support in this intervention was provided to the wellness councils and the advisory council, who helped to guide the intervention, or the subjects. The differential use of social support among the studies indicates that further exploration of the dose of social support needed to produce a favorable response among African American smokers, in particular African American women smokers, is needed. Other identified barriers, like isolation and stress, were not key components of any of the interventions; and the inattention to these barriers may have resulted in statistically insignificant findings.

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Many of the studies used theoretically driven interventions that included multiple components, such as cessation materials, phone calls, and community events. Study results indicate that a combination of interventions may be more effective than a single intervention (Resnicow et al., 1997). The transtheoretical model of change was the most commonly used conceptual framework underlying interventions tested in a majority of the studies (Prochaska & Velicer, 1997). The progress through the stages of change was measured differently in the studies that used it, making evaluation and comparison across studies difficult. For example, Schorling and colleagues (1997) and Orleans and colleagues (1998) tailored each subject's intervention based on his or her current stage of change and assessed whether the subject had forward, backward, or no movement through the first three stages of change: precontemplation, contemplation, and preparation. In contrast, the intervention implemented in the study by Voorhees and colleagues (1996) was not tailored to the individual's stage of change, but included strategies that targeted all of the five stages of change. In addition, Orleans and colleagues assessed the impact of social support on participants' progression through the stages of change, although they did not include any elements of social support in the intervention.

The findings of the studies reviewed suggest that interpersonal, organizational, and community-level models need to be explored more fully as potential theoretical perspectives to guide macro approaches to tobacco control that are culturally relevant, incorporate contextual elements, and provide many avenues for tobacco users to be reached by the intervention. Benefits of organizational and community-level interventions are that there is not a focus solely on individual behavior change, but on

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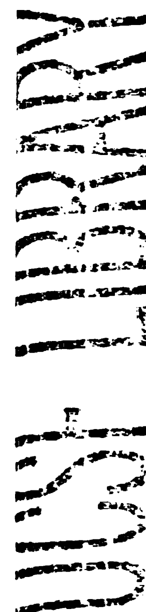
change at a larger, societal level—that is, changing the context in which people live, work, and socialize. Change at the community or organizational level recognizes that behavior is greatly influenced by one's environment so that if community or organizational norms are modified, presumably, individual behavior will change as well. In the studies where coalitions, including churches and neighborhoods, were involved in the implementation of the intervention, participants were more likely to quit smoking. These results suggest that interventions that are developed and implemented by the people living in the community may be more effective in the reduction of tobacco use. Thus, further research on different levels of change, organizational, environmental, and public policy is needed.



Overall, tailored, culturally specific community-based interventions, at the individual, organizational, and community levels, fell short of achieving the Healthy People 2010 objective to reduce the number of African Americans smoking cigarettes (USDHHS, 2000). Yet, the results are promising, as the findings of the studies reviewed indicate that tobacco control interventions result in trends toward lower smoking rates. The interventions to date have limited efficacy, however, tobacco control efforts can have a significant impact on improving public health in this vulnerable and understudied population. It is evident, based on this literature review, that the key to the success of future studies in African American populations is the development and implementation of culturally specific interventions delivered at the community level.

Krauss, Mueller, and Luke (2004) explored the effectiveness of interorganizational tobacco control network using a social network analysis. The study examined the social networks of five state comprehensive tobacco control programs. The authors started with

the premise that the complexity and multifaceted nature of tobacco control mandated that private and public institutions collaborate to achieve goals. The authors concluded that more knowledge is needed about the structures and processes that result in effective tobacco control programs.

A relevant interventional approach that has not been applied in tobacco control intervention studies among ethnic minority populations is community-based participatory research. This approach advocates for the equitable involvement of community leaders, groups, or key stakeholders in the selection of the problem and the design of interventions (Israel, Schulz, Parker, & Becker, 1998). The value of community-based participatory research is that communities have a greater understanding and appreciation of social and environmental factors that distinctly affect their health than researchers, who tend to conduct studies in silos (Kingsley, McNeely, & Gibson, 1997; Minkler, 2005). In order for interventions to be successful, communities must be involved in determining the most culturally appropriate design for the community-at-large. Based on this review, it is clear that in order to reduce tobacco-related health disparities, tobacco control efforts will require a multidisciplinary and multifaceted approach, intervening at multiple levels over a long period of time.

Table 2

Summary of Community-Based, Smoking Cessation Intervention Studies Targeting African Americans

Citation/ Purpose	Conceptual/ Theoretical Approach	Design/ Intervention	Level of Intervention	Sample/ Setting	Findings in Relation to Healthy People 2010 Objective 27	Strengths & Limitations
Citation: Campbell, et al., 2002 **Purpose:** Assess the effects of a nutrition and physical activity intervention among female blue collar employees	• Social ecology • Social cognitive • Stages of change • Social support	**Design:** Randomized controlled: n = 298 control n = 362 intervention **Data analysis:** Cochran-Mantel-Haenszel for categorical variables **Study duration:** 2 years **Intervention:** • Individualized computer tailored messages & lay health advisors in the program conducted over 18 months • Follow-up at 6 & 18 months **Variables:** Body mass index,	Organization	**Sample:** N = 859 (baseline) N = 538 (final) English or Spanish speaking blue collar women: -48% White Americans -50% African Americans -3% Others **Response rate:** -6 months: 76.8% (Attrition: 23.2%) -18 months: 75.6% (Attrition: 24.4%) 62% (n = 538) completed survey at all 3 time points **Setting:** 9 small-to-medium work-places with 125-350 employees in eastern North Carolina	• Smoking cessation rate decreased by 3% in intervention & control groups, but there was no statistical difference.	**Strengths:** • Randomized • Subjects self-selected behavior change, although few selected smoking cessation **Limitations:** • Self report data • Unable to determine whether intervention was responsible for behavior changes • Generalizability: blue collar women • Intervention conducted at the organizational level, but data were analyzed at the individual level

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Citation/ Purpose	Conceptual/ Theoretical Approach	Design/ Intervention	Level of Intervention	Sample/ Setting	Findings in Relation to Healthy People 2010 Objective 27	Strengths & Limitations
		physical activity, diet, smoking, cancer screening, and behavioral priority for change				
Fisher, et al.,1998 **Purpose:** Assess community organization approach to smoking cessation program in low-income African American neighborhoods	▪ Community organization ▪ Community-based participatory research	**Design:** Quasi-experimental ▪ 3 predominantly low-income African American neighborhoods (intervention); *n* = 504 ▪ 3 predominantly low-income African American neighborhoods (control); *n* = 1,040 **Study duration:** 2 years **Intervention:** The 24 month intervention used wellness councils to organize and direct program activities; used a city wide advisory	Community	**Sample:** *N* = 1,544 (baseline) *N*=1,491 (final) <u>African Americans</u> Intervention = 86% Control =71% Final Intervention = 84% Control = 74% Women (baseline) Intervention = 69% Control = 66% Women (final) -Intervention = 72% -Control=66% Attrition rate: unable to determine **Setting:** 6 predominantly low-income African American	▪ Smoking cessation prevalence decreased significantly from 34% to 27% in the intervention group after 2 years. ▪ Reduction in prevalence significant in Whites (40% to 24%), but not significant in African Americans (33% to 28%)	**Strengths:** ▪ Involved community with shared governance in the research process ▪ Intervention & control neighborhoods were comparable on income & education. **Limitations** ▪ Intervention not randomly assigned ▪ Self-report data ▪ Generalizability: low-income

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Citation/ Purpose	Conceptual/ Theoretical Approach	Design/ Intervention	Level of Intervention	Sample/ Setting	Findings in Relation to Healthy People 2010 Objective 27	Strengths & Limitations
		council to provide guidance on the program implementation; program activities included cessation classes, billboards, gospel fest, and door-to-door campaigns		neighborhoods in St. Louis (3 intervention) & Kansas City (3 control)		
Jason, et al. 1988 **Purpose:** Assess the effectiveness of a televised smoking cessation program among inner city residents	• Self-help • Media	**Design:** Randomized controlled n = 109 control group n = 109 intervention group **Study duration:** 4 months **Intervention:** • Self-help cessation manual, televised broadcast, support meetings and personal phone calls over 20 days. • Follow-up at 4 months	Individual	**Sample:** N = 218 (baseline) N = 165 (final) **Intervention:** 96% African Americans 3% White Americans 1% Others Control: 91% African Americans 2% White Americans 7% Others Men Intervention = 45% Control = 45% Women Intervention = 55% Control = 55%	• Intervention group showed more motivation to change than control group, although motivation was not significantly associated with post-intervention smoking rates. • Smoking cessation prevalence rates were 8% post-intervention and 20% at 4-month follow-up • Intervention group had significantly more motivation to quit smoking	**Strengths:** • Randomized • Used both group & individual activities **Limitations:** • Self-report • Social desirability • High attrition rate • Generalizability: inner city

Citation/ Purpose	Conceptual/ Theoretical Approach	Design/ Intervention	Level of Intervention	Sample/ Setting	Findings in Relation to Healthy People 2010 Objective 27	Strengths & Limitations
				Attrition rate: 25% (53 participants lost) **Setting:** Neighborhood health center in Chicago inner city area.		
Orleans, et al., 1998 **Purpose:** Assess the effectiveness of a culturally sensitive cessation intervention for African American smokers who called the National Cancer Institute Cancer Information Service	▪ Stages of change ▪ Sociocultural	**Design:** Randomized controlled ▪ *n* = 689 standard cessation counseling (control) ▪ *n* = 733 culturally-tailored counseling (intervention) Added an abbreviated 12 month follow-up interview for 445 (partial cohort) subjects that entered the study in the 2nd year. **Data Analysis:** Chi square and Kruskal-Wallis	Individual	**Sample:** N = 1,422 (baseline) N (final): n= 445 eligible subjects n= 261 subjects completing 12 month interview 64% Women 36% Men Attrition rate: 6 months = 37 % 12 months = 69% **Setting:** Conducted in Durham NC, Philadelphia, PA; Houston, TX; and Birmingham, AL	▪ Success associated with stages of change, but not significant ▪ Significant results: set a quit date ($p < .001$); switched to lower nicotine cigarettes ($p < .001$); reduced number of cigarettes smoked daily ($p < .01$) ▪ At 12 months intervention group self-reported smoking cessation rates for one week were significantly higher than the control group.	**Strengths:** ▪ Tailored cessation guide and counseling ▪ Used both group & individual activities **Limitations:** ▪ Self report ▪ Very high attrition rates ▪ 12 month outcome based on a partial cohort ▪ Extended treatment time for intervention subjects ▪ Study done concurrently with a targeted smoking cessation media campaign

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Citation/ Purpose	Conceptual/ Theoretical Approach	Design/ Intervention	Level of Intervention	Sample/ Setting	Findings in Relation to Healthy People 2010 Objective 27	Strengths & Limitations
		Study duration: 2 years **Intervention:** • One tailored smoking cessation guide and tailored interactive counseling • Follow up at 6 months for subjects in entering study in first year; Follow-up at 6 and 12 months for partial cohort entering in 2nd year				
Resnicow, et al., 1997 **Purpose:** Test a culturally sensitive self-help smoking cessation intervention with telephone counseling	• Self-help • Sociocultural • Stages of change	**Design:** Cluster randomized controlled sites ▪ $n = 541$ control ▪ $n = 703$ intervention **Data Analysis:** Chi-square and multiple logistic regression	Individual	**Sample:** $N = 1,244$ (baseline) $N = 1,154$ (final) Majority with an income below $5,000 Over 55% were females Attrition rate: 7% **Setting:** Health care settings and	▪ No statistically significant difference in smoking cessation rate between intervention & control groups ▪ Intervention group that received the material and the booster call had significantly higher abstinence rates ($p <$	**Strengths:** ▪ Recognized the need for boosters ▪ Received input from stakeholders ▪ Used both group & individual activities **Limitations:** • Self report • Generalizability: low-income • Randomized sites, but

Citation/ Purpose	Conceptual/ Theoretical Approach	Design/ Intervention	Level of Intervention	Sample/ Setting	Findings in Relation to Healthy People 2010 Objective 27	Strengths & Limitations
		Study duration: 3 years **Intervention:** • One initial home visit; self help kit with smoking cessation guide; smoking cessation video & aids; and 1 booster phone call over 6 months • Used formative focus groups, cessation experts, and pretested study materials • Follow up at 6 months		community settings: public housing developments, churches in Central Harlem, NY	.05) • Intervention group had significantly more quit smoking attempts in the last 6 months than the control group • The intervention seemed most effective among people attending church	reported individual rates
Schorling, et al., 1997 **Purpose:** Assess if a church-based smoking cessation program would increase smoking cessation rates	• Community organization • Stages of change • Community empowerment	**Design:** Quasi-experimental • One community (control); n =304 • Another community (intervention); n = 344 **Data Analysis:** Chi square; repeated measure	Community	**Sample:** N = 648 (baseline) N = 452 (final) Men Baseline Control: 56.3% Intervention: 53.5% Follow-up rate: 70% **Setting:**	• Smoking initiation age was older than 18 years • Smoking cessation rate was higher in the intervention group, but was not statistically significantly higher • Subjects that were married (p = .01) or smoked less (p = .025) at baseline were more likely to have quit	**Strengths:** • High follow-up rate • Community developed and implemented program **Limitations** • Intervention not randomly assigned • Self-report data • Generalizability: church goers (attending church at least once a month)

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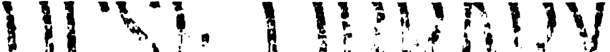
Citation/ Purpose	Conceptual/ Theoretical Approach	Design/ Intervention	Level of Intervention	Sample/ Setting	Findings in Relation to Healthy People 2010 Objective 27	Strengths & Limitations
for African Americans attending those churches and for those residing in those communities		ANOVA **Intervention:** ▪ Trained smoking cessation counselors from a coalition of African American churches. Counselors provided one-on-one counseling and self help materials and had access to community wide programs that provided information on cessation. ▪ Follow-up at 18 months		Approximately 35 churches in both the intervention and control group in the Virginia county ▪ 90% churches were Baptist	smoking ▪ Persons that attended church were more likely to quit smoking, although not statistically significant ▪ Persons receiving the intervention had more progression through the stages of change	▪ Intervention conducted at the community level, but data were analyzed at the individual level
Voorhees, et al., 1996 **Purpose:** Assess the effects of a culturally relevant cessation program compared to a	▪ Sociocultural ▪ Stages of change ▪ Self help ▪ Spiritual based	**Design:** Randomized controlled ▪ n =10 churches (control) ▪ n=11 churches (intervention) **Data Analysis:** Chi square; stepwise multiple	Community	**Sample:** N = 292 (baseline) Men (baseline) Control: 25.7% Intervention: 31.1% Women (baseline) Control: 75.3% Intervention: 68.9%	▪ Affiliation with Baptist churches showed the highest positive progress through the stages of change when compared to other denominations (56% vs. 41%) ▪ Intervention groups almost twice as likely to have positive	**Strengths:** ▪ Intervention tailored based on readiness ▪ Multiple strategies for intervention ▪ Standardized measure to assess change ▪ Confirmed self-report smoking cessation with saliva cotinine and exhaled carbon monoxide

Citation/ Purpose	Conceptual/ Theoretical Approach	Design/ Intervention	Level of Intervention	Sample/ Setting	Findings in Relation to Healthy People 2010 Objective 27	Strengths & Limitations
self help cessation program		regression **Intervention:** • One year study included a baseline health fair; pastoral sermons; testimonies; lay health advisors; social support; and a spiritually based cessation guide and audiotapes. • Intervention materials included information for individuals in all stages of change • Follow-up at 18 months **Control:** Baseline health fair & smoking cessation guide		Attrition rate: 14% **Setting:** • 11 intervention churches in East Baltimore • 10 control churches in East Baltimore	progress (OR = 1.73; p = 0.037) • Smoking cessation rate was higher in the intervention group, but was not statistically significantly higher	**Limitations** • Generalizability: church goers (attending church at least once a month) • Intervention conducted at the community level, but data were analyzed at the individual level



CHAPTER IV

METHODS

Design

An interview-based retrospective constructivist grounded theory study design was used to investigate the study's research questions. Grounded theory is uniquely appropriate to explore the processes and strategies in tobacco control work as it seeks to elucidate the patterns of action and interaction that exist within a situation (Strauss & Corbin, 1994, 1998). Grounded theory studies utilize a constant comparative systematic process of analyzing data to produce theoretical concepts (Strauss & Corbin, 1994). Within grounded theory two major approaches have developed: the objectivist and the constructivist (Charmaz, 2000, 2001; Clarke, 2005). The objectivist approach is founded in the belief that researchers should remain impartial and objective during data collection and analysis, assuming a positivist perspective and standpoint. Charmaz (2001) states that an objectivist approach to data analysis requires that the researcher view the world as an external world containing new data for exploration by a neutral person.

In contrast, those drawing upon constructivist approaches to grounded theory view analysis of the data as the most important part of the research (Charmaz, 2001). Thus, a constructivist grounded theory places the emphasis on how are data interpreted, instead of adhering rigidly to traditional grounded theory strategies (Charmaz, 2001). Constructivists acknowledge that a neutral investigator is not possible, hence data collection and analysis are influenced by the investigator's theoretical beliefs, interactions with participants, and interest in the research topic (Charmaz, 2006). Constructivists utilize a variety of self-reflexive strategies to clarify these consequences

of their presence and involvement in the research per se (Clarke, 2005). The constructivist approach to grounded theory is the basis for this study as interpreting the data is most salient and due to the investigators' belief in multiple realities and that researchers cannot be neutral observers.

Grounded theory's defining characteristics are (a) continuous data collection and analysis throughout the study; (b) the construction of analytic codes and categories from the data; (c) development of mid-range theories that explain behavior and social processes; (d) writing memos to develop and expand categories; (e) comparisons between data and data, data and concept, and concept and concept; and the (f) use of theoretical sampling to expand and refine conceptual categories (Charmaz, 2000, 2003). In the sections below, the methodology for the study is explained in detail.

Sampling Strategies and Recruitment

Purposive sampling was used to obtain participants. Purposive sampling occurs when the investigator selects participants which are representative of a population (Singleton & Straits, 1999). The relatively small number of organizations that are African American and that conduct tobacco control necessitated a purposive sampling design. Furthermore, qualitative studies are purposive as the goal is to gather a representative sample size for exploration of a situation.

A list of African American tobacco control organizations in the US was compiled by the investigator based on her past knowledge and experience working in the tobacco control field, through contacts in the tobacco control field, and an Internet search for African American tobacco control organizations and programs. In addition to the compiled list, snowball sampling, obtaining potential participants names from current

participants, was used to recruitment participants (Singleton & Straits, 1999). Snowball sampling did not result in any participants as most participants assumed that the investigator had interviewed or had knowledge of all the African American tobacco control organizations.

Study inclusion criteria were (a) at least 21 years old; (b) self-identified as African American; (c) had been in a decision-making position for at least one year at an African American tobacco control organization serving African American communities; and (d) were willing to disclose openly information about their organization's tobacco control efforts. Exclusion criteria were (a) organizations not involved in tobacco control; (b) organizations not serving African American communities; (c) non African American tobacco control organizations and/or (d) tobacco control organizations that did not have an African American representative in a key decision-making position.

An invitation E-mail was sent to 17 potential participants asking them to respond only if they were not interested in participating in the study (see Appendix A). The investigator waited a period of 7 to 10 days after sending the recruitment E-mail in order to allow participants time to indicate their desire for no additional contact. A majority of those sent an invitation E-mail responded whether they were interested or not interested. After the opt out date, those who had not responded to the invitation E-mail were contacted by telephone or E-mail to determine their interest in participating in the study.

The final sample consisted of 11 interviews representing 12 individuals and 11 African American tobacco control organizations. They represent African American organizations from the northern, southern, eastern, and western geographic regions of the US. One person per organization was interviewed once. No remuneration was provided

for participating in the study. Recruitment of participants might have been facilitated by the investigator's knowledge and prior professional relationship with some of the organizations.

