

ASSIST  
CA from TI  
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OVERVIEW OF STATE ASSIST PROGRAMS

In California our biggest challenge has not been the anti-smoking advertising created with cigarette excise tax dollars.

Rather, it has been the creation of an anti-smoking infrastructure, right down to the local level. It is an infrastructure that for the first time has the resources to tap into the anti-smoking network at the national level. And to take advantage of the experiences and the expertise of people like Michael Pertschuk.

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The ASSIST program has the potential to replicate our California experience in 17 other states.

It will provide additional dollars to the national anti-smoking movement.

Michael Pertschuk's Advocacy Institute -- the strategic planner for the anti-smoking community -- is getting \$1.6 million for "training, design, media advocacy and information services."

On top of that, virtually every one of the 17 successful proposals to the National Cancer Institute say they will use some of their funds to purchase subscriptions to Pertschuk's anti-smoking computer information network.

They say they will make use of their new resources to further broaden the distribution of the Advocacy Institute's "Action Alerts." These issue briefs summarize significant research, industry initiatives, and anti-smoking programs and suggest follow-up activities and media "sound bites" that the network can apply at the local level.

ASSIST will hit us in our most vulnerable areas -- in the localities and in the private workplace.

It has the potential to peel away from the industry many of its historic allies.

For example, major employers in many states are members of the ASSIST coalition. Also, chambers of commerce, labor unions, groups like the Urban League and NAACP.

In Missouri, it appears that outdoor advertising agencies are working quietly with the assist coalition to develop anti-smoking messages.

The first two years of this program are devoted to planning -- to pulling the coalition together and identifying the local community-based organizations that can then implement the programs.

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We have completed review of the successful grant proposals and have pulled from those proposals the information that follows. Attached is a general background paper on ASSIST, along with a list of the states whose proposals for funding were accepted, and the level of funding for each.

Each proposal is different, recognizing that the demographics for each state, and the degree of support for anti-smoking efforts within each state varies. Some of the specifics for each state:

#### Virginia, North Carolina, South Carolina

The three tobacco states -- Virginia, North Carolina and South Carolina -- recognize the sensitivity of the issue and propose low profile efforts.

The funding for these states -- \$6 million in Virginia, \$8.4 million in North Carolina and \$5.4 million in South Carolina -- will go toward building the anti-smoking networks that already exist in many other states.

All recommend immediate efforts to strengthen state indoor air legislation, or to enact stricter regulations at the local levels.

All say they will push for higher excise taxes.

Virginia's coalition says it will take a "pro health" rather than anti-tobacco position. And, importantly, it has identified a number of major employers in the state and targeted them for membership on the coalition.

These include such major companies as Mobil, General Dynamics, AT&T, the American Red Cross and Washington Gas Light. Mobil and WGL reportedly have already joined.

#### West Virginia

\$4.8 million will go a long way in West Virginia, where one of the state's largest employers, Wheeling-Pittsburgh Steel, has already joined the ASSIST coalition. The United Mine Workers has not yet joined, but the stated goals of the coalition -- cessation and education -- would be noncontroversial from a labor perspective. Also, the possibility of some government funding for education efforts would be an added inducement.

In West Virginia, the group says youth issues are its chief concerns. It will seek a minimum age of 21 for sale of cigarettes, as well as licensing requirements and vending bans.

Maine, Rhode Island, Massachusetts

Three New England states are recipients of ASSIST funding. Maine is getting \$4.6 million; tiny Rhode Island \$4.9 million; Massachusetts is getting more -- \$7.4 million.

The largest employer in Maine -- the Bath Iron Works -- has joined the coalition. And unlike many of the other proposals, Maine's plans for the last five years of the program are already taking shape.

For example, the Department of Health proposes spending \$35,000 a year to get information on ETS to policymakers. It will spend up to \$80,000 a year for media workshops, briefings for science writers and paid media efforts for the few media outlets in the state. It will spend another \$33,000 a year to work with employers to implement smoking bans, including presentations to labor unions.

In Rhode Island, the AFL-CIO, Urban League and Blue Cross/Blue Shield are founding members of the ASSIST coalition.

The Massachusetts coalition enjoys the active support of the NAACP, and, as part of its \$7.4 million in funding, that state will act as the regional coordinator for anti-smoking activity in New England. This fall, using ASSIST funding, it will host a conference to formulate the 1993 anti-smoking agenda for the region.

New Mexico, Colorado, Missouri, Washington State

\$4.9 million can buy a lot of anti-smoking activism in New Mexico, where initial efforts will focus on higher taxes and vending and billboard restrictions.

