



Leveraging Policy Advocacy Skills to Tackle the Nation's Toughest Health Challenges

An Interview With Marjorie Paloma

Marjorie Paloma, MPH, senior policy adviser at the Robert Wood Johnson Foundation (RWJF), reflects on *Tobacco Policy Change*, an RWJF national program that tested the notion that tobacco-control advocates can apply their skills to an array of health challenges.

Question: RWJF has a long history of supporting tobacco-control work, starting in 1991. Early on, grantees focused on educating the public about tobacco's harmful effects. Later, the focus shifted to advancing public policies, such as laws that prohibit smoking in workplaces and public spaces, higher tobacco excise taxes, more public funding for services that help people quit, and curbs on tobacco advertising. Why the shift in strategy?

Answer: There are a couple reasons—the first is that the science matured. Research shows that policy change works—and in some cases far better than other interventions that aim to lessen the harm from tobacco. A good example is tobacco excise taxes, where research shows that raising the price of tobacco products is the most effective policy lever for keeping kids from starting to smoke.

The second is that the Foundation is uniquely poised to work with partners and support efforts to improve policies and communities so that everyone, no matter who they are or where they live, can live a longer, more productive life. A number of national partners focus on surveillance or public education on the harms of tobacco use and exposure. Our work begins with policy research to better understand which are the most effective policy levers. We then build on the research and use policy advocacy and strategic communications to create the social change so that individuals and families can make choices which can help them to live longer, healthier lives for themselves and their families.

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What did you do to reach out to the communities most affected?

In the first round of *Tobacco Policy Change*, we did not receive as many applications as we had hoped from communities that are disproportionately affected by tobacco use and exposure—many of which are in the South, and have higher percentages of low-income residents, blue-collar workers, and people of color. We were also concerned that we were not reaching the lesbian, gay, bisexual, and transgender community and also tribal communities, which have their own sovereignty.

So we held “listening sessions” in the South—we traveled to five states in five days—to determine the top concerns around tobacco in these communities. We got a better sense of the challenges that people are facing every day.

To work with Native American communities, we pulled together about a dozen leaders to have a very frank conversation and to advise us. There were representatives of rural tribes, the Great Plains, land-based tribes, tribes with no reservations, urban Indians, and Alaskan natives. We asked them, “Help us understand tobacco in your communities. What do you think is important? How should RWJF approach this issue with tribes?”

These listening sessions really reinforced our belief that strength and capacity in advocacy skills is alive and well in the communities most affected by tobacco. Yes, there are a lot of competing priorities, but there is power in these communities. The challenge is to identify and work with people on the ground who are making things happen.

Tobacco Policy Change required grantees to have experience in policy advocacy, but not necessarily in tobacco policy. What was your intention with that strategy, and how did it work?

We recognized that individuals and organizations can apply policy advocacy skills—things like setting goals, building networks, understanding power dynamic, and pursuing strategic communications—to any health challenge. By inviting policy advocates in other areas to the table, we hoped to broaden the base of advocates working on tobacco control and other health issues.

As a whole, the grantees did quite well on policy change—in fact, some better than we expected. Some 18 states and communities passed clean indoor air laws, four states raised tobacco excise taxes, and three states passed laws to provide Medicaid funding for tobacco-cessation services. There were also those that didn’t see a policy change come to fruition but who made real progress on their policy issue.

And even more significant than the policy change, we really broadened the base of tobacco advocates. Prior to *Tobacco Policy Change*, the field did not recognize the people and communities most affected by tobacco use. At the National Tobacco Control conference in 2008, so many of our grantees were standing on a national stage talking

about policy change and what it means for communities. And national organizations were even looking to our grantees to invite them to be a part of their board of directors. That was very gratifying.

You required Tobacco Policy Change grantees to secure unrestricted matching funds from other sources. Why was that important?