One interview consisted of two individuals: one of whom ran an African American tobacco control organization and the other who funded this individual's organization. The decision to include two persons as opposed to one person per interview was made the night before the investigator was scheduled to interview the participant. The participant called the investigator to inform her that an additional person would also attend the interview. After ensuring that the new person was aware that he would be participating in a research study, the investigator agreed to interview both of them at the same time. In fact, the researcher felt that excluding the other individual might have been met with resistance. Prior to collecting data, both individuals were given a detailed explanation of the study, an option to reschedule the interview if additional time was needed to consider participation in the study, and both participants expressed comfort with talking in front of each other and participating in the research study.

Interview Guide

A semi-structured interview guide was used to obtain participants' viewpoints and experiences (see Appendix B). The interview guide consists of questions and prompts that were used to initiate a discourse with participants about their work in tobacco control. The questions were designed to elicit information on the range of activities conducted by African American tobacco control organizations, identify strategies that guide their work, and identify challenges that present in the organization's work.

Interview Procedures

Data collection for the study occurred during October 2004 and November 2005. A semi-structured interview guide was used to conduct the interview. During the course of the interview, other questions and probes were used to clarify and expand the content as needed. The interviews lasted between 30 to 90 minutes in length depending on the participants' responses to questions. With the exception of two participants, all interviews were conducted in person in a place convenient for the participant, e.g., office, restaurant, or park. The phone interviews were conducted at the participant's request. After obtaining permission, each interview was audiotaped. When available, the investigator obtained organizational documents from each organization.

Theoretical sampling was used to explore emerging themes found during the initial stages of data collection. Theoretical sampling is the purposeful addition of a question for exploration of a concept or idea that emerged during data analysis which might be influential in generating theoretical concepts (Strauss & Corbin, 1998). For example, when a theme of competition between African American tobacco control organizations emerged during the early phases of data collection and analysis, a question was added to explore this area. In this case, competition did not emerge as a concept that influenced other organization work in the African American community.

Data Management and Analysis

Interviews were audiotaped and transcribed verbatim by the investigator or a transcriptionist. Once transcribed, the investigator reviewed the audiotapes and transcripts together for accuracy. In most cases, the investigator was able to decipher the sections that were inaudible to the transcriptionist. After the accuracy of transcripts was

determined, the transcripts were entered in Atlas.ti 5.0, a qualitative data management program.

In accordance with grounded theory methods, data analysis started after the first interview using a constant comparative method of comparing concepts to concepts and category to category (Strauss & Corbin, 1994). First, all data were analyzed with open coding, a line-by-line examination of transcribed text which prevents the researcher from forcing data into preconceived categories (Strauss & Corbin, 1998). Once open coding was performed, the investigator performed focused coding on the data to sort the data into larger codes that accounts for the majority of the data (Charmaz, 2000).

In addition to coding, memos were written to explain the properties and conditions of categories and how and under what circumstances a category changes. In conjunction with traditional grounded theory methods of analysis, situational analysis, an enhancement to grounded theory, was utilized (Clarke, 2005). Situational analysis uses analytic maps to analyze data. Two types of situational maps were used: social worlds/arenas maps to describe collective relationships and actions (see Appendix F) and positional maps to articulate different positions in the discourses in one situation (see Appendix G) (Clarke, 2003, 2005). Social world maps provided entrance into the arenas of collective discourses within the tobacco control arena. When developed, social world maps offer an overview of the social action occurring within an issue highlighting the overlapping, porous boundaries of socials worlds within an arena (Clarke, 2005). Similar to social world maps, positional maps seek to analyze data in a unique manner. The goal of positional maps is to provide an overview of all the major positions found in the discourses on a specific issue or concept. The social world and positional maps are

examples of how these analytic strategies have been used in analysis of the data. While these situational maps were instrumental throughout data analysis, the subsequent results chapters reflect the major discourses of the African American tobacco control arena.

Representation

Researchers co-construct realities about a phenomenon by reflecting "community multiple voices" (Christians, 2000). Researchers must be cognizant that individuals are represented in a way that does not 'other' the participant (Fine, 1994). Othering occurs when an interpretation results in an inaccurate or limited viewpoint of a situation. Creation of an 'other' can be prevented by 'working the hyphen,' a process where the researcher brings contextual information into the findings, seeks to understand themselves in relation to their participants and the subjects studied, and discuss what is or is not happening within the situation (Fine, 1994). In this study, I sought to prevent the "othering" of participants by providing contextual information about a situation to prevent fostering stereotypes or further marginalization of a group when possible.

In accordance with the theoretical framework of the study, I was particularly interested in preserving the voice and the stories of the participants (Delgado & Stefancic, 2001; Ross, 1995). Therefore in some places, the results chapters deliberately have long quotations to allow participants to tell their own stories and to obtain full, rich, and dense data. Equally important was the need to represent "all understanding, all knowledge(s), and action(s) of those studied as- as well as their own-as *perspectival*" by presenting differences, contradictions, and *not* seeking out one universal truth (Clarke, 2005. p. 3)

Researcher/Participant Interaction

In any study participant and researcher interaction influence data collection and analysis. Therefore, reflexivity is an integral component of a qualitative research design and execution (Guillemin & Gillam, 2004). Reflexivity allows the researcher to critically assess the joint construction of meaning and the kind of knowledge(s) gained from the study. In reflexivity, the researcher reflects on the self as an instrument in the study (Lincoln & Guba, 2000). This involves the researcher critically assessing their values, preexisting ideas, and motivations in order to determine how these factors affect data collection and analysis (Guillemin & Gillam, 2004). Reflexivity is continuous across each stage of the research process to minimize bias and to enable articulation of the consequences of the researcher's presence (Guillemin & Gillam, 2004). Below, I describe how researcher/participant interaction might have influenced data collection and analysis in this study.

As a former director of an African American tobacco control organization, I began this study seeking to understand the work of African American tobacco control organizations in the African American community. While developing the study design and interview questions, I thought about how I could accurately reflect the multiple realities of African American tobacco control organizations. Most importantly, I considered how could I make sure that I, as a former program director, would avoid seeing and seeking concepts, ideas, and processes that reflected positions and biases that I had prior to conducting the study (Charmaz, 2004). In an effort to address these concerns, I reflected on what I knew and did not know about tobacco control efforts in the African American community and constantly examined how I was collecting and analyzing data.

Additionally, I spent time thinking about personal and professional relationships that I had developed while working in the tobacco control world. My goal was to ensure that the study recruited *all* African American participants working at African American tobacco control organizations, who would provide a rich dense perspective on the phenomena, even those participants whose involvement might be viewed as controversial. However, the most challenging aspect of recruiting participants was the exclusion of many African American leaders and consultants in the African American tobacco control movement who were not working at an African American tobacco control organization. Undoubtedly, these individuals would have provided a more rich vibrant perspective of tobacco control had they been employed by an African American tobacco control organization.

During the first few interviews, it became clear that my experience in tobacco control and the participant's knowledge of my work in tobacco control was influencing data collection. For example, while analyzing interviews, I discovered a few areas that could have been more fully explored, but due to my own prior understanding of current issues that existed in tobacco control programs or campaigns, the interviews may not have completely captured the information. In subsequent interviews, participants were asked to assume that the investigator had no knowledge of tobacco control campaigns or events to capture a richer description of an issue or concept.

I entered this study with multiple roles: researcher, African American, woman, and colleague. I also recognized the intersectionality of all my roles during this study (Hill Collins, 2000). As a researcher, my goal was to obtain rich descriptive data to develop theoretically sound concepts in a respectful culturally appropriate manner to add

to the limited literature on the efforts African American tobacco control organizations. As an African American, I had a desire to improve the health and quality of life of other Blacks living in the US. As a program director, I had established trusting relationships within the tobacco control community and was familiar with some of the participants. Due to my experience as an African American tobacco control advocate, I assumed the roles of both insider and outsider (Beoku-Betts, 1994; Freimuth et al., 2001; Gamble, 1997). As an insider, I was an African American woman who had worked in tobacco control in the past, which likely facilitated the process of participant recruitment and data collection. I believed that I understood many of the issues that organizations and African Americans were encountering in their work. My outsider status was apparent as a researcher interested in researching a group of people with documented historical reasons for being mistrustful of researchers, regardless of the investigator's race (Freimuth et al., 2001; Gamble, 1997).

As an African American and former colleague of some of the participants, I struggled with the lack of reciprocity inherent in the interviewer-interviewee relationship that exists while collecting and analyzing data (Minkler, 2004). I wanted to be sure that the participants who shared their experiences did not leave the interview feeling that it had not been beneficial to them. At times, I consciously adopted a conversational tone with participants engaging in short conversations. During the interview, I assured participants that I would provide them with a copy of the study results as soon as possible in an effort to share something with the participants who gave to the study. Furthermore as an African American and tobacco control advocate, I felt an obligation to show the organizations in the best light possible, seeking to avoid further marginalizing or adding

to the stereotypes often associated with this population. However, as a researcher, I felt a duty to explore all areas of African American tobacco control organizations, analyze, and present all data with the appropriate contextual information. Whether I achieved my goal completely is not clear, however, the constant comparative nature of grounded theory allowed me to remain *grounded* in the data and to constantly question my interpretations, ensuring that my representations were based upon systematic interrogation of the data.

Adequacy of the Analysis

The adequacy of the analysis, in qualitative studies, is determined by whether the data and analysis of the data reflect true experiences (Polit & Beck, 2004). Adequacy of analysis can be compared to the terms validity and reliability used within quantitative studies. Validity in a qualitative study refers to the credibility and trustworthiness of findings and interpretations. Trustworthiness of data can be established through prolonged engagement and triangulation of data sources (Polit & Beck, 2004).

Two methods were used to ensure the scientific rigor of this study. First, the interviews and analysis were presented periodically to small qualitative groups of doctoral students. In these groups, interviews were coded line by line and then concepts and categories were discussed. In most cases, the small groups coding and categories were consistent with the investigator. The small groups provided the investigator an opportunity to discuss concepts, diagrams, and emerging categories with qualitative researchers. In addition, the small group's analysis helped the investigator to identify areas or concepts for further exploration and/or conceptualization.

The second method to assure the credibility of the data was triangulation, the use of various methods to interpret data and illustrate conclusions about the data (Atkinson &

Delamont, 2005). In this study, data triangulation was done by obtaining organizations' documents, websites, and annual reports, when available, to support the participants perspective of their organizations work and goals. Triangulation using multiple data sources provided a multi-dimensional understanding of tobacco control by illuminating both consistencies and inconsistencies that exist in the data (Halcomb & Andrew, 2005).

Protection of Human Subjects

The application to conduct the study was approved by the University of California, San Francisco Committee on Human Research (Appendix C). Prior to joining the study, all potential participants had a full understanding of the study goals and objectives, as well as potential risks. Voluntary participation in the study was required and informed consent was obtained from each participant (Appendix D). No coercive or deceptive tactics were used to encourage or sustain participant involvement in the study. Participants interviewed by phone were provided a written information sheet about the study purpose and verbal consent was obtained (Appendix E). For those participants interviewed in person, written consent was obtained.

Confidentiality of participants was maintained by removing all identifying information, including names, place of employment, geographic region from transcripts and other organizational documents. Since organizations were the focus of this strategy, particular attention was given to protect the anonymity of both participants and organizations as sensitive information was disclosed during data collection. As such, all information about tobacco campaigns that could be linked to a particular tobacco control organization was not included in the written analysis. In addition, the limited number of for-profit tobacco control organizations required that the researcher not identify whether

CHAPTER V

UNDERSTANDING THE WORK OF AFRICAN AMERICAN TOBACCO CONTROL ORGANIZATIONS

Study findings reveal that the work of African American tobacco control organizations is multifaceted. The overarching goal of these organizations is to reduce tobacco-related health disparities of the African American population in the US by increasing the African American community's infrastructure and capacities around tobacco control; establishing institutional tobacco control policies in African American organizations; providing technical assistance and training on culturally competent methods for African American communities; and developing and implementing approaches that counter the ambitious and targeted marketing efforts of tobacco companies.

This chapter focuses on the four basic processes of the work being conducted by African American tobacco control organizations in African American communities as described by participants in key leadership positions in these organizations. The four processes are (a) educating, (b) collaborating, (c) developing culturally appropriate materials, and (d) strategizing for community involvement. Threaded throughout these processes is the activity of ensuring cultural competence, which is discussed accordingly within each process (see Figure 2). The attributes/properties and range of the four processes of conducting tobacco control work by African American tobacco control organizations in African American communities are depicted in Table 1.

The Process of Educating

For most African American tobacco control organizations, educating the people in the organization as well as others is the foundation of their work. These organizations provide education through a variety of avenues and channels to various entities, such as individuals, communities, schools, politicians, clinicians, and community-based organizations that serve the African American community. Educating different groups of people necessitates that organizations have knowledge of information most relevant and useful to each group. The defining attribute or property of the process of educating is that in order for organizations' educational efforts to be successful, they must have *knowledge of* and the *ability to* explain (a) the impacts of tobacco use; (b) the tobacco industry's marketing and sponsorship strategies; (c) the relationship of tobacco control with other health disparities; and (d) tobacco control through the involvement of others (see Table 3).

On the Impact of Tobacco Use

To explain the impact of tobacco use in the African American community, African American tobacco control organizations provide basic information on the health consequences of tobacco use and secondhand smoke. The *Not in Mama's Kitchen* campaign is a commonly used educating tool utilized by many African American tobacco control organizations working with African American communities across the US. The California African American Tobacco Education Network designed this campaign as a tobacco-control education strategy. This particular campaign is appealing because it uses a culturally relevant approach to target African American women to reduce exposure to tobacco smoke in African American homes. The cultural relevance of this campaign lies

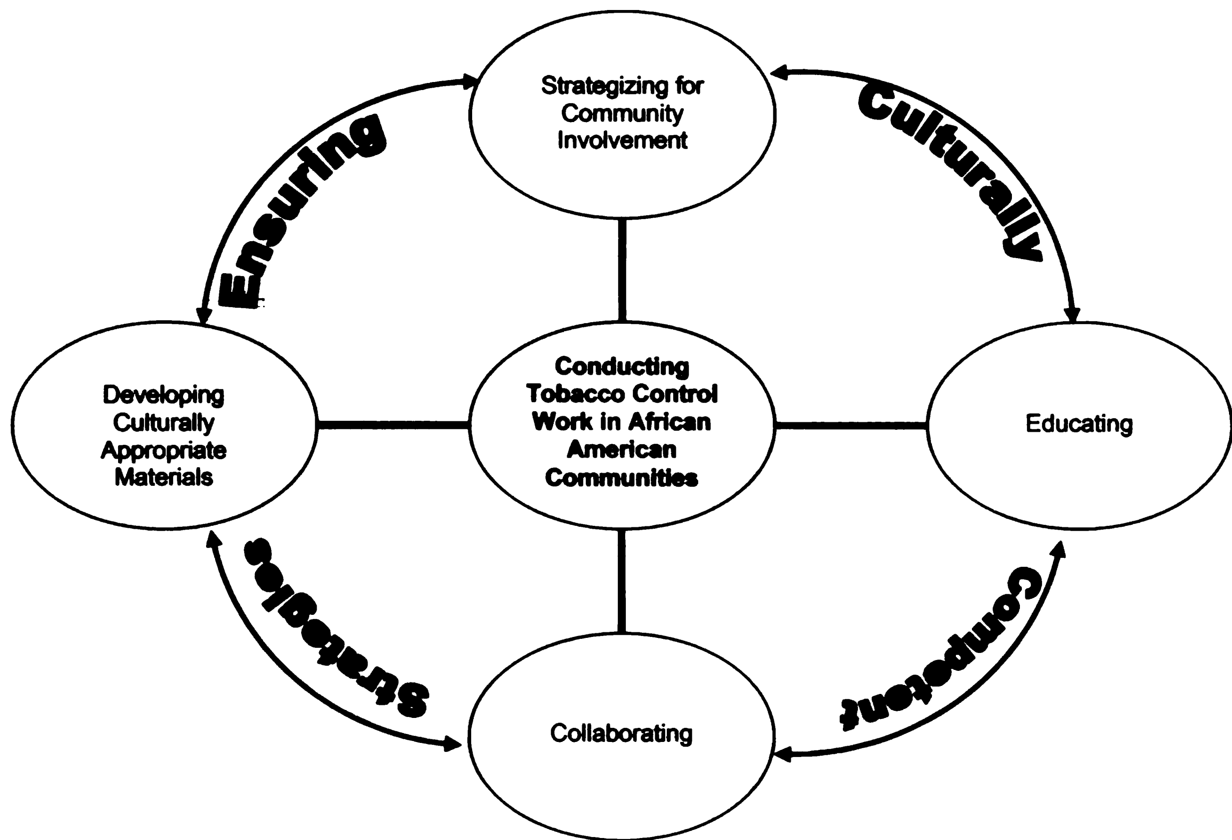


Figure 2. Processes of Conducting Tobacco Control Work by African American Tobacco Control Organizations in African American Communities

in its recognition of the importance of the mother in the African American home and it demonstrates how a mother could establish a smoke-free home. A participant describes the campaign as:

> A program that's intended to reduce disastrous consequences of secondhand smoke in families. It actually emphasizes the effect that the African American mother has or the impact that she has on her family. So it kinda puts the focus on her and it shows that the mom has been the heartbeat of the African American family…provided [for] them and protected the family.

Table 3

Attributes and Ranges of the Processes of Conducting Tobacco Control Work by African American Tobacco Control Organizations in African American Communities

Process	Attribute/Property	Range
▪ Educating	Knowledge of and ability to explain: ▪ The impact of tobacco use ▪ The tobacco industry's marketing and sponsorship ▪ Tobacco control in conjunction with other health disparities ▪ Tobacco's relation to diseases and issues in the African American community	▪ Presentations, workshops, campaigns, health fairs, and conferences ▪ Children puppet shows and youth retreats ▪ Public service announcements ▪ Individuals, communities, schools, organizations, politicians, & clinicians ▪ Articles, resolutions, legislation, and organizational policies ▪ Technical assistance and training on culturally appropriate methods
▪ Collaborating	▪ Collective movement or collectivism around tobacco; counter-marketing strategies including joint projects; shared resources	▪ Community-based organizations (e.g., churches, sororities, fraternities, civic organizations, businesses, etc.) ▪ Partnerships with local and state health departments and agencies
▪ Developing Culturally Appropriate Materials	▪ Being culturally relevant to the African American community that the organization serves	▪ Tobacco control curricula ▪ Brochures, pamphlets, flyers, etc. ▪ Comic books, coloring books, etc. ▪ T-shirts, pens, bags, baby bibs, etc.
▪ Strategizing for Community Involvement	▪ Developing relationships and partnerships ▪ Raising awareness about tobacco control ▪ Creating collective power	▪ Larger African American tobacco-control community as partner

During the campaign, African American women sign a pledge to have a smoke-free home, although the campaign extends beyond having a smoke-free home by providing information on the importance of smoke-free workplaces, events, and cars. The goal of the tobacco control organizations is to focus on the "bigger picture." A participant states:

> Signing a pledge....is one facet...of the program. [We are] educating people about secondhand smoke and the harmful effect that it has on children...[to] dispel some of the myths. People believe that if I smoke outside...or I only smoke in the bathroom and I open the window...they think it doesn't have the same impact. We need to educate them that it gets in your clothes...and it does affect

> your children. Not just only in your home, but the real impact that it has on the people, on your children and the people that you work with…and what can we do as a community to bring about a change.

This type of widespread education campaign often leads to social change through a range of educating activities, such as writing letters to the editors of newspapers, conducting workshops, writing articles for publication in community newsletters, etc. (see Table 1). Social change because of caring about one's community is the expected outcome of the process of educating by African American tobacco control organizations. A representative quote by one of the participants is:

> I think of it as a political movement for social justice and the corporate exploitation as the tobacco industry has perpetuated on the world, I guess, and on my people in particular.