Elsewhere in the west, the Colorado Department of Health proposes to use its \$6.9 million in federal government funding to "retool" the state's 1986 tobacco control plan. Immediate plans include a ban on tobacco advertising and promotion at the yet-to-be built baseball stadium, and extending that ban to Mile High Stadium and all ski resorts in the state.

Continuation and expansion of initiative efforts also are a key component of the Colorado plan.

In Missouri the Urban League and state and local chambers of commerce have joined the ASSIST coalition, which is targeting St. Louis and Kansas City for all-out efforts in a \$6.1 million program.

In Washington State, several of the state's largest employers -- Boeing, Weyerhaeuser and GTE -- are active members of the ASSIST coalition that will receive \$7.3 Million in funding over the next seven years.

Its priorities are licensing of retail outlets and sampling bans, as well as working with the Smoking Policy Institute -- which provides private counseling services to employers trying to ban smoking -- to expand and strengthen workplace smoking bans.

At the request of the state's Amalgamated Transit Union, the Washington State AFL-CIO has passed a resolution endorsing the ASSIST program.

#### Indiana, Michigan, Minnesota, Wisconsin

In the north central part of the country, Indiana's ASSIST coalition is getting \$7.3 million. Its first area of attack is on billboard, sampling and sponsorship bans. The coalition will focus its first efforts on the Indianapolis 500.

Michigan's Department of Health -- headed by Ron Davis, the former head of the federal Office on Smoking and Health -- says it will distribute its \$10.8 million through local departments of health.

There's no legislative agenda yet for this state, but we have probably seen most of it this year with higher excise taxes, vending and sampling bans and a proposed ETS standard at Michigan OSHA.

Minnesota and Wisconsin already have well organized and active anti-smoking movements at the state level. Minnesota wants to use its \$6.3 million federal grant for community organizing.

Wisconsin's ASSIST coalition includes 27 legislators, the Urban League and the state association of broadcasters. It will use those resources to develop a local anti-smoking network, with licensing and dedicated tax issues at the top of the agenda.

#### New York, New Jersey

In New York State, the Department of Health is seeking proposals from 8-12 local organizations to act as community organizers during the last five years of the \$11.3 million grant.

The chairman of New York Public Interest Research Group heads the legislative component of the ASSIST coalition, which also includes the state newspaper publishers association and the public broadcasting stations.

Issues for immediate action in New York, according to the grant request, are dedicated tax proposals, licensing and divestment.

The New Jersey ASSIST coalition has been the most vocal to date. It already has held hearings and called news conferences to announce its plans to spend \$7.5 million in federal grant monies.

Corporate support includes Johnson & Johnson, Blue Cross and Prudential. The coalition plans to work through these groups to educate employers that smoking areas in workplaces are not needed and, if they are offered, they should either be outside, or have separate ventilation systems.

Legislative conferences and policy briefings for lawmakers are high on the ASSIST agenda there. So are excise tax increases -- either annually or through the institution of an ad valorem tax - - with funds dedicated to augment or supplant the federal assist funding when it ends in 1998.

## ASSIST Overview

### Objectives

The American Stop Smoking Intervention Study for Cancer Prevention (ASSIST) proposes to translate a national protocol for smoking control into individualized community-based programs focusing on anti-smoking education, mass media promotion and efforts to change public policies regarding tobacco use.

Jointly sponsored by the American Cancer Society (ACS) and NCI, ASSIST proposes to reduce smoking prevalence in each of 17 target states over a 7-year period by at least 43 percent of 1985 estimates.

### History

ASSIST is based on a smoking control program drafted in the 1980s for the National Cancer Institute at a consensus conference of anti-smoking leaders. Through NCI's Smoking, Tobacco and Cancer Program (STCP), smoking control interventions were developed. These interventions are being tested in a precursor to ASSIST that began in 1986, the Community Intervention Trial for Smoking Cessation (COMMIT). COMMIT, which will end in mid-1993, is testing the STCP models for comprehensive tobacco control in 11 matched pairs of communities. ASSIST will attempt to broaden to a statewide level the application of smoking control interventions in pursuit of a "Smoke-Free Year 2000."

### Funding

Of the \$135 million in federal government funds to be spent over the 7 years of the program, \$115 million will go to state health departments to support community-based programs, and \$20 million will be used for national coordination of the program. The American Cancer Society (ACS) is providing \$25-30 million in program funds, as well as materials and its volunteer network. ACS will receive no federal funds for its participation in ASSIST.

