A case study analysis of African American participation in the initial allocation of tobacco master settlement agreement funds to black communities in Arkansas and Georgia.

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A CASE STUDY ANALYSIS OF AFRICAN AMERICAN PARTICIPATION IN THE
INITIAL ALLOCATION OF TOBACCO MASTER SETTLEMENT AGREEMENT
Funds to Black Communities in Arkansas and Georgia

A DISSERTATION
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

BY
KEVIN T. COLLINS

DEPARTMENT OF POLITICAL SCIENCE

ATLANTA, GEORGIA
May 2009
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ABSTRACT

POLITICAL SCIENCE DEPARTMENT

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A CASE STUDY ANALYSIS OF AFRICAN AMERICAN PARTICIPATION IN THE INITIAL ALLOCATION OF TOBACCO MASTER SETTLEMENT AGREEMENT FUNDS TO BLACK COMMUNITIES IN ARKANSAS AND GEORGIA

Committee Chair: Abi Awomolo, Ph.D.

Dissertation dated: May 2009

Since the beginning of the 1990s, there has been a sharp rise in anti-tobacco activism, adverse public opinion, litigation, and new legislation to counter the tobacco industry and reduce use. Despite this sharp rise in activism, the role of African Americans in this advocacy process has mostly escaped the analysis of the political science research community. This includes 1999 when payments to the states began from the historically significant Master Settlement Agreement (MSA), which was signed in 1998 between 46 Attorneys General and the tobacco industry.

This research project analyzed the dynamics in the state tobacco coalitions in Arkansas and Georgia. It delved into the roles African Americans played in an effort to leverage resources for the black community. These funds represented needed resources for building capacity and infrastructure.
The research used both primary and secondary data. The primary data were gathered by semi-structured interviews with state health officials, coalition members, and policy-makers all intimately involved in the allocation process.

Secondary data were gathered from journals, newspaper articles, by-laws and program reports. Information was also gathered from publications and websites of reputable organizations working in tobacco prevention. These included the Campaign for Tobacco-free Kids and Americans for Non Smokers’ Rights.

Through the lens of Interest Group Theory research analyzed the role African Americans played in the initial allocation of Tobacco Master Settlement Agreement funds in Arkansas and Georgia. It was found that African Americans in leadership roles are important to the initial allocation process. Despite Arkansas’ success in securing 15% of State Tobacco Prevention funds allocated through an Historically Black College or University for minority communities, blacks in leadership positions were no guarantee that resources would be allocated to black communities.
CHAPTER I

INTRODUCTION

Public health has among its core values fairness, equity, and the commitment to address public health needs. This idea of addressing needs by applying resources where there is the greatest need distinguishes public health from private sector health interventions.\(^1\) As a result, there is disciplinary emphasis on training and the development of scholarly and practical work that help public health practitioners assess needs and develop programs and interventions that seek to address these needs.

Tobacco control has traditionally placed itself within the discipline of public health. A significant number of tobacco control practitioners are trained in public health and most publicly funded tobacco control work is situated in health departments where public health is a core mission and value. Yet tobacco control funding and program development have not been consistent with the public health notion of prioritizing resources to address public health needs, particularly as it relates to communities of color – populations facing significant tobacco-related disparities.

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Tobacco-related health disparities are a much talked about, yet often misunderstood fact that is most often seen in communities of color. The National Conference on Tobacco and Health Disparities (NCTHD), held in December 2002, represented the first scientific gathering to convene researchers and practitioners to review the current research, identify gaps, and develop a research agenda to eliminate tobacco-related health disparities. The National Conference on Tobacco and Health Disparities planning committee defined tobacco-related health disparities as follows: "differences in the patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exists among specific population groups in the United States; and related differences in capacity and the infrastructure, access to resources, and environmental tobacco smoke exposure."²

It is a well established fact that communities of color (African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, Latinos/Hispanics) suffer from tobacco-related problems at disproportionately higher rates. In most of these populations, there are higher rates of smoking, higher rates of disease and death from tobacco-related causes, and higher levels of targeted marketing by the tobacco industry.³ As a result of these problems, there has been increasing attention to tobacco control work in these communities thanks to the encouragement of a number of national organizations and agencies. For

example, the Centers for Disease Control and Prevention Office on Smoking and Health (CDC/OSH) sought to create national organizations dedicated to advancing tobacco control in communities of color through the National Networks for Tobacco Prevention initiative. As a groundbreaking endeavor, it was the first national effort to provide dedicated funding for capacity and infrastructure building in underserved and overburdened populations to eliminate the burden of tobacco use.