Tobacco Industry's Marketing and Sponsorship

In addition to educating about the impact of tobacco use, African American tobacco control organizations also educate the African American community about how African Americans have been involved with tobacco since slavery. A participant in the Eastern Region of the US provides a poignant illustration of this type of educating activity.

> Slavery really increased in this part of the country because of the need to harvest tobacco. So there was an increase of slaves that came in to be able to provide that free labor to make others very wealthy. So that's a history that a lot of people are not familiar with. Now they know that slaves worked plantations,…but a lot of people don't understand the connection between tobacco [and slavery]. Even into the last century, in terms of focus groups, some of the historical pieces the tobacco company used to…develop messages for our community. And even still, albeit subtle, they're still out there.

The purpose of these organizations' presentations of a historical perspective is to demonstrate that African American smokers are addicted to a product associated with their ancestors' enslavement. This type of educational activity informs the African

American community about the present-day marketing strategies of the tobacco industry to target African Americans to initiate smoking based emotional appeal and on their history of being deprived and invisible. A participant states

> So if I can show young kids or young adolescents, from a historical perspective, the use of 'we used to pick it,' let's use that analogy there. 'They used us to pick it, now they want us to smoke it.' That opens up a dialogue about who used to ask us to pick it and why was we picking it, and what were we picking. 'Wow, it wasn't just cotton, it wasn't just rice. It was also tobacco.'

For many African American tobacco control organizations, educating African American youth on the tobacco industry's marketing strategies is a priority since youth are the industry's main target population. Many youths, at their young, relatively healthy age, cannot "see" the negative health impacts of tobacco use. Instead of focusing on the health consequences of tobacco use, African American tobacco control organizations focus on helping youths examine the marketing slogans used by tobacco companies. A participant's rationale for conducting this type of tobacco control work with youth is

> We saw this as an attack on our young people, because they used tag lines in their advertising: 'Taking the beats to the streets—the battle is on.' Well for us, when we began to have focus groups and town hall meetings, and community meetings about this, the young people picked up on the language. The 'battle is on' that means they [are] declaring war...on us....it became very clear to them what they needed to do. And I think we armed them with enough information, gave them enough of a parameter that they could operate in that the fight was successful.

The activity of youth education is intended to expose the tobacco industry's manipulation of the African American population because, as one participant states, "Now they've realized that they have been pimped, punked, and played, and are being prostituted." For a majority of the participants, this type of educating activity with youths has been highly effective in terms of motivating and spurring them and collective bodies to act for social and policy changes.

In Conjunction with Other Health Disparities

When working with African American community-based organizations, a majority of the participants report that their tobacco control organization connects tobacco use with other problems that disproportionately affect the African American community, such as diabetes, heart disease, hypertension, and/or HIV/AIDS. Although tobacco use is actually a key risk factor for many of these illnesses, African American community-based organizations commonly perceive these illnesses as more pressing and urgent health and social issues for African Americans. A participant describes conducting this type of contextual educating as

> Making the connection for their particular issue, whatever that is, on how does that fit in, how does tobacco fit in, to what is important to them. And until you do that…people are just kinda disinterested in general….Tobacco is not a sexy topic. So they're worried about things that are hotter than what they think of smoking.

All of the participants reported that their organizations conduct tobacco control education in conjunction with other education efforts about health disparities. They conduct this work by emphasizing to African American community-based organizations how tobacco use and exposure to secondhand smoke worsen these illnesses and further contribute to health disparities.

> We distribute materials that talk about the harm that smoking does particularly as Africans Americans and the number of people that smoke and have tobacco-related diseases, the number of people that die, the fact that we are disproportionately affected by smoke and we already have conditions that we are disproportionately affected by like diabetes, and heart disease and cancers. And tobacco only serves to make those numbers worse.

As a result, the participants report that these community-based organizations were more likely to become involved in tobacco control.

Through the Involvement of Others

African American tobacco control organizations also provide education at the individual level to tobacco users on the importance of tobacco control. Funding constraints, however, often prevent them from implementing widespread efforts that target individual tobacco users, such as providing nicotine replacement therapy, individual cessation counseling, or cessation support groups. Therefore, the organizations provide tobacco users with available community resources for cessation, such as phone numbers to tobacco cessation programs, and they distribute cessation kits that include information on steps to quitting, benefits of cessation, and cessation aids, such as gum and mints. Below is a quote from a participant expressing the constraints of funding on an organization's ability to conduct tobacco control work that involves providing cigarette smoking cessation services.

> Because of with the [funding source] we can't do any direct cessation services. What we are trying to do instead is just raise the issue of stopping smoking by doing some advertising, doing some African American culturally appropriate quit kits and to just encourage people to quit smoking by calling the smokers help line or to take advantage of local resources to help stop smoking.

Thus, the involvement of others is essential for African American tobacco control organizations to conduct their work within African American communities. Educating about tobacco control through the involvement of health care providers, such as nurses, physicians and dentists, focuses on tobacco cessation and treatment via training workshops on the principles of cessation, pharmacology, and information technology systems that prompt providers to assess for tobacco use and advise cessation to tobacco users during client visits.

Educating about tobacco control through the involvement of others is not only limited to tobacco users, community-based organizations, and health care providers. Tobacco control organizations also target politicians. With the advent of legislation to reduce youths' access to tobacco products and to limit secondhand smoke, educating politicians became increasingly important. Tobacco control organizations are cognizant that politicians play key roles in the tobacco control movement. As such, one organization strategically placed their office in the state capitol to have easier access to state lawmakers. While unable to lobby for a specific legislation, the organization provided politicians with information on excise taxes, smoke-free work places, and the health effects of tobacco use with the hope that they would support tobacco control legislation. This participant states

> Get politicians in that are anti-tobacco and speak for the African American community because they are going to be the ones that are going to push laws and ordinance.

Nevertheless, African American tobacco control organizations remain aware that the tobacco industry also seeks to influence politicians with campaign contributions and lobbying. A participant gave an example of this practice that she observed while in attendance at an event in the African American community.

> Phillip Morris was one of the sponsors, they had the little local councilman…come in and give a speech about excise taxes and it was like sitting there and reading something from the tobacco industry documents and how they use us and work it, work their game.

The impact of the tobacco industry is felt most keenly in the contributions that the tobacco industry makes to legislators. Participants in this study report that financial support given to politicians correlates directly to their support for tobacco control laws. A

participant provided evidence of this activity with a spreadsheet. This is a quote from this participant's interview.

> So Phillip Morris or Altria, as you see here, sent the governor a report of where he spent his money. Where they spent there money. This year. Now, we scroll down, and we see they've paid all these lobbyists at the—this is at the legislature, so this is, you know, $165,000 worth of money already this year....then we see here these payments to principals, which are groups—Wholesale Marketing Association, Chamber of Commerce, petroleum marketers, retailers' associations. All of these groups are the most vocal when it comes to fighting the secondhand smoke campaign.

Educating through the involvement of others, including themselves, about breaking the financial ties that result in organizations either publicly supporting the tobacco industry or declining to speak out against the tobacco industry is seen as the most important form of African American tobacco control organizations' work within the African American community. Thus, educating about tobacco control, developing written tobacco control policies, and establishing tobacco control resolutions for community-based African American organizations are widespread types of activities conducted by African American tobacco control organizations. These organizations provide sample tobacco control policies and/or assist with tailoring a tobacco control policy specifically for an organization. For example, written policies are used to state the organization's commitment to refusing tobacco industry sponsorship as well as to have an established policy on tobacco use in the workplace.

> We're trying to get the organizations to break the ties to the industry. We also want organizations to not allow any smoking at their events, you know, even it is going to be an outside event.

The Process of Collaborating

Collaboration with other community-based organizations and agencies on tobacco control strategies and activities is an important process used by African American

tobacco control organizations to conduct their work to reduce tobacco use in African American communities. The major benefit of a group effort is the combination of the strengths, assets, and resources of individuals and organizations into one collective movement. The defining attribute or property of the process of collaborating is collective movement or collectivism around tobacco counter-marketing strategies (see Figure 1 and Table 1). Major activities included in the range of this process are developing coalitions and networks among community-based organizations and businesses and developing partnerships with local and state health departments and agencies.

Collaborating on Tobacco Counter-Marketing Strategies

According to the participants, their tobacco control organizations established and coordinated collective movements throughout the US using teleconferences and E-mail to combat the marketing of tobacco products in African American communities. The major example of a collaborating process activity is the counter-marketing effort to deter release of a new tobacco product, *Brand X*, targeting African Americans. *Brand X* was a cigarette whose packaging used the colors black, red, and green, colors that resonate with the African American community. The front of the box contained a large "X." The marketing of the cigarette was planned for release around the time of Spike Lee's movie, *Malcolm X*. Several African American individuals and organizations joined together to have the product and promotional event and materials removed from African American communities. A participant describes the decision to fight against the release of the cigarette as

> We made a decision really at the spur of the moment to go after and try to prevent it from coming out in our community in 1995, when Malcolm X movie was being released. And with a conference call and some quick acting folk, we rallied to

folks around the country to make a decision that this was one cigarette that was not going to be a part of our community.

Due to a letter writing and media campaign, *Brand X* had a limited release due to the collective efforts of the African American tobacco control organizations and its community partners.

Collaborative efforts by African American tobacco control organizations are dynamic efforts that are not necessarily coordinated together, but can potentially occur at the same time in other geographic locations. For example, African American tobacco control organizations across the US collaborated in covering tobacco industry billboards with paint.

> The tobacco black washing billboards was before the master settlement agreement, the tobacco industry had free reign. You know it was like home on the prairie. They had billboards everywhere. There was an effort here in [city], it was a collaborative and collective effort because it happened all around the country, but I know there was a level of activism here, that was very uh.... aggressive. Where we would go out and take black paint and even sometimes red paint and we would just put our signature on those billboards. Literally, we would just cover up the product, we weren't just doing tobacco, we were doing alcohol too.

All of the participants view collaborating with other groups and building coalitions as essential elements to success in tobacco control. In the quote below, a participant discusses how collective groups and individuals can work together to make a change.

> Here is what happens when forces unite, with shared values, shared vision, united voices, the end result is a victory. That was one of my pieces that I wrote on the board. It said: 'What is the vision? What are the values? And what are the voices?' And add all of that together, the sum total is a victory. And you know, I think that was the piece that went over so well.

In this viewpoint, collaborative efforts help to build and strengthen the work of African American tobacco control organizations by utilizing and accessing the knowledge and

expertise of other African American tobacco control organizations and advocates on behalf of African American communities.

The Process of Developing Culturally Appropriate Materials

Many of the African American tobacco control organizations are funded to provide culturally competent tobacco control interventions within African American communities. The limited number of tobacco control materials specific to African Americans, however, led many of these organizations to develop culturally appropriate materials for African Americans themselves. The defining attribute or property of the process of developing culturally appropriate materials is being culturally relevant (see Figure 1 and Table 1). To ensure cultural relevance, a majority of the African American tobacco control organizations modified existing mainstream tobacco control materials or developed their own materials specific to African American communities. They developed written and visual media materials to "personify tobacco use" and to provide information on tobacco use and counter the tobacco industry's messages. The range of culturally relevant materials used in African American communities by a majority of the African American tobacco control organizations includes, but is not limited to, tobacco cessation and prevention curricula for healthcare professionals, faith-based tobacco control documents, and a comic book for African American youth.

Being Culturally Relevant

Participants of African American tobacco control organizations conceptualize culturally relevant strategies in various ways. For some participants, cultural relevance is having a through understanding of a local community's history and social networks, that

is, "really understanding community—the geography, the social connections, the history." Below a participant describes culturally specific:

> I think that, you know, there are distinctions between African Americans and another population. And I think that those who have experienced being a part of that culture, of African American culture, know what those distinctions are or at least have a better perception. And then know what the priorities are in the community, or at least have a better idea. And then can make interventions or materials relevant to those particular ideals or values. So I think it's, it's from within, and tailored to the community. So it's not from the outside, you know, trying to create, create something they know nothing about. It's from within, and specific and tailored to the culture to the extent, you know, extent of the knowledge that people have about the culture and the norms, whatever your own understanding is. But there's always going to be gaps between what your perception is and me and what my perception is and the community, so we're not always going to be in line, but we do the best we can.

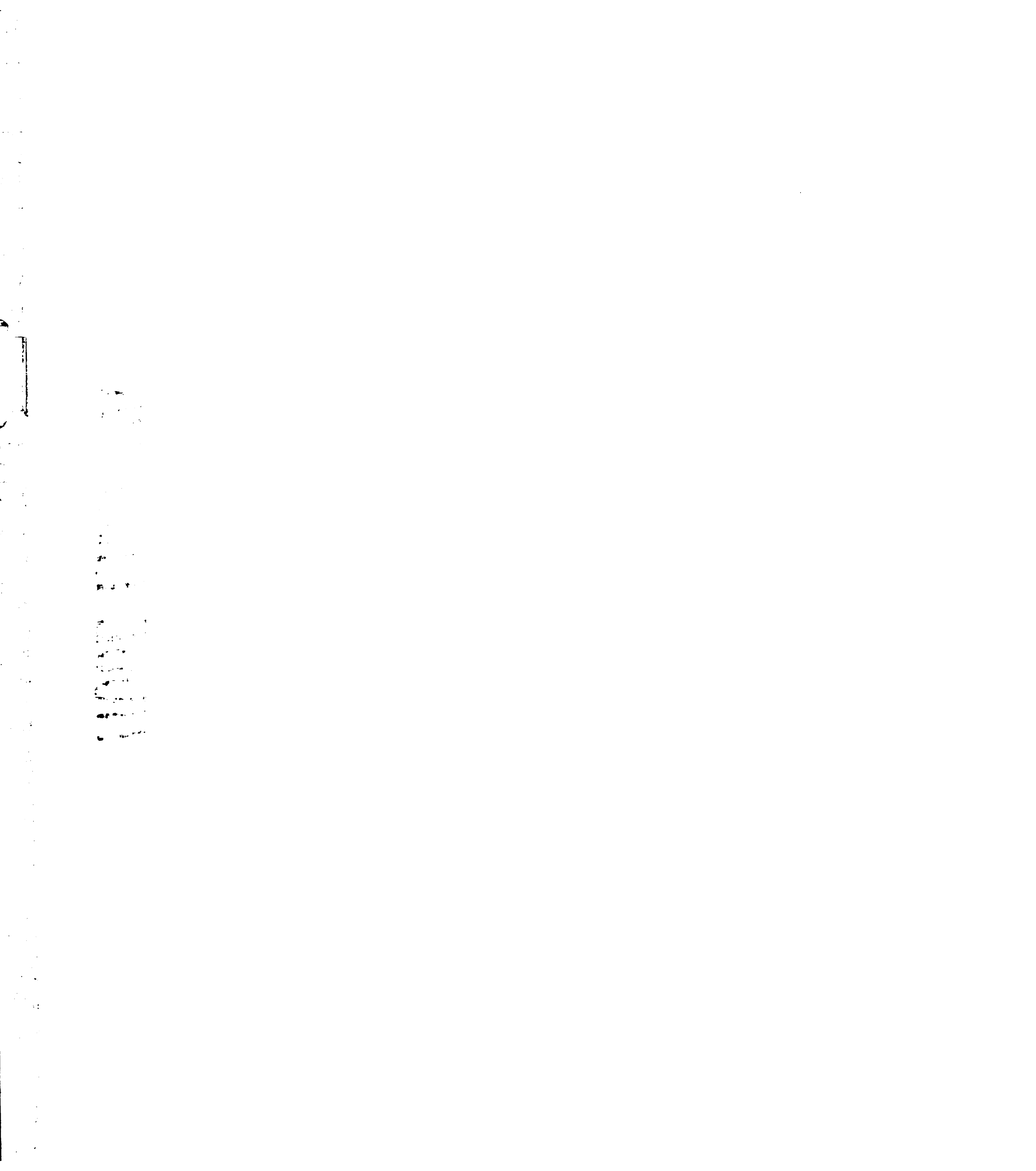
Other participants operationalize culturally relevant materials as the use of colors and graphics traditionally associated with the African American community. Below is an excerpt from a participant describing one of the organization's culturally relevant media.

> All this has African American people on it....when you're looking at this, typically, you would see, you know, not African American people on it, or maybe mixed among others, but this clearly is a message for the African American community.

Another participant describes how certain colors can be used to link materials to the African American culture.

> Even the colors that we use are African American related; you know...things that we definitely identified in term of colors and black, the black pride.

Culturally relevant strategies, however, extend beyond symbols and colors. Some organizational materials were written to reflect the linguistic style of the population by utilizing words or slang common to the local area. This exemplar shows how some of the African American tobacco control organizations use both language and graphics appropriate for the African American population in its media.



> Culturally specific—it means that we have a program that the language reflects the culture that it's from. The curriculum reflects the culture, so it'll be definitely related to their culture. Sometimes, you have to change the language so that, you know, your clients can relate to it. Sometimes, it can be a symbol or a logo that you're using that you may want to change so that, you know, that culture can relate to it. So, we want to make sure that it fits into the culture. A lot of things that are mainstream are okay, but sometimes, they just need to be adapted to fit a specific culture, so that it works for that culture.

In addition to colors and the use of image of African American people, the importance of family in the African American community is also portrayed in a majority of the tobacco control organizations' materials. In the excerpt below, a participant describes how its organization uses a comic book, developed specifically for African American youth, to illustrate how young people are influenced by the actions and consequences of tobacco use by their family members.

> It [the comic book] spoke to them in their language and it was attractive to them and it just talked about the dangers of smoking. The storylines had one of the youth's grandmothers, she had emphysema because of her smoking, so course he was concerned about his grandmother. He had been thinking about smoking and because of his grandmother's situation ended not starting.

In contrast to the prior examples, one participant views the phrase, culturally relevant, as "more of that buzz word stuff." From this participant's perspective, culturally relevant strategies do not consist only of Afrocentric symbols and colors, but should illustrate a way of being as an African American. This participant views cultural relevance as one having a deep understanding of what *might* be the correct way to deal with an issue. Based on a majority of the participants' comments, culturally relevant approaches are not easily identifiable or concrete, but they should be bound in knowledge and experience. In the quote below, a participant describes a situation in which she implemented culturally relevant tobacco control strategies.

What I think we should be doing is empowering the local community groups, educating them and empowering them around tobacco control, so that they're in a position to determine what happens in their community....At the end of last year's budget cycle, I had $1,000, and they told me I couldn't turn it back in. I needed to spend it. I was able to pick up the phone, I was able to call Mrs. X at the [city] Deliverance Center, and say, 'I've got this money, and we need to spend it,' and that there would be somebody on the other end of that line that understood the issue and was willing to step up to the plate and work in that community that she's already working in around the issue of tobacco control....So to me that's culturally competent. She's cultural. She's competent. She knows the issue. And she is positioned that she then picked up the phone, and she called all these other little groups in the city that she's working with, and she said, 'We're going to do this project. I don't know too much about it,' she said, but, you know, she had, and she said, 'But we're going to do this.' And they said, 'Certainly we're going to do this, and we will help you, and we will see that you have the people, and we will see that you get the press media coverage.' That's to me culturally competent.

Not all of the participants were able to provide an example of culturally relevant tobacco control work. For example, one of the participants' organization was funded to train state health departments on culturally competent ways to conduct tobacco cessation in African American communities. Yet, when asked to describe a culturally competent smoking cessation strategy, the participant responded, *"We're researching that right now."* This response highlights the challenges that even African American organizations experience working within their own communities and that there are not always established or intuitive ways of conducting culturally relevant work.

Equally as important, participants recognized that many Blacks living in the US do not self-identify as African American, but as Ethiopian, African, or Caribbean. The differing histories and life experiences of American-born Blacks and immigrant Blacks resulted in organizations having a limited understanding of strategies that were culturally relevant for subgroups or segments of the Black community. A participant spoke of developing strategies for people of African descent in her city.