Of 37 state health departments that submitted proposals for ASSIST awards, 17 received contracts totalling \$5 to 11 million each over the 7-year period to develop and run community-based smoking control programs. A list of participating states and the amount of each award is attached.

### Timetable

ASSIST is being conducted in two phases:

- o A 2-year planning phase, which began in September 1991. During this phase, participating states develop community-based coalitions; perform site analyses of target audiences; develop a smoking control plan outlining intervention

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strategies; collect proposals from individual coalition members detailing how each will contribute to the effort; and develop a management plan for coordinating the project.

- o Phase II, lasting 5 years, is an intervention phase during which state contractors implement smoking control plans developed during Phase I; coordinate training and communication between coalition member groups; and plan and implement coalition-wide intervention activities aimed at target audiences.

### National Coordination

NCI has contracted with a Coordinating Center, Prospect Associates, Ltd., of Rockville, Maryland, to administer the program on a national level and coordinate among the state ASSIST sites.

The Advocacy Institute is a subcontractor to the Coordinating Center; as such, it will receive \$1.6 million in government funds over the course of the project to provide "training, design, media advocacy and information services."

### Possible Encouragement to Lobby

The Statement of Work developed for the ASSIST state health departments by the National Cancer Institute contains the following statements:

- o "In ASSIST, the Contractor shall organize the site for intervention in order to meet ASSIST goals for reduction of smoking prevalence. . . . For example, the Contractor may develop a state-wide plan, and focus on two or three major metropolitan areas for intensive intervention (e.g., establishing local coalitions and conducting more intensive informational and policy campaigns [emphasis added])."

The National Cancer Institute's "Standards for Comprehensive Smoking Prevention and Control," which was part of NCI's Request for Proposals for ASSIST that was distributed to the states, includes the following statements:

- o One of the goals of a "comprehensive smoking prevention and control initiative" is to "Increase the influence of existing legal and economic factors that discourage smoking."

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- o "Policy" is listed as one of three main interventions of a "comprehensive smoking prevention and control initiative."
- o Among a list of target groups are "Groups and individuals who can affect policy changes in relation to smoking as it affects nonsmokers and smokers" and "Policymakers -- Individuals in positions to make or influence both private and public policies should be targeted for intensive educational efforts."
- o Among the goals of media activity is to "generate broad public support for nonsmoking policies and make policymakers aware of this support." Media also can be used to "publicize policy issues and community efforts to influence national, state and local policymaking."
- o The chapter on Policy contains a disclaimer that NCI is not suggesting that "statutory restriction on the use of funds to lobby legislative bodies or to influence election or referendum results" be violated. However, many of the types of policies discussed (such as clean indoor air, economic incentives and taxation, and restricting advertising and promotion of tobacco) cannot be achieved unless legislative action is taken.
- o The chapter on Community Environment says, "For example, the goal of reducing the number of prosmoking cues in the community environment can be accomplished through the regulation of billboard advertising, the institution of well-publicized policies restricting smoking in public places, and curtailing the influence of tobacco-related sponsorship and promotion of sporting and cultural events." In addition, one of the suggestions for developing a plan to "increase messages and cues suupporting nonsmoking" must include "public and private policy initiatives."
- o The listing of Recommended Resources contains references under the Policy heading pertaining to influencing legislation.

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States Participating in ASSIST

<u>State</u>	<u>Lead Agency</u>	<u>Amount of Award</u>
Colorado	Colorado Department of Health	\$6.9 million
Indiana	Indiana State Board of Health	\$7.3 million
Maine	Maine Department of Human Services	\$4.6 million
Massachusetts	Massachusetts Health Research Institute	\$7.4 million
Michigan	Michigan Department of Public Health	\$10.8 million
Minnesota	Minnesota Department of Health	\$6.3 million
Missouri	Missouri Department of Health	\$6.1 million
New Jersey	New Jersey State Department of Health	\$7.5 million
New Mexico	New Mexico Department of Health	\$4.9 million
New York	Health Research, Inc. (New York State Department of Health)	\$11.3 million
North Carolina	North Carolina Department of Health	\$8.4 million
Rhode Island	Rhode Island Department of Health	\$4.9 million
South Carolina	South Carolina Department of Health	\$5.4 million
Virginia	Virginia Department of Health	\$6 million
Washington	Washington Department of Health	\$7.3 million
West Virginia	West Virginia Department of Health	\$4.8 million
Wisconsin	Wisconsin Division of Health	\$9.2 million

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