Prior to the 1998 Master Settlement Agreement (MSA), initiatives such as the National Cancer Institute’s Project American Stop Smoking Intervention Study (ASSIST) constituted the majority of funding available to tobacco control. Although there is a significant body of work indicating communities of color require specific interventions, the limited funds available were focused on “general” interventions with little focus on communities of color. 4 5 6

It is estimated the total payout over time to the 46 states and six territories that were parties to the MSA will be $246 billion. Although tobacco control advocates of color expressed concern about the MSA’s limitations, with regard to safeguarding those outside the United States, and spending priorities, there was

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hope this potentially significant increase in funding for tobacco control would finally mean significant, new resources for their communities. There was hope and direct advocacy to encourage tobacco control policy decision-makers to dedicate themselves to a more public health, needs-oriented approach in the field.

A national group of tobacco control leadership representing African Americans, Native Americans, Latinos, Asian Americans, and Pacific Islanders issued the May 1997 Communities of Color Statement which, among other things, focused on ensuring that MSA dollars were targeted to the low income individuals and communities of color as a matter of fairness and attention to need and stated:

The major reason for the litigation is that public monies are being spent on health services to persons with illnesses caused by tobacco. A disproportionate number of the individuals who receive Medicaid-funded health care are low-income and are from our racial, ethnic and tribal communities. We are concerned that a large monetary settlement will only shift the burden of payment from the general public to individual smokers as tobacco companies raise prices on their addictive products to pay the settlement costs. This has the potential to victimize low-income smokers disproportionately, while allowing the investors in tobacco to realize enormous financial rewards by immunizing tobacco companies from many of the costs of further litigation. There must be a balance struck so that poor people and people of color, who are most likely to pay the higher costs of such a settlement through increased prices, also receive significant and measurable benefits from any agreement.7

**Tobacco-related Disparities**

Fiore and colleagues note that, "unless the prevalence of tobacco use is reduced dramatically, , about 25 million Americans, one of two smokers, will die of a disease caused by their use of tobacco.” While tobacco’s human cost are

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incalculable, shortening smokers’ lives by an average of 13 to 14 years. In
economic terms, tobacco-related diseases cost $150 billion each year.\(^8\)

Studies show the adverse health effects of tobacco use are not evenly
distributed among population groups, but rather are disproportionately inflicted on
disadvantaged populations, particularly racial/ethnic minorities and those of lower
socio-economic status.\(^9\) For example, African Americans according to the CDC,
bear the greatest tobacco-related health burden, despite having similar smoking
rates as whites. Middle aged and older African Americans are far more likely to
die of heart disease, stroke, or lung cancer than their counterparts in other racial
groups.\(^10\)

The prevalence of smoking, smoking cessation, and heavy smoking are
associated with race/ethnicity and educational attainment.\(^11\) The relationship
between smoking status and race/ethnicity among U.S. adults, adjusting for
educational level, was presented in a multi-year analysis of the National Health
Interview Survey (NHIS).\(^12\) Before controlling for education, the data indicated
that African Americans are more likely than whites to be current smokers. After
accounting for the confounding effect of education, the odds ratios for current

\(^8\) M.C. Fiore, Preventing 3 Million Premature Deaths and Helping 5 Million Smokers Quit: A National Action Plan for Tobacco Cessation.


\(^10\) Ibid., 13.

\(^11\) Ibid., 83.

\(^12\) Ibid., 84.
smoking among African Americans decreased considerably. If all the African Americans in the sample had been of similar educational level compared to whites, then the African American smoking rate would have been about the same as whites.\textsuperscript{13}

While socioeconomic status and race/ethnicity are often inter-related, statistical adjustment can account for much of the observed differences in current smoking. However, the confounding effects of education and income do not completely explain the marked racial differences in the likelihood of quitting smoking. For instance, even after adjusting for educational attainment, African Americans, despite their initial efforts, are less likely than whites to successfully quit smoking. Data from CDC show that African Americans who had smoked were much less likely than whites to quit smoking. Using whites as the reference group, the odds ratio (controlling for education) was 0.74 for African American former smokers (those reporting smoking at least 100 cigarettes in their life and reporting at the time of survey they were not smoking cigarettes).\textsuperscript{14}