> You have two-thirds of the African American population, American-born African American, Black people. And then you have the other third African immigrants, from countries, mainly from Somalia, Ethiopia, born in Africa. And we don't even share the same language, let alone the same culture. The only thing we have in common is similar skin tone, color. But we get lumped together by the census and therefore, we get lumped together by funding agencies. So it means that we are, you know, our interventions or our activities include African immigrant populations, even though we don't know what's best for them, absolutely. So we try to do our interventions by being cognizant of that, by letting them, you know, asking them 'What can we do? How can we participate?' You know, being more humble about it. At least I try, but they're definitely underrepresented by our network and in our network, and I would be the first one to admit that. I'd be a hypocrite if I didn't. But it's something we're trying to work on, mainly by building their capacity, so we won't have to be like, 'How can we help you?' or 'How can we get involved?' The heck with us. Let's make you stronger. Let's - so you can tell us what to do.

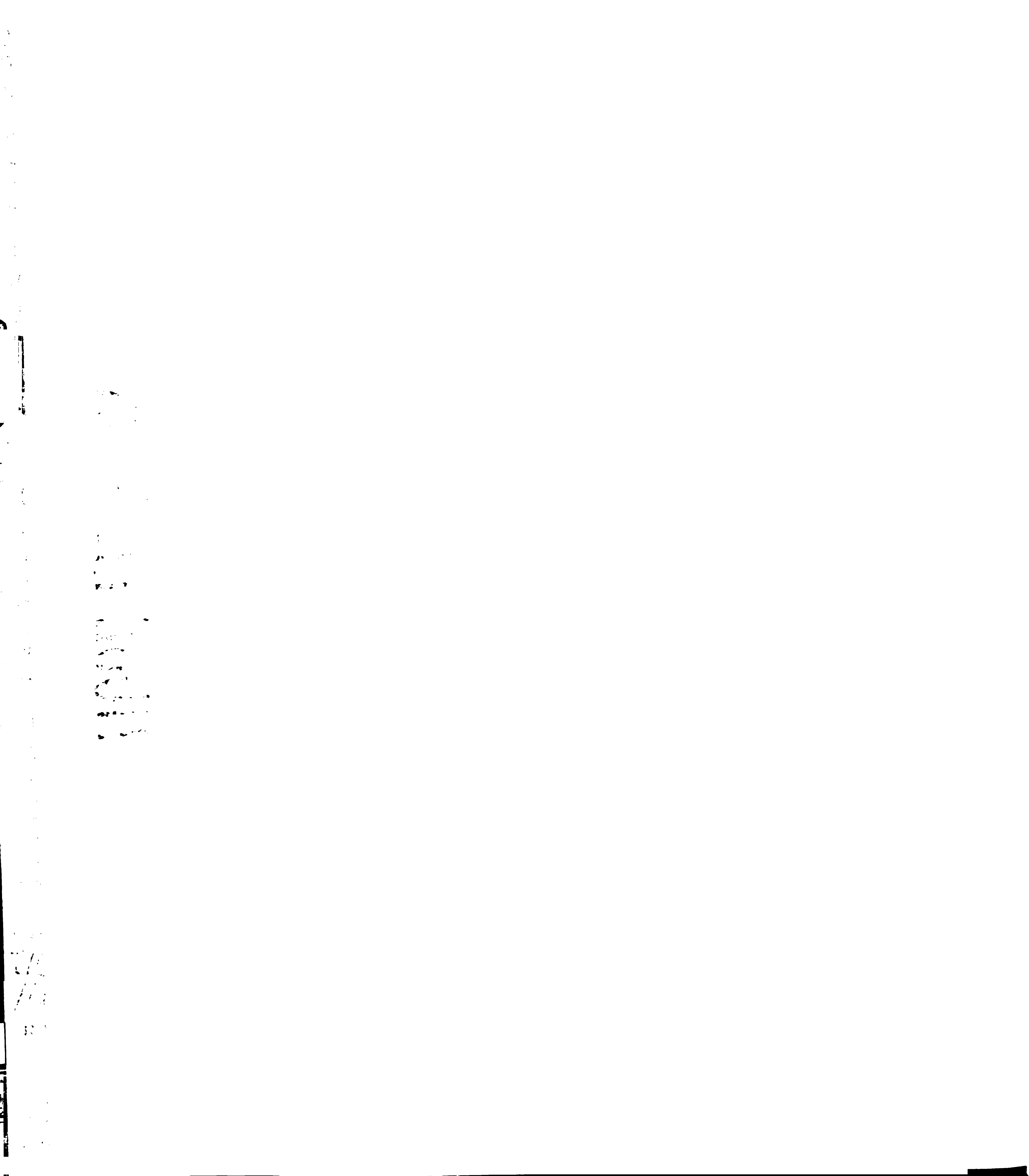
The Process of Strategizing for Community Involvement

Building a larger network of African American organizations and individuals involved in tobacco control is essential to success in the reduction of tobacco-related health disparities. A majority of the participants report that their organizations accomplish this by strategically planning to involve the African American community in the tobacco control movement and that their organizations are thoughtful in the manner in which they attempt to engage other African American organizations in tobacco control work. Their tobacco control efforts are directed at building a healthier, stronger community by engaging community-based organizations serving African Americans. The term, community, is often used in many different ways and has different meanings. In the excerpt below, a participant describes community as

> Well, I think it's a system of support, or a group of people who share things in common and who decide that they're going to, in some capacity, work together or, or whatever, be together, for a common goal or for a common good or just for, to be around or with people who share the same values as you do. So in my mind community - it's not restricted to your skin color or where you live or anything. In fact, we use that word so liberally, it doesn't really mean much anymore, to be honest with you. We use it when we're referring to African Americans in general;

> we use it when we refer to certain neighborhoods. So you're going to hear me use it, and it's going to mean different things, and you're probably gone need me to clarify it a couple times, but we all do it. You know what I mean? It's just a nice word to use. So it means different things in different situations, but for the most part it just refers to people who are, like the African American community, when I'm speaking around tobacco control to people with a common cause and who care, or who share the same values and some of the same cultural, you know, things in common, so.

The process of strategizing for involvement demonstrates the importance of engaging the community in tobacco control (see Figure 1 and Table 1). It has three attributes or properties: (a) developing relationships and partnerships, (b) raising awareness, and (c) creating collective power around tobacco control for the purpose of a larger African American tobacco-control community (see Figure 2).



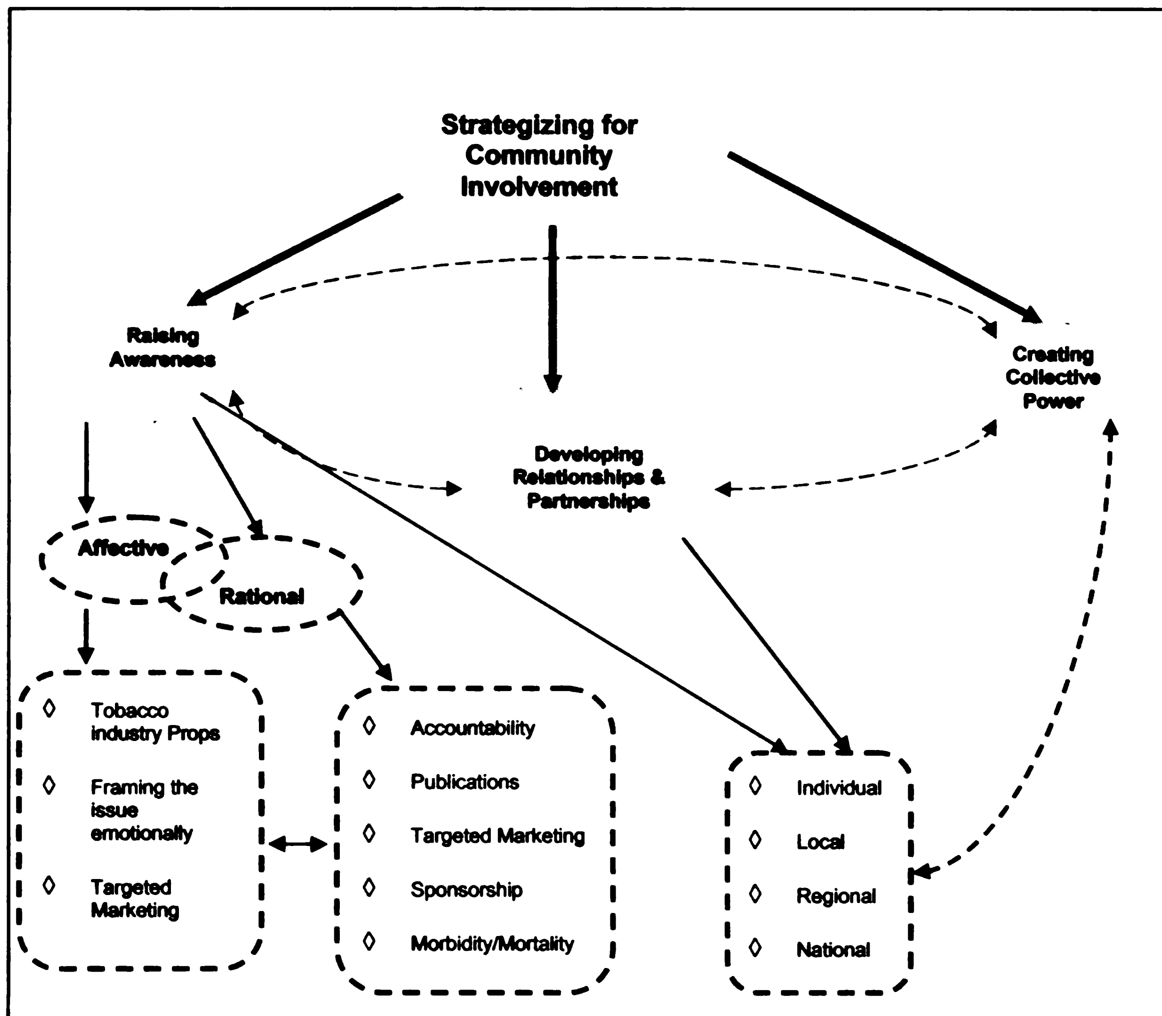


Figure 3. The Process of Strategizing for Community Involvement in Tobacco Control

Developing Relationships and Partnerships

A majority of the participants report that their organizations send out an introductory tobacco control informational packet as a strategy to increase the number of community-based organizations involved in the tobacco control movement. This packet consists of an introductory letter that describes the organization and its mission, along with educational materials. These letters, or phone calls in some cases, serve two purposes: (a) to establish contact and begin to build a relationship around tobacco control, and (b) to raise the organization's awareness of tobacco use and the purposeful marketing

tactics of tobacco companies. Often, these African American tobacco control organizations reach out to and build relationships with non-traditional community organizations, that is, community-based organizations that are not traditionally involved in tobacco control, such as school districts, colleges and universities, faith-based organizations, fraternities and sororities, and community businesses in order to develop a "multi-level response" to conducting tobacco control work. One participant describes how her tobacco control organization develops a list of African American community-based organizations as a useful strategy to assess potential organizations with which to partner.

> If it's within our geographic area, we'll of course, begin formulating the list of potential groups who could participate or might want to buy into this campaign. If it is bigger than that, then we either contact a local rep in a particular area like Atlanta or California.

By partnering with different community organizations, the advocates of tobacco control organizations are able to disseminate tobacco control messages throughout the African American community. These tobacco control advocates contact large established community organizations, for example, the Urban League and the NAACP as well as lesser-known organizations, for example, small churches and African American owned businesses. This multi-level approach to strategizing for involvement in tobacco control ensures that African Americans are exposed to tobacco control messages in all aspects of their lives, for example, at church, home, and work. A survey conducted by one of the African American tobacco control organizations substantiates the need for engaging different groups within the African American community. In the excerpt below, the participant describes the results of this survey.

> Participants wanted services within the African American community, like non-profit organizations, other grassroots communities, churches, etc. Communities needed to be educated on marketing tactics being used by the tobacco industry. Communities needed to mobilize to advocate change.

In what some might consider controversial, one group involved local gang members in the tobacco control movement by acknowledging and appreciating the gang's concern about the community. This particular organization had a truly inclusive perspective on what community consists of—that even those that are doing harm to the community by selling illegal drugs are welcome also to join in the work against a large corporation. This particular participant remarks,

> Contrary to what some people say, some of these brothers and sisters are very community minded. I may not agree with some of the behavior and tactics that they use in the community, but if you can get enough of them and speak to their hearts and their minds and their spirits.

Developing a partnership with marginalized community members is an example of capacity building based upon being inclusive of all individuals living within a community. In contrast to traditional thoughts and approaches, regardless of one's occupation, individuals invested in the community have a role in preventing tobacco-related diseases.

Raising Awareness

Raising awareness of tobacco-related health inequities and disparities with African American organizations is an objective of all of tobacco control organizations represented in this study. Since tobacco control is not readily seen as a priority in the African American community, highlighting the significance of tobacco prevention and cessation to the African American community is essential to the success of African

American tobacco control organizations. These organizations raise awareness through two approaches: an affective approach and a rational approach.

Rational approaches include providing health statistics, such as, "45,000 African Americans die annually due to tobacco-related diseases." One participant states

> I have tried to raise their awareness. I talk about how this is a health issue and how it is preventable and it is the number one preventable disease among African Americans. Those things seem to gather people's attention.

Utilizing tobacco-related morbidity and morality rates is the most common rational strategy used to raise the awareness of organizations. Other strategies include providing educational toolkits, conducting workshops, and presenting at community events, such as health fairs. However, for community organizations not involved in tobacco control, finding a connection or "natural link" is the most useful rational strategy.

> If they're another health related organization, they know the importance of it and what we try to do is to get them involved in tobacco by making the link between what they are doing and what we are doing. For instance, for WIC or maternal and child health programs, we talk about secondhand smoke affects babies and how sudden infant death syndrome is increased by secondhand smoke.

Yet, the rational approach is often not enough to encourage community organizations to take an active role in tobacco control. Although the rational approach is effective with many people in garnering their initial interest, the emotional approach to describing the targeting efforts of the tobacco industry has the most impact in influencing community organizations' interest in becoming involved in tobacco control. For example, many of the African American tobacco control organizations often highlight how the tobacco industry places marketing information on clothing given away to individuals for marketing purposes. One participant describes this marketing strategy used by the tobacco industry as

> And so the people just aren't that interested until you really hit on something that gets them....you know I have my Marlboro baby clothes that I got from West Africa. So I can say 45,000 people die every year and that is just like nothing. But show them the baby clothes and that just gets them going.

Making a connection around tobacco use in African American communities is an essential activity for African American tobacco control organizations. Once a connection is made, they are able to discuss options and methods for the African American community organization to become a part of the tobacco control movement. Making a connection is described by a participant as

> With the churches, and so, we were talking about the intergenerational harm when an elder dies from smoking. And that was what got the ministers because they, you could just see the light go off. And they look out in their congregations and think about the people, the grandmothers and grandfathers who died from smoking and what happens to their families. And so it is making the connection for their particular issue, what ever that is, on how does that fit in, how does tobacco fit in, to what is important to them. And until you do that, there is, kinda of, people are just kinda disinterested in general.

Tobacco control organizations hope that when a link to tobacco control is established, the community organizations will participate in tobacco control activities and sustain their involvement in the tobacco control movement over long periods. Sustained involvement requires a commitment to tobacco control activities. This increased level of involvement is described by one participant as

> And so there is just a level of commitment, that you, it's just a spark in a person's eyes that there not just there anymore, but they are really interested in it because of spark that has come to their eyes.

Once a community organization expresses interest in tobacco control, the tobacco control organization begins to work with the organization to develop the capacity to conduct, design, and implement tobacco control efforts.

Creating Collective Power

Collective power is apparent in the expanded tobacco control networks in the African American community. Increased awareness of a need for tobacco control activities increases the numbers of organizations in tobacco control. Similarly, existing relationships allow tobacco control organizations to educate community organizations about tobacco control. As such, the interaction between raising awareness and developing relationships result in a critical mass of committed community organizations and individuals in tobacco control. This participant discusses how having a relationship with organizations or individuals can help to establish a larger network.

> I mean, you got to first look at those groups that you have relationships with initially. Then the buy-in on that level, going to be a high-end buy-in....because you all have already established mutual admiration, mutual trust, shared effort. You have, you know, you don't take them for granted, but you solidify that right away. Because by doing that, now those that may be on the peripheral or you may not have direct contact with, they may do. They buy into you when you come to the door. Because they see, it is almost like what Bernie Mac said on his show, 'Who you with?' 'Who you with?'

Larger networks are more useful in disseminating information, changing social norms, and influencing politicians in decisions made about tobacco control legislation. The following passage exemplifies how a marketing firm, government agency, and an African American community-based organization combined resources for maximum impact in a local African American community.

> The African American, you know, marketing and public relations firm that was working with the State, that had talked to us about that. And they indicated that they wanted to get the message, get the word out to the African American community. We, in turn, had a vehicle that could implement that and do that. They had a plan and had a strategy, had done other things, in terms of putting billboards up and radio advertising and TV announcements, but in terms of reaching the grassroots community and whether it would be in the church or whether it would be in other communities...or the Urban League or things like that. They didn't have that sort of network set up, so they talked to us about it, and

it seemed like a good marriage. So we hadn't thought about initially, whether a tobacco education would be a great idea for us to do. We were approached, and from that standpoint. We had a vehicle to do it; it met with our particular mission. As they talked to us more about it, as we learned more about it, we said that this would be a good thing to do to make a difference in the community.

This organization now directs the largest tobacco control program for African Americans in the state. This example provides insight into how organizations work together to increase capacity and the infrastructure of tobacco control in African American communities. This participant went on to describe how the organization's infrastructure supports and helps to achieve program goals and objectives.

> [If] we want to pull together a program and get it implemented into the African American community, as opposed to being disjointed or trying to hit a number of areas, it's important to be able to go to an organization that has, an organization that can consists of individuals and people, kind of a machine, or that would be able to get that message and word out relatively quickly. So when I use "infrastructure," I'm saying that there's someone that is coordinating the program. There's someone that, within that particular program, that has materials, collateral material on site that can be disseminated. There's someone that has an organization internally that can say, "Here's how we need to get the message to the community at large." There is, beyond that organization, it kind of mushrooms into other individuals that can get the information to their particular community. There is a - there are individuals from an administrative support standpoint, from a program support standpoint, from a collateral standpoint, that kinda pulls it all together and moves it out in a quick manner to the community. So when I say "infrastructure," I mean all of that. If that gives you a better feel for what I'm saying.

Summary

In this chapter, four basic processes of the work being conducted by African American tobacco control organizations in African American communities was described by participants in key leadership positions in these organizations: (a) educating, (b) collaborating, (c) developing culturally appropriate materials, and (d) strategizing for community involvement. Strategizing for community involvement includes raising

awareness, developing relationships and partnerships, and creating collective power. These four processes are not distinct entities; they work in synergy to accomplish the work of these organizations, however, there are challenges to conducting tobacco control work. These challenges are discussed in the next chapter.

CHAPTER VI

WORKING WITHIN THE CHALLENGES OF TOBACCO CONTROL

In the previous chapter, the processes that comprise the salient work conducted by African American tobacco control organizations were explicated. In this chapter, the conditions that challenge and hinder the tobacco control work of these organizations are presented: (a) working with differential funding, (b) balancing the requirements of funding agencies and the community's needs, (c) counteracting tobacco industry sponsorship and marketing, and (d) dealing with the societal influences of institutional racism and marginalization.