Matching funds are important for a couple reasons. In no particular order, first, we saw the funding match as an opportunity for applicants to reach out to other potential funders, to broaden the base of financial support for tobacco policy change, and to strengthen the organization's capacity. Secondly, the match funds were flexible, meaning the project director had the ability to move funds to support activities that may not have been anticipated at the outset of the project. This is important because policy campaigns can shift very quickly and are very influenced by the current social, economic, political, and media context. And finally, the Foundation has clear guidelines that prohibit any direct or indirect lobbying. Match funding from other sources can support activities the Foundation cannot. This is important for any work on policy change..

In the last round of Tobacco Policy Change, you asked grantees to use their advocacy skills to tackle another health policy challenge. How well did that work?

We wanted to give folks the flexibility to address other challenges that were affecting their communities while exercising and using their policy advocacy skills.

So, for example, in South Carolina, the tobacco-control advocacy group partnered with a conservation organization that was confronting air pollution from the Port of Charleston. The two groups ended up pushing for clean indoor air and clean outdoor air. It was a good marriage. The organizations had complementary strengths that helped both policy efforts.

In New Orleans, a coalition working on zoning and redevelopment of the Ninth and Tenth Wards convinced the city to pass laws regulating the sale of tobacco and alcohol, and to push to get more grocery stores in these neighborhoods. The focus was less on tobacco control and alcohol and grocery stores, and more on the safety and vibrancy of those neighborhoods.

In Houston, the tobacco-control coalition worked to gain approval for the first clean indoor air ordinance in the city's history, and then shifted to promoting physical activity in a historic but underused city park.

These projects reinforced the notion that skills and tactics related to policy change are transferrable. It is all about coming up with the collective vision, a timeline, understanding power relationships, building and leveraging networks and relationships, and strong communication strategies. I'm not saying that it's easy—policy change is

inherently hard work. What I'm saying is that it's doable—advocates from any issue can use their skills to create change on any [other] issue.

Are there challenges in applying advocacy skills across issues?

The everyday work of policy change is always challenging. Some grantees reported that their staff was spread too thinly across the two issues they tackled. In some communities the political environment completely changed, and advocates who had support of leaders felt very deflated after losing champions of their work.

Some of the grantees focusing on non-tobacco health issues had a greater need for technical assistance, support, and training than those working on tobacco. For example, a coalition in Kentucky pursued a policy to regulate indoor exposure to radon. To our knowledge, there is no advocacy infrastructure to support grassroots policy change in that area. That grantee could not plug into the same kind of technical assistance that is available for tobacco policy. That made the work harder.

Is pursuing policy change worth the effort?

Absolutely. Whether you win or lose a policy effort, people and organizations gain a lot of value from working together toward a collective goal. Policy change is not really the focus, the goal is for people to be engaged in changing their community in a way that makes it happier and healthier for them. Policy is the means to getting to that vision. Policy allows members of the community and other leaders to work together, build on their assets, and create the change they want to see. Those relationships and networks go far and can be tapped to influence any issue.

How is RWJF applying lessons from Tobacco Policy Change to other programs?

Tobacco Policy Change offers a lot of lessons that the Foundation's Health Group has been putting into practice. The first lesson is to recognize the very important role of policy, environmental change, and law, and especially on communities most at risk and affected by today's health challenges. Across all of the Health Group teams, there are examples of policy-focused programs such as *Healthy Kids*, *Healthy Communities*, *Health Impact Project* and *Start Strong*.

A second lesson is to ensure that the vision for change is being developed and designed by the members of the community whom the change will impact. Looking across our work, from ensuring that healthier foods are served in schools to advancing public health department accreditation, we recognize how critical the engagement process is—as much as the visioning and strategic planning.

The final lesson is that there are advocates with lots of skills and networks that exist in communities most impacted. The bigger challenge is ensuring that there is adequate

technical assistance and capacity support for folks to be successful on the ground. A good example of technical assistance to support policy advocacy is the advocacy institute led by Tandeka, Inc., which is focusing on connecting with advocates in the Southern region. The skills they are honing focus on advancing childhood obesity prevention, but the institute participants can apply them to any issue that is affecting their community.

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