Working with Differential Funding

Many of the key leaders of African American tobacco control organizations spoke about how tobacco control funding is distributed differentially at the local, state, and national levels. They express dismay about the percentage of available tobacco control funding allocated to Africans Americans, despite the greater disparity in tobacco-related health effects experienced by African Americans. Often, participants felt strongly that the largest amounts of financial resources should be given to those populations and/or communities that are at greatest risk. While discussing the disparity in funding between non-ethnic tobacco control programs and African American tobacco control organizations, a participant notes

> The first round of the grants that they released was in, you know, excess, I think, the awards were like a million dollars. But that was not for the minority population. That was for the majority population. And so those that received that funding, you know, most of them received a million dollars…when the second funding came around, round two for high-risk populations, the funding was not the same. You talk about parity. You must achieve the same results as the majority population with less dollars. And it's really disproportionate because we had less money, but tobacco affects our community more than it does the majority

population when you look at that, the health risk, when you talk about deaths and…disease from tobacco use, or secondhand smoke.

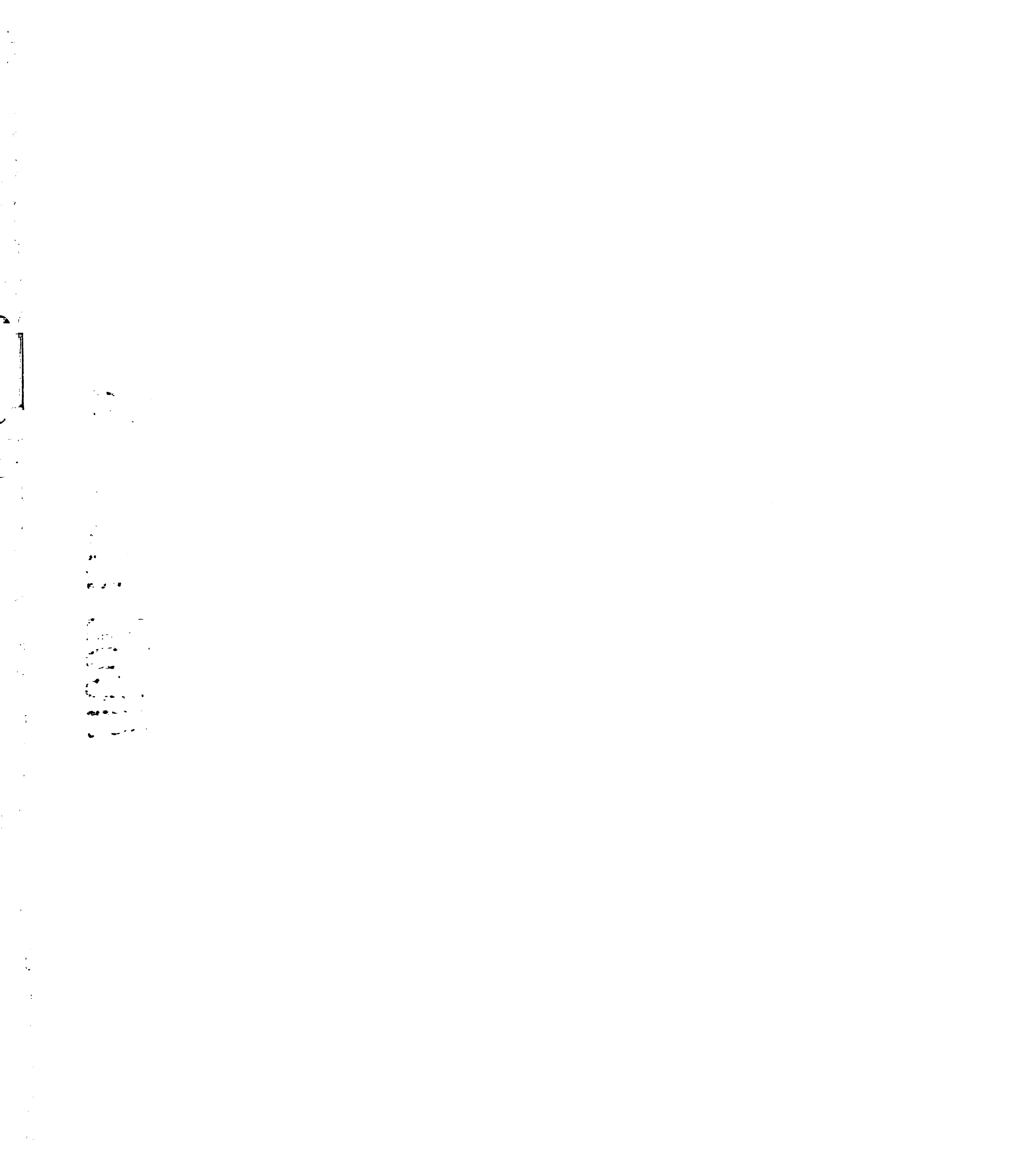
Further complicating the differential funding that African American tobacco control organizations receive are steep reductions in funding for tobacco control programs. Some organizations with a history of working in tobacco control had recently experienced dramatic cuts in their annual budget. In one instance, the budget of an African American tobacco organization was reduced from $1.8 million/year to $150,000 within a four-year period; this is about a 91% reduction in funding. Unfortunately, the expectations of this tobacco control organization did not diminish with the reduced budget as explained in the quote below.

> And then we get our budget slashed significantly and the Department of Health and Senior Services asked me to head up an initiative that we called Identifying and Eliminating Tobacco-Related Disparities… And that, that was two years, three years ago, and then last year we expanded it to include [city]. And this year they want me to do a statewide initiative, with the same amount of money and be just as effective.

Even with increased expectations, African American tobacco control organizations exhibit resiliency and a commitment to tobacco control by finding innovative strategies to achieve the goals of the funding agencies. The participant details how the organization plans to conduct a statewide tobacco campaign with the same amount of money used for a two-city campaign in prior years.

> And so I'm going to. I'm going to identify five cities. I'm going to use up, you know, what we did in [2 cities] is we conducted a needs assessment survey. First thing I did was identify key organizations in the city. And we had already had a bunch from the [name] program, so we just built on that.

Participants note that funds available for all tobacco control efforts have decreased dramatically in the past years and those state tobacco-control funds have been used for other purposes such as repairing roads and balancing state budgets. A participant explains



There is, you know, one pool of money and everybody's going after that same pool of money. So then everybody's really qualified to receive funding from that. So instead of getting $300,000, you might get $50,000. Everybody's doing fifty or thirty thousand. So that's really a challenge that we're going through at this point too, the funding. And I know that the funding in tobacco has dried up somewhat, but I think it's dried up as far as it's going to go.

Despite the reductions in funds available for tobacco control efforts, African American tobacco control organizations continue their work. Further complicating their work is the requirements of funding agencies that do not adequately fund program objectives.

Balancing Requirements of Funding Agencies and the Community's Needs

African American tobacco control organizations constantly attempt to balance the needs of African American communities and the requirements of the agencies that provide financial resources for tobacco control. The needs and requirements of the two different groups are not always complementary. The following excerpt is from a participant who discusses how the expectations of African Americans communities and the expectations of funding agencies of African American organizations are different.

Participant: Whatever African American organization there is, it doesn't matter which, they all have more on that plate than can get done. It is the nature of being in this culture and being 13% of the population in the United States. It's a relentless pressure to get your agenda items taken care of. There is also, generally speaking, higher expectations on African American organizations, to perform or to excel or to whatever. So both expectations and sometimes the judgments on these groups are different than our white counterparts.
Interviewer: What do you mean different?
Participant: Well, usually the expectation is a higher one, the expectations of African Americans about their own organizations, and then of course, you have the expectations of the funding sources, outside groups that monitor, participate or work with your organization. And those competing expectations create a tension that has to be balanced.
Interviewer: What are the expectations of African Americans of their own organizations?
Participant: Staying true to the course of things. Sometimes, activists take on missions that are wider than their original focus. That happens a great deal at the time...

Interviewer: What are the expectations of other philanthropic organizations of organizations?
Participant: One is that they want you to act like white organizations, act like white organizations.
Interviewer: Act like white organizations. What does that mean?
Participant: Well, what I am saying is that they got a different set of expectations. They tend to want black organizations to also do the same job, but with less money as possibly their white counterparts. There could be another group doing the very the same thing, but they are getting $1.5 million, or $3 or $4 million, but they want you to do it for $550,000 and do the same thing.
Interviewer: And how does that work out?
Participant: Well, it doesn't. You do what you can with what you have. That is how it works out. And usually you do more than what is required of you with the same amount of money and resources that are made available to you.
Interviewer: So, how do you balance the tension between the African American community and the funding agencies?
Participant: Well, you do it like anything else. I don't know if there is a big mystery. You decide in any given point in time what is more important in that particular moment and you act on that. What you should never let it do is stop you. The tension will be there forever. It's not going to end.

Organizations attempt to meet the expectations of African American communities by "staying true to the course of things," which means developing interventions that meet the funding agencies requirements as well as providing an intervention that includes culturally competent strategies that meet the needs of African American communities. Thus, African American tobacco control organizations are responsible for providing equilibrium to balance the needs and requirements of both stakeholders. In the sections that follow, African American tobacco control organizations' endeavors to balance the requirements of funding agencies and the unique needs of African American communities are discussed as it relates to holistic health, personnel, volunteers, timelines, and program expectations.

Holistic Health

African American tobacco control organizations often have to approach tobacco control efforts from a holistic perspective, especially given the various health disparities

within the African American population. Tobacco use influences various illnesses that are prevalent among African Americans, for example, cardiovascular diseases, lung cancer and other respiratory diseases, and hypertension. Holistic or wholeness health is the belief that health is composed of three dimensions: spirit, mind, and physical body (The Association of Brethren Caregivers, 1993). Spiritual well-being refers to faith and belief in a higher power, while, mental well-being refers to an individual's satisfaction with relationships and ability to think. Holistic health asserts that each dimension is equally important and that a balance of all three dimensions, rather than focusing on one to the exclusion of the others achieves a "wholeness" of health. The Association for Brethren Caregivers' definition was similar to how organizations conceptualized holistic health:

> The whole health lifestyle. And a part of it, we're talking about eating better, physical exercise, the idea of good mental health, you know?

Often, participants felt that African American communities' tendency towards holistic health require that tobacco control be approached from a more holistic perspective. As discussed in Chapter 5, African American tobacco control organizations establish natural links to tobacco use through other health disparities such as asthma and cardiovascular disease. While this tactic is useful, the influence and needs of funding agencies often run counter to how organizations believe work within African American communities should be conducted. Participants often noted that funding agencies approach disease in a categorical manner—an approach that treats diseases and body organs as if they exist in isolation. The categorical approach to health promotion and protection is as an important barrier to engaging other organizations in tobacco control and a Eurocentric viewpoint.

> I think the way our funding structures are set up that is a real hinder, that really hinders the prospects because it is a very Eurocentric method of setting things up where things are, you know like, everything is related to physical exercise. But we have heart disease over here, diabetes over here and so it is a common problem that is creating all these things. But the way, because the Europeans are in control of the way we look at things, that it is all set up to be that it is not complimenting each other.

Therefore, a majority of key leaders of African American tobacco control organizations advocate for approaches that look at how diseases and their causes interact and affect health, as opposed to a framework that isolates one physiological system. As one participant said, "*You can't be a single issue person in our community.*" Below this participant discusses how African American tobacco control organizations' approaches differ and/or may seem unusual to mainstream tobacco control organizations.

> You can't, you can't pick tobacco and just stick with that. Even though that's our goal and that's what we work on, we realize that this issue is not in a vacuum. The reason why it affects us disproportionately is for many different reasons, let's say, you know, poverty, racism, classism, all these other factors are at play, and it's not just tobacco by itself that, you know, that's the issue, that's the problem. It's all of these intertwined issues. So even though it might seem like a stretch to like some of the mainstream tobacco organizations, to be involved with, let's say, teen pregnancy or, you know, racism or even, you know, mental health, you know, groups and, and activities, it's not a stretch at all if you know the communities. If you know the issue, if you know the history of the tobacco industry has, you know that you can't really just, you know, just stick to the health messages and that's it.

Consequently, these organizations are left to creatively design tobacco control programs that link to other health disparities. This strategy would be easier to implement and integrated into African American communities if funding agencies had a more holistic view of health and tobacco control. Some participants note that existing under umbrella organizations that address multiple health problems is a benefit to the tobacco control work of their organizations as well as to the community. They voice that integrating

information on how tobacco control use exacerbates tobacco-related and other health problems is not difficult to do within the context of their existing work.

> We're an agency, fortunately, that we're diverse in what we do. You know, we're not just tobacco. Even though many of what we do can relate back to tobacco. We do a lot of cardiovascular health. We do an asthma program. And then we have a diabetes program, and a lupus program. So we have a couple programs that kind of, you know, all of the conditions can be exacerbated by secondhand smoke or active smoking.

The participant from one of the African American tobacco control organizations has a collaborative relationship with its funding agency, which supports its holistic health approach to tobacco control. In the quote below, the participant explains the organization's relationship with the funding agency and its mutual respect for approaching tobacco control within the holistic health perspective.

> We found out through our research and experience that cessation is a better sell if you tell them some kind of relationship about tobacco with diabetes, tobacco with heart disease, even tobacco with cancer is so used up that people don't think they're going to have it. But if you talk about tobacco and emphysema, people tend to listen to you more. So when we had this fair, by having blood pressure set up and the carbon dioxide set up, you had more people come in, and then eventually we talk a bit more about tobacco cessation.

The grantor's belief in holistic health led them to seek out an organization that has a similar mission. The tobacco control organization's mission is "*connecting with the community to improve life spiritually, economically, educationally, and through health and housing.*" In the quote below, a participant provides insight in to how its organization became involved in tobacco control efforts due to the funding agency.

> They indicated that they wanted to get the message, get the word out to the African American community. We, in turn, had a vehicle that could implement that and do that. They had a plan and had a strategy, had done other things, in terms of putting billboards up and radio advertising and TV announcements, but in terms of reaching the grassroots community and whether it would be in the church or whether it would be in other communities...They didn't have that sort of network set up, so they talked to us about it, and it seemed like a good

> marriage. So we hadn't thought about initially, whether a tobacco education would be a great idea for us to do. We were approached, and from that standpoint. We had a vehicle to do it, it met with our particular mission. As they talked to us more about it, as we learned more about it, we said that this would be a good thing to do to make a difference in the community.

For the majority of African American tobacco control agencies, the strategy of holistic health is necessary to meet the traditional, silo-like requirements of the funding agency with limited resources. Trying to connect tobacco control with organizations that focus on other health disparities is a strategy to counteract limited resources, particularly limited personnel.

Personnel

Personnel is another area in which African American tobacco control organizations' endeavors to balance the requirements of funding agencies and the unique needs of African American communities. Most African American tobacco control organizations conduct program activities with limited resources, especially in terms of limited personnel. Of the eleven organizations represented in this study, one organization has four personnel (one full-time and three part-time positions), two organizations have three full-time personnel; one organization has two personnel (one full-time and one part-time position); four organizations have one full-time person; and the remaining three organizations have at least one personnel at an unknown percent of time. The impact of limited staff to carry out program objectives is described as having a "*lack of capacity*" or ability to carry out program responsibilities. Different strategies are used to accommodate for the lack of paid personnel. A participant describes,

> I do have a website that can go any place. I also have, when I can, when, when money is available, do a newsletter. And, again, a lot of the things that I'm on, the boards [of other organizations]… are statewide. So that helps too. So [organization] can tie into their media piece as well.

In lieu of additional staff, organizations focus their efforts on implementing achievable campaigns comparable to their available staff and resources. For example, one organization focused on policy and media instead of labor-intensive campaigns. On one hand, you balance and meet the requirements of the funding agency, but, on the other hand, you compromise programs that would have been implemented in the community. All of the organizations use volunteers to implement programs within the community in light of their limited staff.

Volunteers

African American tobacco control organizations use volunteers as a way to balance the requirements of the funding agency and the unique needs of African American communities. Volunteers play an integral role in African American tobacco control programs, often serving in a capacity similar to an advisory board. Volunteers provide labor, intellectual, and other non-financial support and make up the majority of the network of tobacco control organizations in the African American community.

> We are a completely… [grant] funded program, so if the funds go away, we go away. There will be maybe a little bit of sustainability based upon the network that we have developed, but I doubt it. I doubt seriously if it will continue. It might continue on a real community level, because of the products that we provide, the materials, they…are still going to be needed and used. But as a network, it is a completely voluntary network. They meet on the weekends. They don't have the possibility to do it during the week, because these are people that work.

Although volunteers play a vital position within tobacco control networks, the African American tobacco control organizations are still responsible for developing and implementing innovative programs to meet the requirements of the funding agency. Understanding the volunteer nature of African American tobacco control organizations, participants attempt to prevent volunteer burnout by assuming the majority of the

workload and by limiting the number and length of meetings that volunteer attend. Participants express that you have to make involvement in the network seem easy.

> You just make it easy for them. Or if you're going to be at an event, you show up, you're ready to go. You don't make them have to call you and remind you to show up. You know, you just, just make it easy for them because people are busy enough as it is. So I think that makes it easier, because I try to make it easier. I try and make it that way.

Yet, participants prefer to provide community partners with financial support or compensation for their tobacco control efforts.

> *Participant*: We need to have money. A pot of money that's not designated for travel or computers. It's just a pot of money. And when we find the Mrs. X's of the world, we are able to say to her, "You do great work feeding those people once a week. But we think those people need to know the impact of the cigarettes that they're smoking...and we will give you all the information that we have." You know, "We will educate you around this issue. And if you think it's as important as we think it's important, we will give you $5,000." And out of that $5,000 you pay yourself, you know, you do a budget. You have a salary for your staff, you have money to pay the electricity and the rent. You have money to do this. And you have money to implement whatever this program is, project.
> *Interviewer*: You think it's important that they also pay themselves, that this isn't volunteer work?
> *Participant:* All of it's volunteer 'cause we can never pay them enough. You know, we don't pay them their full-time worth. But we pay them enough so that while they're doing our tobacco control stuff over here, they have enough money that they can keep feeding the people that are coming once a week to get the food. You can't say, "I'm going to give you $5,000 and every penny of it has to go to implementing the Not in Mama's Campaign." They look at you like, "Huh? You want me to stop doing the work I'm doing over here, feeding people, and now work full-time on this...We can't do that. We can't do that." So you give them a reasonable incentive to volunteer...some of the time that they're volunteering on feeding people. Now you're volunteering it on tobacco control, and you've got the public education piece going.

When possible, organizations sought to allocate precious funds to support the volunteer work of network members. Few organizations, however, have the capacity or the financial resources to provide even small stipends to organizations volunteering their time on tobacco control. Few funding agencies provide adequate funding for volunteer

support, and yet, volunteers help the tobacco control organizations to meet their program goals and objectives within budget and within a timely manner.

Timelines

African American tobacco control organizations also balance the timeline requirement of the funding agency with meeting adequately the needs of African American communities within that timeframe. The work of these organizations is bound by the funding period, often between two and four years. Participants noted the amount of time given to achieve goals is often ambitious. In particular, they noted that a large part of their work consist of developing meaningful relationships. Relationship building is necessary in tobacco control work and requires a significant amount of time and energy talking to individuals, communities, and community-based organizations about supporting tobacco control in the community. A participant describes this effort in the quote below.

> Just having it [tobacco control] on the minds of the organizational leaders and having them participate in community forums, speaking about it, taking those baby steps that say we're committed to our community and this is how we can do it.

Baby steps require that organizations invest time talking with community organizations over extended periods of time. Taking baby steps mean that organizations new to tobacco control required a significant amount of gentle nurturing, guidance, and education. The majority of participants note that tobacco control work is a process of continuous relationship building and education frequently achieved by attendance at community-based events and meetings unrelated to tobacco control. Although it increases the timeline it takes African American tobacco control organizations to meet the

requirements of funding agencies, a participant describes the benefit of attending community-based meetings unrelated to tobacco control.

> Show up, have them see your face, have them remember who you are, what you look like. Well, you know…she's that one serious sister, whatever. Or the one with the glasses. Or whatever. Have them remember your face and know who you are. Show up to their meetings. That's what I did the entire first year. I'm glad I did. I felt so, like I'm not doing anything. I'm not producing anything. There's nothing tangible. But the first year I was everywhere. I was at everybody's meetings. And I'm glad because now, you know, I went to that meeting once, and they still remember me and, you know, or saw something I wrote, a paper or whatever, and, and want to do something. You know? And all these opportunities pop up. So there's no substitute for showing up, basically. Building relationships.

"Showing up" indicates interest and support for the work of other groups and helps organizations to balance the needs of both the community and the funding agency. Showing up, however, is not sufficient. Organizations also need to establish credibility with organizations unfamiliar with their work.

> So you can't, as much as funding sources want to put timelines on things, sometimes you have to be like farmers and just plant the seed and know that there is going to be a bountiful harvest.

Many organizations are required to develop the infrastructure and capacity of African American communities around the issue of tobacco control within a limited timeframe. Participants spoke of the need for an appreciation of both the steps involved and the length of time that it takes to build infrastructure in the African American community. From the advocates' viewpoint, placing short timelines on tobacco control work in the African American community hinders the development and sustainability of effective and functional relationships in African American communities. Short timelines result in organizations attempting to prematurely accelerate relationships or more commonly, establish working relationships with organizations close to the time that their

funding ends. In the quote below, a participant talks about attempting to develop tobacco control relationships with organizations within short timelines.

> Because the funding is one or two years and you're not showing any, I was just getting to the point where I was making progress and then the grant was over. And so that is interesting too, I haven't, I had built relationships, I was getting articles published and then the grant was over. And so, uh, it takes longer than… and this is something I think the tobacco industry is banking on. Because they know that things are there for a year or two and then that's it.

Short timelines stop work in tobacco control at the point that organizations begin to feel that they have built meaningful collaborations to reduce tobacco-related health disparities, which affects program implementation.

Program Implementation

Program implementation is the last area in which African American tobacco control organizations have to balance the requirements of the funding agency and the unique needs of the African American community. Funding agencies' familiarity with hegemonic tobacco control efforts requires African American tobacco control organizations to conduct culturally appropriate strategies utilizing tools and methods standardized on and proven effective in the White population. This discordant practice of implementing tobacco control "best practices" designed for one population and used for another population without adequate evaluation is a common approach that is recommended by funding agencies that provide funds to African American tobacco control organizations working with African American communities. However, African American organizations believe that most tools, standardized on the mainstream population, lack cultural specificity, and thus, decreasing the tools' utility. The passage below illustrates this sentiment.

> I make sure that the evaluation tools are in line with what the foundation requires and what we need for our program. Which is kind of like a difficult situation because some of the questions that they want really don't pertain to our program because the questions aren't culturally specific. You know, they want to know how many cigarettes have you smoked in the past 30 days. And, you know, a lot of the African Americans, we aren't smoking cigarettes but they're smoking the mini-cigars, which would be Black and Milds, Swisher Sweets, Philly Blunts, things of that nature. So a lot of times we have to ask their questions, but we need to ask our own questions as well. So it gets kind of tricky because we have a survey that can be 15 questions long, that is now 25 questions long because we have…to satisfy the grantors….So our program was, in a sense, a program that we were able to develop and create on our own. It wasn't an evidence-based, best practice program, a CDC best practice program. It was a program that we said 'How do we target our community? How do we make this, again, culturally specific, with the nature of it?' And so it's not a best practice, but a lot of the principles are from that best practice, CDC best practice guideline.

Therefore, implementing culturally appropriate activities require organizations either to modify or utilize tools preferred by funding agencies, creating an imbalance between the unique needs of the African American community and the requirements of the funding agencies. Participants describe a lack of awareness about African American culture and culturally appropriate strategies by the grantors. They state that their choices and strategies for culturally appropriate tobacco control efforts are often questioned. A common culturally appropriate strategy is to provide hearty meals during meetings. In this passage, the participant discusses the amount of documentation required for her to conduct meetings in a culturally appropriate manner by providing food at all meetings.

> When we had our meetings - we wanted them to be more than just we're going to sit and talk…We wanted people to show up. And it's not a bribe. But it's having an environment with hot food, soul food, or whatever, even Mexican food. Hot food where people can sit down and eat. So we could all talk and share ideas, and it feeling casual and relaxed...'cause we would have it over lunch time…lot of people have to, are volunteering their time on the board because they can't, for whatever reason, their job doesn't include tobacco work or whatever.
> So we knew it was during our lunchtime, that we'd have to feed them and, and so just - for recruitment purposes, for setting the tone, and because we like to eat, I mean as a people food is important. It, you know, you're nourished - when you feed someone, it shows that you care about them.

This example demonstrates how a culturally appropriate strategy, having food at a meeting, can set the tenor for a meeting by displaying caring, thoughtfulness, interest in participants and appreciation of their work. Although grantors sought culturally appropriate strategies, participants often feel that in actuality the desire of the grantors is for African American communities to be responsive to more mainstream values and techniques.

> The State of [state] always keeps asking why our budget is so high, and why we order so much food.... [they] have us have a sign-in sheet of everybody who attends. But they still don't get it. They're still a little bit irked and irritated by the fact that we order too much food for this project. But it's not something that's going to change. There's a reason why, you know, they have an African American Tobacco Education Network, because the mainstream ways of doing things just don't work. They're not culturally specific. So you're just going to have to take the community group that put this grant together, take their word for it when we say we want food in there, that they're just going to have to deal with it.

Universally, participants agree that culturally appropriate strategies are those that recognize individuals and organizations in a respectful, appreciative way.

> Prioritizing people, individuals' worth, asking someone when they enter a room, "How are you doing? How is your family? How, you know, how are you personally?" And it's something I will encounter very frequently among African Americans and almost never among, you know, mainstream groups. So it's very culturally specific.

In this section of the chapter, requirements of funding agencies, and in the prior section, "differential funding" are the challenges identified by key leaders of African American tobacco control organizations in striking a balance between the requirements of the funding agencies and the unique needs of African American communities. Yet, these organizations manage to conduct their tobacco control work, using creative approaches. These challenges also make it difficult to compete with tobacco sponsorship and marketing.

Counteracting Tobacco Sponsorship and Marketing

The tobacco industry has a significant influence on the tobacco control efforts of African American tobacco control organizations. Tobacco companies, such as RJR Reynolds and Phillip Morris, provide large amounts of money to African American organizations in general. When compared to the amount of money spent by tobacco companies in African American communities and organizations, African American tobacco control organizations receive a minuscule amount of money to reduce tobacco use in African American communities.

> Manufacturers, advertising, they are making the bucks and those of us who are fighting again…we get kibbles and bits. It's just we can't match up advertising dollar for dollar. So we have to look at other ways, so many times people just give up when they don't have the same resources as others. And it is just too big of a problem to try and handle.

For African American tobacco control organizations, the sponsorship dollars tobacco companies provide to African American community-based organizations are an ever-present obstacle to their work:

> I think that it is hard for African American organizations, because we are still marginalized. We haven't made it to the top, so to speak. They are looking for ways to survive and to say that I'm going to take on the tobacco industry and lose the funding and nobody is offering me any alternate funds, is a big, a tall order. One that I think that people find to be really challenging and they would rather avoid it than deal with it.

A participant voices that African Americans organizations that accept money from the tobacco industry do so because the tobacco industry could not be defeated.

> What is that old adage? If you can't beat them join them. So even though people don't publicize or advertise for the tobacco industry, many times, they just take money from them because they can't fight them.

In order to prevent losing funds from the tobacco industry, organizations that accept money or other types of support from the tobacco industry frequently are unwilling to get

involved in tobacco control. For tobacco control organizations, few viable options to overcome this problem exist.

> The biggest thing that is an issue is that we don't have enough money. We don't have the money that the tobacco industry has and for us to say, 'we would like for you not to accept any money from the tobacco industry and instead take a position against tobacco that is tough for some organizations to do because the industry has lured them with money and incentives that we can never match. So that is one thing that is a big challenge for us. And we try to get them other options for possible funding but that is more work. That might mean writing a grant and that takes time and effort and the industry is just handing money out.

Internal policies of some organizations, however, hinder collaborating with African American organizations that have financial ties to tobacco industry money. For example, this particular organization has a policy that it will not work with community-based organizations that accept tobacco industry money. This policy has excluded effectively this community-based organization from collaborating with the tobacco control organization.

> We went to the 100 Black Men, and they said, "Thank you very much. However, we already get money from the tobacco industry. They fund our program that, you know, works with young men to do whatever, whatever, whatever." And we had as part of our protocol that we would not invite groups that received tobacco control money, tobacco money, unless they were willing to give up the tobacco money. And so when we say to them, 'Well, we'd like for you to join us in our efforts. And, by the way, you can't get any more money to fund your program from the tobacco industry.' They say, "Well, what do you have?" And I don't have anything to replace that money.

In order to have a tobacco control program with maximum participation, a participant suggests that the focus of tobacco control work in African American communities should be on acquiring replacement money for those groups that accept sponsorship money.

> I think that what would be helpful, in all fairness…if we deemphasize the divestment and emphasize finding other funds…so that people don't feel so

> threatened and attacked and work on capacity building to help them find other money.

African American tobacco control organizations address this problem by attempting to write grants that would replace a portion of the funds that are received by the tobacco industry. However, writing grants for other organizations to obtain replacement money is time consuming, is not a part of the organization's objectives, and requires an enormous amount of time and energy from an already resource-poor organization that has limited personnel.

The marketing of tobacco products to African Americans presents a constant challenge for African American tobacco control organizations. Tobacco control counter-marketing strategies lack the psychometric research, sophistication, and reach of the advertising campaigns of the tobacco companies. A participant explains the marketing expertise of the tobacco industry in the quote below.

> Because over the years you saw - the tobacco industry is the smartest industry that ever was and ever will be. And they're smart because they have lots of resources and they exist to make money and they hire teams of their psychologists and their marketing professions to just figure out what makes Pam, you know, tick. And will know everything about everyone. And with all that resources at their disposal, they realized that they had this entire untapped resource. Before every other industry would ever touch a black person, the tobacco industry was the first one to put black faces in their ads and put them in magazines that black people read. And it was like finally…there's a black athlete that looks like me and smoking this product. And just a complete infiltration of the community, and, you know, later on the sponsorship of events.

The limited resources of the tobacco control movement cannot compete with those messages created with unlimited resources. Even when tobacco industry campaigns that target specific groups of people have been defeated, organizations realize that it is a minor success. All of the participants believe that the tobacco industry would develop

new ways to strategically target and market to another group of people. The quote below is representative of the participants about this issue.

> The tobacco industry is smart. "Okay, you don't want to see cartoons. Okay, we'll do drawings. Whatever you do, whatever you say they are going to use every single possible avenue to make sure they don't lose money. And to know that [it] is at the cost of health, but you know African Americans are expendable in a lot of ways, by business...by society. We're not really cared for anyway.

In addition to the targeted marketing efforts of the tobacco industry, African American organizations and individuals are influenced significantly by the sponsorship and support of the tobacco industry. African American organizations and individuals who accept tobacco industry sponsorship and advertising dollars are viewed as being *silenced* by the tobacco industry's financial resources.

> Well you have to understand, a lot of it is because our silence has been bought. By the industry. When you take their money, you can't adamantly do what is going to save Pookie, Peaches, and Buggy....It [the tobacco industry] kills it's number one consumer. I mean, cut and dry. So for me, it is a no brainier. What do you mean you can't support indoor air? What do you mean you can't support excise taxes? What do you mean you can't support the health and wellness of your community? These are the weapons of mass destruction and I ain't seen no UN inspectors in my neighborhood lately.

Participants express extreme dismay and concern African American organizations, politicians, and leaders who accept money from the tobacco industry. They are not only concerned about the tobacco industry's impact on Blacks living in the US, but concerned about how the tobacco industry is marketing tobacco products to Blacks living throughout the world. In particular, a participant notes that the tobacco industry has free reign to market products in Africa and other third world countries. In the following passage, this participant speaks about how the tobacco industry exploits Blacks internationally while at the same time performing acts that help them to have the image of responsible corporate groups in the US.

> The tobacco industry has really tried change their image and say that they are corporate citizens, you know, good corporate citizens. You know they're responsible. They're helping with different domestic violence issues or literacy or this or that. So it is something that is really just in people's faces. This is what they are doing, you know, to our brothers and sisters in Africa world. Here they are buying us off with nice dessert buffets at the National Black Caucus and things like that.

Yerger and Malone's wrote an article "*Sleeping with the Enemy*" that addresses which African American groups accept tobacco industry money. They expose the rationale for tobacco companies providing financial support to African American organizations. This article is frequently given to African American community-based organizations to educate African American communities about the insidious and common practices of the tobacco industry.

> When I go to the national conventions, I go to a session called "Sleeping with the Enemy," which is how to take the message back to the 100 Men and say, "You're sleeping with the enemy. You're taking their money in one hand, and in the other hand they're killing the same kids you're trying to save."

Some participants see the article as an opportunity to inform African American organizations about its organization's history of accepting tobacco industry money or sponsorship.

> I don't think a lot of people realize that tobacco is killing us. I think that they don't see the connection, so I think for a lot of organizations, you know I was really disheartened when I read Yerger's report and I was just blown away by how many organizations are and on a local level a lot of them don't even know that on a national level they are involved...Chapters don't know that the national chapter is getting money from the industry and they are very surprised. They are like we don't take tobacco money and you find out that well you're right here on the list unless the list has changed in the last week, your taking it.

Key leaders of African American tobacco control organizations acknowledge the perceived and actual needs for African American community-based organizations to

accept tobacco sponsorship and advertising to support organizational goals or to provide revenues for businesses.

> I think that it is hard for African American organizations, because we are still marginalized, we haven't made it to the top, so to speak. They are looking for ways to survive and to say that I'm going to take on the tobacco industry and lose the funding and nobody is offering me any alternate funds, is a big, a tall order. One that I think that people find to be really challenging and they would rather avoid it than deal with it, you know.

Participants, however, note that African American community-based organizations that accept tobacco industry funds may not be critically assessing how accepting sponsorship dollars impact the health and quality of life for African Americans.

> I mean if, anyone is going to give some money it is going to be either the tobacco industry or the alcohol industry. I mean, we see the money as filling a void, but what we don't really look at is, I don't think we look at it enough. When we take the money, it buys our silence and it makes us complicitors in the crime.

Dealing with Societal Influences of Institutional Racism and Marginalization

Institutional Racism

On a daily basis, African American tobacco control organizations deal with the challenges of societal influences of institutional racism and marginalization. Participants express their belief that the manner in how a "deadly product" strategically targets African Americans is grounded in the tobacco industry's racist beliefs.

> The tobacco industry is blatantly racist, enjoys trying to see which populations they can get...on board and it's almost like a game to them. It's - racism and tobacco go hand in hand. Tobacco use because they both have at their core devaluing human life as if we're less - we're worth less than human people. Being less than the value of a person. That's the only way you can really justify either one, is that these people, it's okay that they die, or hurt, or are disproportionately affected by diseases or, you know, are poor. That's the only way - it's the same - it takes the same rationalization in order to justify the use of both. So they're so closely intertwined.

Participants are cognizant that the tobacco industry specifically targets other marginalized groups, such as women and youth. However, they believe that the targeting of communities of color is particularly insidious, especially since they are a vulnerable group.

> I think it is basically these white corporations, who are multinationals, who are just doing whatever they want to do anything and using the system to exploit people. And I mean they are willing to exploit, multinationals are willing to exploit anybody, including their own for this, it is just a lot easier to exploit us and people of color. And so as people become more educated about them, they just take, just go out where ever it is easiest group to get and so that is us.

The racism that African American tobacco control organizations experience by funding agencies is thought to be due to institutionalized racism. Jones (2000) defines institutional racism "differential access to the goods, services, and opportunities of society by race" (p. 1212). The passage below illustrates the similarity between Jones's definition and a participant's definition of institutional racism.

> Working in any field, public health or anything else, there is institutional racism. Because a lot of people in these mainstream organizations are starting to catch on that they need the support of ethnic, diversity and different groups in order to get their different agendas passed. However, that's the mentality: to use these populations to their advantage for their [own] agenda. They don't understand...why aren't ethnic minorities or GLBT people involved in the strategic planning at the very top. And why aren't you [African American organizations] doing it because it's the right thing to do, because it's morally important. Not because it's like how you can use a population to your advantage. So if I don't see what I can gain from it, I'm not interested in it. It's very prominent in tobacco control in [state]. Very prominent. Especially around policy. Because they also, they have no clue of how much bang for your buck you get from an African American organization. Because we're used to dealing with these issues, we're used to policy, we have a lot less to lose. So we can't be brought down as easily as some groups. We're not that afraid to speak our minds and we're used to dealing with formidable opponents, that we have a history... [of] dealing with formidable foes. They just don't realize that it's more than just, you know, how – there are only 200,000 black people in [state]. How, how much is it worth my time to really try to invest the support of these groups, or to, to show up to their meetings, etc. So that's what I mean by institutional racism.

Institutional racism is identified as the reason for the limited number of ethnic tobacco control organizations, funding opportunities for minority populations, lack of representation of minorities in mainstream tobacco control movements, and lack of attention to the issues of diverse populations by the mainstream tobacco control world.

Marginalization

African American tobacco control exists within a larger tobacco control world that consists of public institutions such as state health departments, federal agencies, non-profit organizations. These institutions comprise the majority of the groups and individuals doing tobacco control in the US and are referred to as "mainstream" organizations or groups. Mainstream organizations are defined by a participant as

> What we call the volunteers, which is the American Heart Association, the American Lung Association, the American Cancer Society. They all have their own, you know, lobbying and policy wing, sections of each organization. And other mainstream organizations include the [state] Department of Health, and State government agencies, health agencies. And also, you know, professional associations, like the [state] Medical Association, groups that, that have a lot of information, knowledge, capacity around health and tobacco issues, that are primarily white, because it's [state], and because there's institutional racism. And just kinda turned out that way for whatever reason. So when I say mainstream, I mean white.

In addition to experiencing institutional racism, key leaders of African American tobacco control organizations express concern about being excluded from the mainstream tobacco control movement. They state that they are infrequently included in the larger tobacco control movement, which is not related to disparate populations. Mainstream tobacco control organizations are viewed as exclusionary and as having little knowledge or respect of African American tobacco control organizations.

> Well, the mainstream organizations don't - have a kind of hands off approach to what we're doing, as if it's separate. They don't see us as a part of their effort. They don't - let's say there's some kind of policy initiative that needs to be, you

> know, acted upon. They don't think of us. They forget us. They keep forgetting us. They always do. You know, even though we might know somebody in a certain district who might be able to call somebody. They just, they stick to their own little cronies and their own little circle.

Participants express dismay about the lack of recognition and respect of mainstream organizations for their expertise in tobacco control efforts in the African American community and the perceived unwillingness to involve African Americans in the broader tobacco control movement.

> Well, I, first of all, being a black woman, speaking to the issues of institutional racism that we spoke of before, you don't get a lot of credibility off of that, when you enter - when I enter a meeting, whether it's a mainstream organization or it's an African American organization. Whether it's health or whether it's policy, nobody's going to think, look at me and automatically think that I'm going to be somebody who knows something about this. I have to prove that to them and I have to do that and you do too, I'm sure. Every meeting that you go to and every restaurant that you sit down to, you have to prove yourself that you know what you're talking about. And that you know that you just even deserve to just exist in the universe. So being, being young and being black has a lot to do with that. I think, I hope. So it's like all a piece of, another hurdle to jump over, you know? Just another one. But that's, you know, that's one that you're used to jumping over in every aspect of your life. So it is something you expect to happen and so it is second nature.

The above passage brings to the forefront the intersectionality that many participants experience and how negotiate multiple identities that marginalize and impact their work, such as, race, gender, and age. In the following passage, a participant discusses her perception of how mainstream organizations could assist African American tobacco control organizations in their efforts to engage prominent African Americans.

> *Participant*: You know, like we were able to get the NAACP of [city]. I worked so hard to get this organization called [state] Black Ministers something or other Alliance. Didn't work.
> *Interviewer*: Why didn't it work?
> *Participant* I have no idea. He was more interested in bigger issues, or bigger issues that he thought, you know, he was more interested in hob-knobbing with the governor. He just didn't get it. And I tried. However, I would imagine that in the American Cancer, American Lung, and American Heart Society there's got to

be at least five or six people who know this guy. He's hob-knobbing with the governor of the state....I mean he *is* the, the guy. So somebody else out there knew him.
Interviewer: And American Cancer Society and all these groups are part of his group....
Participant: Right, and could have very easily, I think, had some of their volunteers and some of their members and somebody on their board of directors.
Interviewer: Make those connections?
Participant: And that's how it has to happen....You know? ...But - and I - I - I'm not putting myself down. I made it with him, but I didn't have enough clout to bring him to the issue. The executive director of the American Red Cross, I mean the American Cancer Society - I mean those are the people who have the clout that might have been able. And we'll never know because they never . . .
Interviewer: They never did it. But they said they would do it?
Participant: No, they just never did.

Lack of reciprocity is an issue for participants who facilitate introductions to influential African American community members; however, they feel that mainstream tobacco control organizations do not make the same efforts. A participant expresses optimism that recent successes by African American tobacco control organizations will have a positive impact on the relationships between mainstream tobacco control organizations and African American tobacco control organizations. In the following passage, this participant provides an analogy for how mainstream organizations can help African American tobacco control programs. The participant refers to mainstream tobacco control organizations as rocks and African American tobacco control organizations as pebbles.

> Like I said at the national conference the mainstream groups learned a valuable lessons out of the KOOL MIXX campaign. And that is sometimes, show up with your resources, but be willing to sit down and listen. Don't show up with your resources and you do all the talking....If you say you are a rock, be a rock, don't try to be a rock, then be a pebble too. You know, just be the rock and hold the door open for us and let the pebbles come on in and let the pebbles know that the big rocks got your back. Because they have resources, they have endless resources....They just got to be willing to, see they like to claim ownership sometimes, exclusively and that ain't how this fight is going to be won.

For some participants, marginalization is not limited to only mainstream tobacco control organizations. A participant discussed feeling that its organization is on the fringes of the African American tobacco control movement. Feeling on the fringes of tobacco control is due to a combination of competition for funding, length of time in tobacco control, and established relationships with African Americans tobacco control leaders.

> I think that the sages out there they really have been doing it for a long time and just need to know you. I think that is a matter of making personal relationships, which I believe in. I, personally, believe that when you put a face, when they see your face, you know black folks like to see each other. We need to talk about food. You know what I'm saying? We need to talk about the things that matter to our culture and that and I think that once you start doing that. It doesn't work to bridge and overcome any of these barriers that I have identified by sitting in your office....The face-to-face meeting honors those that have come before you that have done the work. Makes sure that you are being respectful and when there is an opening go for it, you know. I think you have to earn your stripes in this arena. You just can't come in with your degree and just say I am here, you know?

The sages are African Americans who are viewed as the founders of the African American tobacco control movement. The sages are groups and individuals who could help to establish legitimacy and credibility to other African American tobacco control organizations. The participant went on to discuss how you "earn your stripes."

> You have to be humble, crawl, you have to run, what do they say, you have to crawl before you can walk, and walk before you can run. I think that you have to, I've found that, I, yeah, you just have to go slow and you know, you can't barrel over the people that are doing the work, because they have been doing it for, I mean tobacco has been an issue since the 60's. So, people have been working on a grassroots level and on a national level to try to deal with this issue....I think [tobacco control program] needs to do the same thing as an organization; we need to be positioned well. We need to be at the Congressional Black Caucus with a table, we need to be a the national meeting doing things, you know visibility, and putting a face to it, and being humble, bringing whatever gifts and materials, preparing it, but you hope for the best.

While this acceptance is not necessary for success locally in tobacco control, it is very helpful for African American tobacco control organizations seeking to develop effective and meaningful collaborations with other African American tobacco control organizations. For organizations without this legitimacy, isolation within both the African American tobacco control and mainstream tobacco control world is seen as challenging. However, a participant provided an assessment of the dynamics and funding milieu that might result in an organization feeling isolated or marginalized from other African American tobacco control organizations.

> I think what happens on that level, the reasons that that becomes the piece is based on the mainstream groups. Because they create these venues were groups are, I don't want to say pitted, but are isolated. You know, I get some money from heart, I get some money from lung, I get some money from cancer, I get some money from Tobacco-Free kids. But then I am beholden to them and sometimes when you do that you feel isolated or I am just doing my part. Nah, nah, I don't care who you get your money from, my thing is can we work together to address a common foe, a common enemy.

Summary

This chapter focuses on the processes of African American tobacco control organizations working within the challenges of tobacco control. One of the challenges that hinder their work is working with differential funding where non-ethnic minority tobacco control organizations receive significantly more funding to achieve similar program objectives. Another challenge is balancing the requirements of funding agencies and the unique needs of the communities with limited resources in terms of personnel and volunteers within a limited timeline. Often, these organizations have to collaborate with other organizations whose focus is on other health issues; thus, they use a holistic health strategy to conduct their work. Counteracting the tobacco industry's unlimited budget to market to African Americans and sponsor African American community-based

organizations is another challenge for these organizations, most of which have limited resources. The final challenge of African American tobacco control organizations is dealing with the societal influences of institutional racism and marginalization that also hamper their work.

CHAPTER VII

SUMMARY, DISCUSSION, LIMITATIONS, IMPLICATIONS, AND RECOMMENDATIONS FOR FURTHER STUDY

Summary of the Findings

A grounded theory study of African American tobacco control organizations from four geographic regions of the US was conducted with the purpose of understanding the work of African American tobacco control organizations. This study did not seek to determine the effectiveness of tobacco control activities in African American communities or describe a specific tobacco campaign, but rather sought to explore the work of African American tobacco control organizations. Study findings reveal four processes of tobacco control work in African American communities. The first process, education, a strategy utilized by all of the tobacco control organizations, was conducted with community-based organizations, individuals, and legislators. Educational efforts require that personnel of tobacco control organizations have knowledge of the multi-faceted tobacco control arena and have the ability to convey this information in a culturally appropriate way to their target audience. In addition, organizations have to be knowledgeable about the impact of tobacco use and the historical connection between tobacco and African Americans.

The second process, collaborating with other groups on tobacco control work was an integral part of tobacco control organizations. Collaborating with other African American organizations strengthens social networks, increases visibility of tobacco control efforts, and expands the existing tobacco control infrastructure in the African American community. The third process, developing collateral materials, aims to provide

African American communities with visual and written information about tobacco use and targeted marking by the tobacco industry in the African American population. Materials were designed to reflect the African American experience and connection to tobacco use. Finally, strategizing for community involvement, a process of raising awareness about tobacco control, developing relationships, and creating collective power, aims to increase the capacity and infrastructure of African American communities and organizations to conduct tobacco control efforts. Participants identified the concerns and priorities of the communities in which they worked with on a daily basis. With this knowledge, organizations integrate tobacco prevention and cessation efforts into other important health and social issues with higher priority within the African American community.

Although described as conceptually distinct, all four processes were intertwined and synergistic with the four processes occurring simultaneously and interacting together. While organizations conducted tobacco control educational activities within African American communities, collective power and relationships were being built as well. Similarly, increasing collective power in the African American community provided tobacco control organizations with an opportunity to educate, establish, and strengthen new relationships.

Finally, the barriers and challenges that African American tobacco control organizations encounter in their work were examined. Results reveal organizations have four major challenges when conducting tobacco control work: working with differential funding, balancing the requirements of funding agencies and the community's needs,

counteracting tobacco industry sponsorship and marketing, and dealing with the societal influences of institutional racism and marginalization.

Discussion

Participants' responses provided entrance into the multifaceted work of African American tobacco control organizations. African American tobacco control organizations utilized intertwining processes to engage, educate, and collaborate on tobacco control efforts. Linking tobacco use to other social and health concerns in the African American community help organizations to situate tobacco control work in a meaningful manner. This finding is congruent with Lacey and colleagues (1993) who interviewed African American women smokers about existing barriers to smoking cessation. In this study, African American women living in urban housing developments reveal that effective, meaningful tobacco control interventions needed to fit into the context of their daily lives by addressing issues that have higher priority in their lives.

In a similar study, Pletsch, Morgan, and Pieper (2003) described the social context of African American pregnant women smokers as having two dominant themes: living a stressful life and personal accountability for smoking cessation. The authors conclude that in order for African American women to successfully cease smoking, multi-level interventions that seek to improve the individual and community for African American women are needed. Both studies support the work of tobacco control advocates in this study who integrated tobacco control into the African American community within a sociocultural context.

Recently, tobacco control research has begun to explore the utility of using a social context framework (Dedobbeleer, Beland, Contandriopoulos, & Adrian, 2004;

Poland et al., 2006). Social context frameworks in tobacco control are intriguing as they provide alternatives to the biomedical and psychological frameworks that dominate tobacco control and public health efforts. Poland and colleagues (2006) describe social context as "the circumstances or events that form the environment within which something helps make phenomena intelligible and meaningful (interpreting something in context, versus out of context)" (p. 59).

Poland and colleagues continue:

> We use the prefix "social" (as in *social* context), not to downplay the importance of biology or physical environment (both of which are also shaped by the social, researchers are finding), but to underscore the importance of social relations and social structures. It is the local configuration of social relations (comprising social structures such as class, race, and gender; institutional practices, and collective and individual behavior, and intersecting personal biographies) that constitute context, and that is key to our understanding (p. 60).

Social context has been used in worksite cancer prevention and tobacco control studies with multi-ethnic populations with promising results (Sorensen, Barbeau, Hunt, & Emmons, 2004; Sorensen et al., 2005). The perspective reaches beyond behavioral change at the individual level, critically assessing for meso and macro-level influences which impact tobacco control efforts and tobacco use among African Americans (Fagan et al., 2004; Sorensen et al., 2004). In order to develop effective culturally competent strategies and conceptual frameworks, researchers and public health practitioners need to situate efforts within the social context of individuals and communities.

The Office of Minority Health (American Institutes for Research, 2002) employs the following definition of cultural competence:

> A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (p. 7).

The California Endowment defines cultural competence for health care professionals as "a set of integrated attitudes, knowledge, and skills that enable a health care professional or organization to care effectively for patients from diverse cultures, groups and communities" (The California Endowment, 2003, p. 11). Both the Office of Minority Health's and California Endowment's explanation of culturally competence provide an appreciation of the degree of knowledge *and* skill for an individual or organization to approach culturally competence. This study advances knowledge about understanding of culturally appropriate strategies through the perspectives of the participants in key leaderships in African American tobacco control organizations. Although, culturally appropriate strategies are defined and executed differently, organizations ensure that relevant aspects of African American culture are incorporated in order to have messages, initiatives, and strategies that resonate with the local African American community.

Not in Mama's Kitchen, the most broadly used tobacco control campaign, aims to have African American women reduce exposure to second-hand smoke in their homes. The campaign uses a cultural icon, the Black matriarch as a controlling figure, to establish and enforce smoke-free homes as a method of protecting her family. However, it should be noted that campaigns that seek to have mothers enforce policies in homes have the potential to place African American women in vulnerable positions, as well as add work for the mother. Ritchie (1999) studied African American women's involvement in youth violence programs. Rather than being empowered, African American women participating in these programs were found to have experienced a sense of failure and felt powerless to protect their children. Her findings suggest that culturally appropriate methods, particularly those that are based upon essentialist perspectives, be analyzed for unintended consequences and continued fostering of stereotypes. In contrast, youth empowerment initiatives educate young people in how to analyze the cooperative strategies that capital, here in the form of tobacco companies, uses to seduce. Unlike the use of African American women as sites of surveillance inside the home, the young people are empowered rather than being placed at risk.

King (1997) criticizes the use of cultural institutions, symbols, and strategies in tobacco control efforts as necessary, but not sufficient in that they do not "deal with structural problems such as socioeconomic inequalities, access to health care, racism, or stressful social conditions (p. 1082)." The use of cultural icons in public health without attention to structural barriers and social determinants of health contributes to continued marginalization and essentialist and homogenous perspectives of a particular population (Meleis & Im, 1999). In this study, the organizations, or cultural institutions, were not

venues for culturally competent strategies, but rather were the impetus for tobacco control activities conducted in the community. Unlike many studies, which seek to merely provide an understanding of a group, results from this study, provide insight into how African American tobacco control organizations perceive and negotiate barriers such as institutional racism, marginalization, and funding agencies that hinder efforts to reduce tobacco-related health disparities.

The work of African American tobacco control organizations differ from the hegemonic practices of the tobacco control world; those institutionalized practices homogenize African American and other Blacks living in the US. The organizations challenged the notion of a monolithic Black experience in the US by developing interventions and strategies that address the local needs of communities, their unique circumstances and attributes of those living in communities, and appreciate the diversity within the Black community by recognizing that many people with similar skin color do not self-identify as African American.

In the *Clinical Practice Guideline: Treating Tobacco Use and Dependence*, the recommendation for racial and ethnic minorities is to provide cessation treatments that have worked with the general population, with adaptation when necessary (Fiore et al., 2000). However, studies have shown that the tobacco control industry markets tobacco products to African American communities utilizing key aspects of African American culture and through the financial sponsorship African American businesses and organizations (Balbach, Gasior, & Barbeau, 2003; Gardiner, 2004; Yerger & Malone, 2002).

By acknowledging difference in culture, geography, values, and opinions, the tobacco industry has been successful in developing a marketing plan that increases tobacco use through the exploitation of marginalized groups (Gardiner, 2004). The success of the tobacco industry in marketing tobacco demonstrates the utility and effectiveness of culturally appropriate strategies for the reduction of tobacco-related health disparities. Ling and Glantz (2002) suggest that tobacco control psychometrics can be utilized to develop interventions. While studies have utilized the tobacco industry documents to raise awareness, there is promise in tobacco control interventions based on the psychometric research that has been already conducted by the tobacco industry (Ling & Glantz, 2002).

Internal polices of not collaborating with other African American organizations that accept tobacco industry funding or sponsorship can limit the work of African American tobacco control organizations. While African American organizations that accept tobacco industry financial resources are undeniably "Sleeping with the Enemy" (Yerger & Malone, 2002), these organizations present unique opportunities to engage conversations on organizational policies which support tobacco control efforts, such as coverage for smoking cessation in healthcare plans and having smoke-free events and workplaces. It may be worthwhile to stop developing organizational tobacco control policies that ban collaboration with organizations that accept tobacco money. While seemingly controversial, the removal of restrictions would allow African American tobacco control organizations to raise awareness and consciousness around tobacco control without alienating those organizations that are unwilling or unable to disassociate from the tobacco industry. This alternative strategy respects the autonomy of

organizations, helps to counteract the current opinion that tobacco control efforts are extremist in nature, and places the tobacco control organizations in the position of protector of African American communities (Fox, 2005).

This study is unique in that it looks at the processes and challenges of conducting tobacco control work in African American communities. Little is known about the process of conducting tobacco control in mainstream communities, let alone within communities of color. In 2005, the CDC developed outcome indicators for evaluating the effects of comprehensive tobacco control programs (Starr et al., 2005). The outcome indicators for National Tobacco Control Framework (NTCF) provide measures for the evaluation of three of the four goals preventing youth initiation of tobacco use; eliminating secondhand smoke exposure; and promoting quitting among adults. The fourth goal, identifying and eliminating health disparities—a planning goal, does not have outcome indicators in the document, but directs evaluators to use outcome indicators for the first three goals of the NTCF. Future directions for the fourth goal are addressed during two pages of the 316 page report:

> Activities to identify and eliminate tobacco-related disparities lack a definitive evidence base for implementing a program and identifying target outcomes. Sufficient public health knowledge and experience exists, however, to provide a well-founded framework for approaching tasks associated with improving the public health framework and related capacities so that tobacco control programs can address tobacco-related disparities among specific populations….In cooperation with its partners, CDC will continue the task of developing an

approach to identifying, evaluating, and eliminating tobacco-related disparities (p. 269-270).

While current steps to reduce tobacco-related health disparities are encouraging, it is time for grantors, public health practitioners, clinicians, and tobacco control advocates to learn from the tobacco industry and develop strategies and policies that address the needs and experiences of African Americans. These efforts can not be limited solely to funding ethnic networks "to deal" with health disparities, but require a critical analysis and dismantling of the hegemonic practices of funding agencies. These practices and structures contribute to the barriers of African American tobacco control organizations engaging in tobacco control as full partners with mainstream tobacco control organizations. New perspectives are needed which identity and respect the unique needs of groups where community engagement and involvement requires longer timelines, holistic health viewpoints, and community building based upon collectivism, mutual interest, and concern.

Study Strengths and Limitations

Strengths

A strength of the study is the inclusion of African American organizations from all four geographic regions of the US. This inclusion provided an opportunity for rich descriptive text that provided a landscape of tobacco control efforts in African American communities throughout the US. The actions, patterns, and conditions of tobacco control work of local, state, and national African American tobacco control organizations were elucidated.

An additional strength of the study is the sample size of eleven African American tobacco control organizations. The limited number of African American tobacco control organizations in the US makes the sample size robust. To the investigator's knowledge, this is the first study that explored the work of African American tobacco control organizations in African American communities. Study results provide insight into the process indicators for community-based tobacco control programs.

Finally, the participants in this study provided several definitions of culturally appropriate strategies highlighting the varying viewpoints on culturally appropriate work. Multiple definitions of culturally competent work support the need for strategies and activities that are based on social context.

Limitations

A limitation of the study is that only one interview was done with each participant. Several interviews may have provided a more complex view of organizations work in tobacco control. In addition, only one person was interviewed per organization. In most cases, this was due to the limited number of personnel working in each organization. Interviewing more than one person may have produced a different view of the organizations tobacco work or organizational work with different dimensions. Furthermore, it was impossible to accurately determine the number of African American tobacco control organizations that exist within the US as organizations are established and ended frequently. This study provides a perspective of tobacco control in the African American community from the organization interviewed and should not be generalized to other African American tobacco control organizations.

Implications

The major implication for nursing, public health, and policy is the need for meso-level strategies to reduce tobacco related health disparities. This study provides a springboard for future studies by suggesting how community based organizations work within African American communities. The study results can be used to develop studies that seek to improve and reduce tobacco-related health disparities in African American communities. Nurses and nursing leaders need to advocate for polices that fund meso-level tobacco related research and programs to reduce health disparities. However, few policies exist that mandate funding ethnic specific tobacco control efforts.

Public health nurses have a long history of promoting health within communities by working with community-based organizations. Recently, nurses have begun to address tobacco use (Cataldo, 2001; Malone, 2002; Sarna, Brown, Lillington, Wewers, & Brecht, 2000; Sarna & Lillington, 2002; L. P. Sarna et al., 2000). This study provides clinicians working in minority communities with an understanding of the processes used by African American tobacco control organizations. Nurses are effective in delivering tobacco cessation programs in various settings and are natural partners for tobacco control organizations serving the African American community.

In addition to tobacco cessation, nurses and health care professionals can play a much larger role in advocating for strong policies that seek to reduce tobacco-related disparities through mandated funding for communities of color. Policies that provide tobacco control organizations with a sufficient timeline to accomplish goals through building culturally competent measures – those that understand that building infrastructure in the African American community around a health issue is contingent on

constant networking and rebuilding and the volunteer nature of organizations in the African American community. That funding for African Americans must be anti-essentialist, escaping the prevailing notion that one single strategy will be sufficient in addressing health disparities in the African American community.

Recommendations for Future Research

Future research should focus on continuing to understand the work of community-based African American tobacco control organizations. Case studies of African American tobacco control organizations will provide a dense descriptive account of African American tobacco control organizations working in African American communities. Furthermore, case studies of effective tobacco campaigns, such as KOOL MIXX, will help to identify and refine strategies for the African American population. Study results will allow for the tobacco control movement to move beyond the planning stage of reducing tobacco related disparities towards research that will reduce disparities.

Additional studies that further explore and seek to define culturally appropriate strategies from the perspectives of community-based organizations and individuals that live and work in communities. Culturally competent strategies and models that are developed with community-based organizations have promise in understanding the various ways in which culturally competent strategies based upon context, geographic location, and history (Robinson, 2005). Finally, community-based participatory research studies in tobacco control that seek to reduce tobacco related health disparities are needed to establish evidence-based strategies for the reduction of tobacco disparities in African American. Community-based participatory research is grounded in local control,

collaboration between organizations and neighborhoods, and the use of culturally appropriate strategies within a specific population.

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Appendix A

Recruitment E-mail Invitation

Dear <Name>:

I am a doctoral student in the Department of Community Health Systems at the University of California San Francisco (UCSF), School of Nursing interested in African American organizations involvement in tobacco control activities. I am conducting a study which seeks to understand and describe the efforts of African American leaders and African American organizations involved in tobacco control activities. If you are willing to talk with me, we would have a conversation about your organizations involvement in tobacco control in the African American community.

If you choose to participate in the study, we would set up a time to talk that is convenient for you at a location of your choice. Interviews may be conducted by telephone, if it is more convenient. We would talk for about one hour. The conversation will be tape recorded if you permit, otherwise I will take notes. At any time you may ask questions, refuse to answer a question, or stop the interview.

Anything you tell me will be confidential. Only the research team will have access to the audiotapes and transcripts. After the study is complete, the audiotapes will be destroyed. Your name will not be attached to any of the study records.

You can reply to this e-mail and state that you are not interested and would not like to be contacted again. If I do not hear from you I will contact you to arrange the interview. Whether or not you choose to participate will have no effects on you in your relationships with UCSF and no one will know who agrees to participate or not, except the researchers.

Thank you for considering participation in my study. If you have any questions, you can reach me by phone (510) 292-5149 or by e-mail, Pamela.Jones@ucsf.edu.

Sincerely,

Pamela R. Jones, RN, MPH
Doctoral Candidate
Department of Community Health Systems
UCSF

Appendix B

Demographic Questionnaire & Interview Guide

DEMOGRAPHIC QUESTIONNAIRE

ID #____

Date _______________________________________

Gender ___________________

Age ______________________

Length of time in Tobacco control _________________

Type of Organization ___________________________

INTERVIEW GUIDE

For the purposes of this study, a semi-structured interview is planned as a means of obtaining participants' experiences and perceptions about the phenomena being investigated. The questions listed in are examples of those that the researchers will use to initiate a discourse with the participants. During the course of the interviews, other questions and probes may be used to clarify and expand the content being presented by the participants.

1. Tell me about when you first became involved in tobacco prevention.
   Probes: How did you become involved? What about tobacco control interests you? Tell me about what types of work you have done? Have you been involved in health promotion?

2. Groups become active in tobacco prevention for various reasons. Tell me about how your group became involved in tobacco control.
   Probe: What was your role?

3. People involved in tobacco prevention and cessation programs have various functions. Tell me a little about what you do in tobacco prevention and education.
   Probes: What are your day-to-day activities like? Describe your organizations programs and activities

4. What has your organization identified as the most important issue for African Americans in tobacco control?
   Probes: Can you tell me more about that? How is your organization dealing with that?

5. How do you think African American organizations, not involved in tobacco control, view tobacco control?
   Probes: Can you say more about that?

6. Tobacco prevention has been seen as challenging to some organizations. What challenges have you experienced?

7. Could you talk to me about any challenges you have experienced in getting an African American organization involved in tobacco control?
   Probes: What were the difficult issues? Can you tell me about a time where it was challenging?

8. What has been easy about getting African American organizations involved in tobacco control?

9. Some groups have noted that tobacco control organizations in minority communities are competing against each other. Please tell me a little about that?

10. What are your thoughts on the tobacco industry?

11. What do you think makes a person a tobacco control leader?

    Probe: What are the qualities of tobacco leaders you know? Can you describe someone you know who is an example of a tobacco control leader?

12. How can we continue to build new tobacco control leaders?

13. Is there anything else you think I should know about your work?

14. Is there anything else you think I should know about tobacco control issues in the African American community?

15. Are there any documents produced by your organization about tobacco or smoking that you would be willing to give to me? (The analysis of these documents will focus on the range of issue taken up across all the documents I collect and will not use any names of particular organizations that produced the documents.)

THANK YOU SO MUCH

Appendix C

Letter of Approval From CHR

COMMITTEE ON HUMAN RESEARCH
OFFICE OF RESEARCH. Box 0962
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
www.research.ucsf.edu/chr/Apply/chrApprovalCond.asp
chr@ucsf.edu
(415) 476-1814

CHR APPROVAL LETTER

TO: Catherine M. Waters, Ph.D., R.N. Box 0608 | Pamela Jones, M.P.H., R.N. Box 0608,

RE: African American Leaders, Organization, and Tobacco Control

The Committee on Human Research (CHR) has reviewed and approved this application to involve humans as research subjects. This included a review of all documents attached to the original copy of this letter.

Specifically, the review included but was not limited to the following documents:
Information Sheet, dated 6/19/05
Consent Form, dated 6/19/05

The CHR is the Institutional Review Board (IRB) for UCSF and its affiliates. UCSF holds Office of Human Research Protections Federalwide Assurance number FWA00000068. See the CHR website for a list of other applicable FWA's.

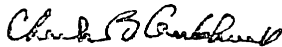
APPROVAL NUMBER: H9243-25541-02. This number is a UCSF CHR number and should be used on all correspondence, consent forms and patient charts as appropriate.

APPROVAL DATE: July 14, 2005 **EXPIRATION DATE:** July 28, 2006 **Expedited Review**

GENERAL CONDITIONS OF APPROVAL: Please refer to www.research.ucsf.edu/chr/Apply/chrApprovalCond.asp for a description of the general conditions of CHR approval. In particular, the study must be renewed by the expiration date if work is to continue. Also, prior CHR approval is required before implementing any changes in the consent documents or any changes in the protocol unless those changes are required urgently for the safety of the subjects.

HIPAA "Privacy Rule" (45CFR164): This study does not involve access to, or creation or disclosure of Protected Health Information (PHI).

Sincerely,



Charles B. Cauldwell, M.D.
Vice Chair, Committee on Human Research

cc:

Appendix D

Informed Consent Form

UNIVERSITY OF CALIFORNIA SAN FRANCISCO
CONSENT TO BE A RESEARCH SUBJECT

AFRICAN AMERICAN ORGANIZATIONS AND TOBACCO CONTROL

A. PURPOSE AND BACKGROUND

Dr. Catherine Waters and Pamela Jones RN, MPH, a doctoral student in the Community Health Department at the University of California San Francisco, School of Nursing are doing a study to understand how African American tobacco control organizations work to reduce tobacco related health disparities in the African American population. The study is also interested in understanding the role of African American organizations in tobacco control. You are being asked to participate in this study because you are working with an African American organization involved in tobacco control.

B. PROCEDURES

If you agree to be in the study, the following will occur:

1. You will meet privately with Ms. Jones to discuss how African American organizations become involved in tobacco control and the efforts of African American leaders in tobacco control.

2. An audiotape will be made of the interview[s].

3. The private interview will be done at a time and a place convenient for you and will take about one hour.

4. A second interview may be arranged to discuss additional issues that emerged subsequently.

C. RISKS/DISCOMFORTS

1. Some interview questions may make you feel worried, uncomfortable, or upset. If this occurs, you are free to take a break from the interview, decline to answer the question, or stop the interview at any time.

2. Confidentiality: Participation in this research will involve a loss of privacy. However, your records will be handled as confidentially as possible. Only Pamela Jones and Dr. Waters, and other members of the research group will have access to the audiotapes and transcripts. Only a code number will identify your interview transcripts and audiotapes. After the study is complete, the audiotape will be destroyed. The investigator will retain the transcripts. Your name, organizations name, or other information from the study that would identify you will not be used in any reports or publications that may result from this study.

D. BENEFITS
There will be no direct benefit to you from participating in this study. However, it is possible that the findings from this study will help researchers assist African American organizations involved in tobacco control.

E. COSTS
There will be no cost to you for participating in this study, except for the loss of your time.

F. PAYMENT
You will not receive any compensation for this interview.

G. QUESTIONS
You have talked with Pamela Jones, RN about the study and have had any questions answered. If you have further questions, you may call Pamela Jones at 510-251-2325

If you have any comments or concerns about participation in this study, you should first talk with Pamela Jones or Dr. Waters. If for some reason you do not wish to do this, you may contact the Committee on Human Research, which is concerned with the protection of volunteers in research projects. You may reach Committee office between 8am and 5pm, Monday through Friday by calling 415-476-1814, or by writing: Committee on Human Research, Box 0692, University of California, San Francisco, San Francisco, CA. 94143.

H. CONSENT
PARTICIPATION IN RESEARCH IS VOLUNTARY. You are free to decline or to withdraw from this study at any time. Your decision to participate will have no influence on your or your organization's present or future work in tobacco control. By signing this consent form, you are agreeing to allow Pamela Jones and Dr. Waters to review any organizational documents that you provide to them.

If you wish to participate you should sign and date this from below.

_______________ ______________________________________

Date Signature of Study Participant

_______________ ______________________________________

Date Signature of Person Obtaining Consent

Appendix E

Information Sheet

UNIVERSITY OF CALIFORNIA SAN FRANCISCO
CONSENT TO BE A RESEARCH SUBJECT

AFRICAN AMERICAN ORGANIZATIONS AND TOBACCO CONTROL

A. PURPOSE AND BACKGROUND

Dr. Catherine Waters and Pamela Jones RN, MPH, a doctoral student in the Community Health Department at the University of California San Francisco, School of Nursing are doing a study to understand how African American tobacco control organizations work to reduce tobacco related health disparities in the African American population. The study is also interested in understanding the role of African American organizations in tobacco control. You are being asked to participate in this study because you are working with an African American organization involved in tobacco control.

B. PROCEDURES

If you agree to be in the study, the following will occur:

5. You will be interviewed over the phone by Ms. Jones to discuss how African American organizations become involved in tobacco control and the role of African American leaders in tobacco control.

6. An audiotape will be made of the telephone interview[s].

7. The private interview will be done at a time and a place that is convenient for you and will take about one hour.

8. A second interview may be arranged to discuss additional issues that emerged subsequently.

C. RISKS/DISCOMFORTS

3. Sometime the interview questions may make you feel worried, uncomfortable, or upset. If this occurs, you are free to take a break from the interview, decline to answer any question, or stop the interview at any time.

4. Confidentiality: Participation in this research will involve a loss of privacy. However, your records will be handled as confidentially as possible. Only Pamela Jones and Dr. Waters will have access to the audiotapes and transcripts. Only a code number will identify your interview transcripts and audiotapes. After the study is complete, the audiotape will be destroyed. The investigator will retain the transcripts. Your name or other information from the study that identifies you will not be used in any reports or publications that may result from this study.

D. BENEFITS
There will be no direct benefit to you from participating in this study. However, it is possible that the findings from this study will help researchers assist African American organizations to become more involved in tobacco control.

E. COSTS
There will be no cost to you for participating in this study, except for the loss of your time.

F. PAYMENT
You will not receive any compensation for the completion of this interview.

G. QUESTIONS
You have talked with Pamela Jones, RN about the study and have had any questions answered. If you have further questions, you may call Pamela Jones at 510-292-5149.

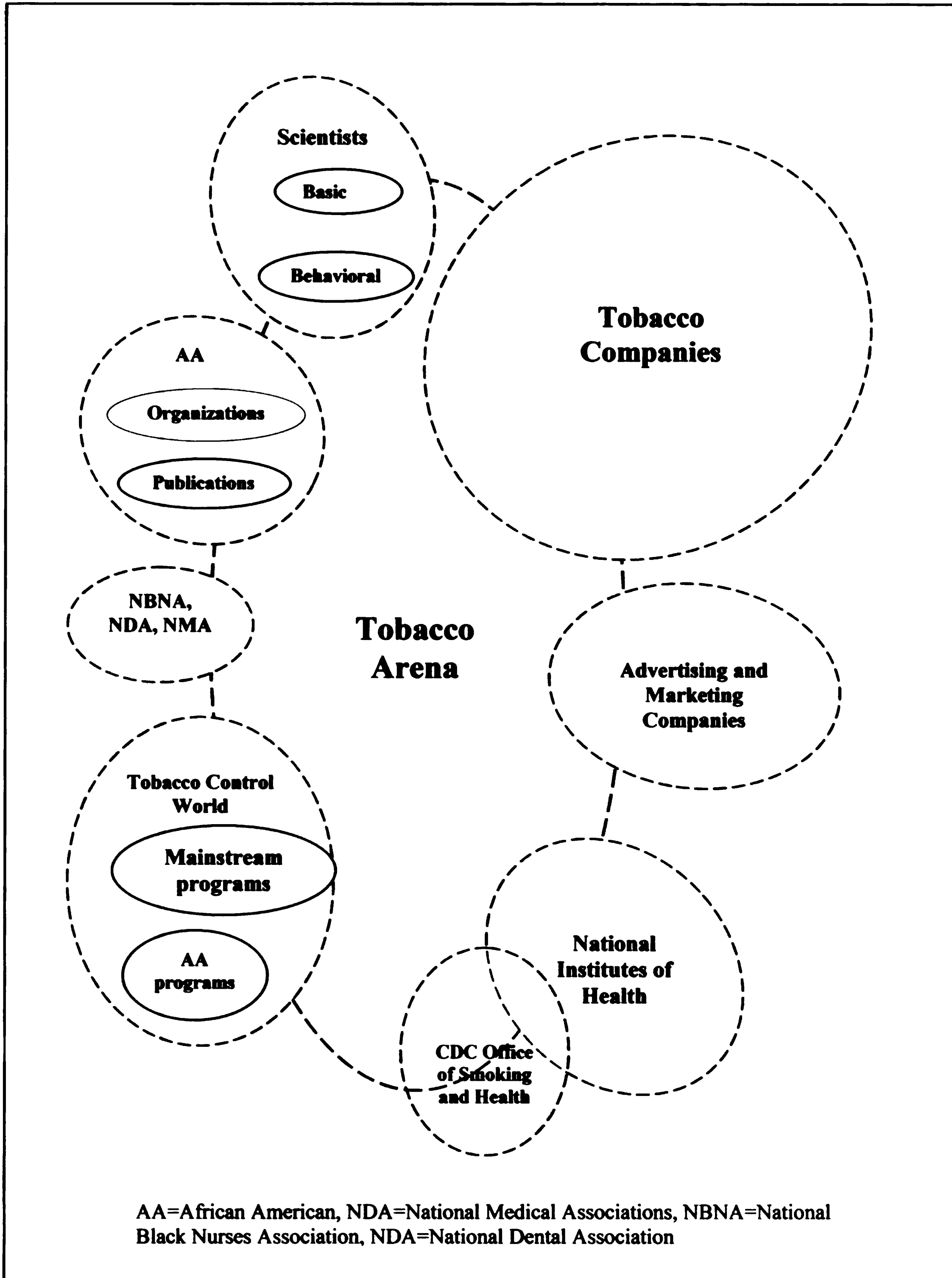
If you have any comments or concerns about participation in this study, you should first talk with Pamela Jones or Dr. Waters. If for some reason you do not wish to do this, you may contact the Committee on Human Research, which is concerned with the protection of volunteers in research projects. You may reach Committee office between 8am and 5pm, Monday through Friday by calling 415-476-1814, or by writing: Committee on Human Research, Box 0692, University of California, San Francisco, San Francisco, CA, 94143.

H. CONSENT
PARTICIPATION IN RESEARCH IS VOLUNTARY. You are free to decline or to withdraw from this study at any time. Your decision to participate will have no influence on your or your organization's present or future work in tobacco control. By participating in this study you are agreeing to allow Pamela Jones and Dr. Waters to review any organizational documents that you provide to them.

This study information sheet is yours to keep.

Appendix F

Social World Map

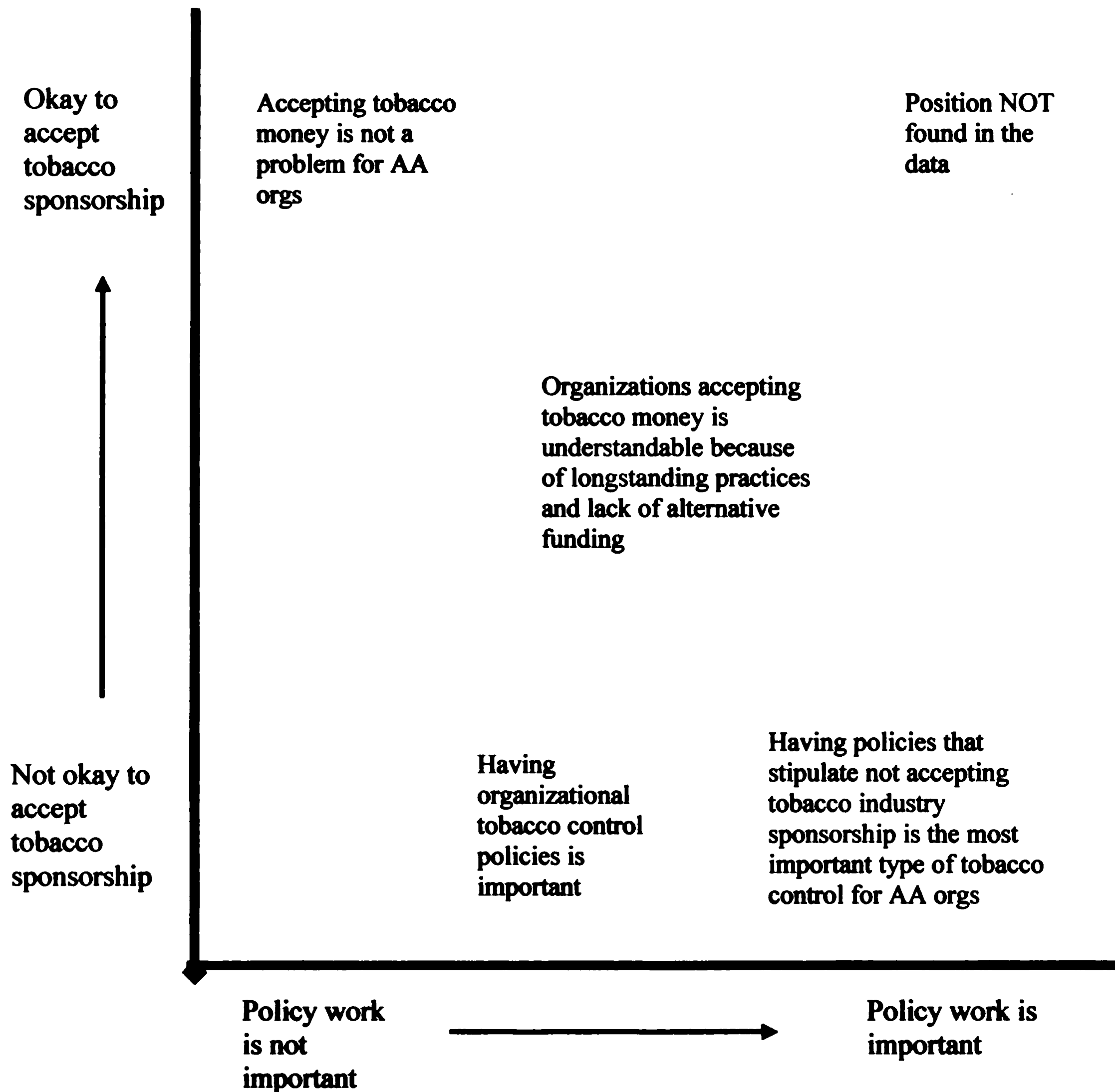


AA=African American, NDA=National Medical Associations, NBNA=National Black Nurses Association, NDA=National Dental Association

Appendix G

Positional Map

Positional Map: Tobacco Control Policy Work and Tobacco Sponsorship



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For reference

Not to be taken from the room.