**Tobacco Industry Influence**

Interestingly, the 1960s and 1970s are historically significant for both the Civil Rights and Women's Liberation movements, cultural revolutions which were more than likely not lost on tobacco company executives. The tobacco industry's longtime economic support for racial/ethnic communities, including support for social services and civil rights organizations, has been noted by the

\textsuperscript{13} Ibid
\textsuperscript{14} Ibid., 85.
CDC and more recently by Yerger and Malone. These authors asserted that the tobacco industry exploited their long-standing connections with African American leadership groups and community members for a three-fold purpose: 1) to use these leaders as a frontline force to defend industry policies; 2) to increase the population's tobacco use; and 3) to defuse tobacco control efforts. They further state that these apparent acts of inclusion extract a steep price in terms of the black population's health and longevity.

Tobacco products are heavily marketed in the United States, and certain products are advertised disproportionately to members of racial/ethnic groups. “Marketing segmentation is a well-developed strategy for crafting advertising campaigns that present particularly persuasive appeals to targeted audiences. It has been suggested that the tobacco industry strategically targets new consumer groups (e.g., women, racial/ethnic groups, and youths) by developing advertising that exploits the psychological interests and needs of those targeted populations,” state the CDC report.

Targeted tobacco advertising is known for its flattering images, which project success, wealth and sophistication, all qualities that appeal to racial/ethnic minorities, including African Americans, who have been profiled by tobacco

15 Ibid., 212-222.


17 Ibid., 346.

companies to assess this population’s aspirations and cultural practices. African Americans’ historical experiences of racism and discrimination may create vulnerability to notions of “acceptance” as a valid consumer group and advertisements showing attractive images designed to appeal to their community. These overtures, even if offered by tobacco marketers have a certain caché. The Surgeon General’s report states that these attractive images oftentimes stand in contrast to less flattering images presented by the news media. An article on the health of African American women was quoted in the report and points out that, “we have grown almost numb to negative images of ourselves in the media—black teen girl surrounded by screaming babies or men in handcuffs. Not so in cigarette or liquor advertisements. In these we are beautiful, confident, well-dressed, happy, wealthy, and in love…” (Villarosa, 1994, p.13).20

Musical events, dance troupes, the visual arts and other cultural events have long been outlets for tobacco industry targeting of racial/ethnic minority groups. One of the longest running cultural events in African American communities is the annual Ebony Fashion Fair tour which is attended by 300,000 women in 190 cities.21 From the 1970s to the early 1990s, according to the Surgeon General’s report, R.J. Reynolds’ ‘More’ cigarettes supported this event, “When the show was supported by ‘More’ cigarettes, fashion models lit cigarettes

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21 Ibid.
during the walks down the runaway. In addition to reciting the names of clothing designers, the announcer noted the models smoke ‘More’ cigarettes. Free samples of ‘More’ cigarettes were distributed to members of the audience as they left the performance." 22 Thus, for decades, cigarette smoking was promoted through a variety of African American venues.

Tobacco has played an important socio-economic role among African Americans, particularly since the 1940s. Complex social and economic forces have affected African American workers, labor union leaders, politicians and community leaders. 23 Tobacco farming remains a major crop in six southern states, Georgia, Kentucky, North Carolina, South Carolina, Tennessee, and Virginia. 24 The high concentration of blacks in certain tobacco industry occupations creates opportunities for membership in tobacco workers’ labor unions, which had achieved success in the south and encouraged blacks to register for and vote in municipal elections. Rival unions sought to involve blacks in unionizing efforts as equals; these early unionizing efforts in tobacco-growing states have been regarded by some historians as a prototype of the civil rights movements. 25 African American women were said to have held important union leadership positions; the power held by African American workers led to

22 Ibid.
23 Ibid., 208-215
24 Ibid.
25 Ibid., 209
concessions resulting in integrated factory production lines at R.J. Reynolds in 1961.

While African Americans no longer rely on jobs in tobacco manufacturing, shifting economic and market forces have nevertheless helped make them significant users of tobacco. Around the time of World War II, for example, some tobacco companies began advertising campaigns targeting blacks. “Advertising efforts increased in the 1950s” notes the Surgeon General’s report, “a decade that saw African American men surpass white men in smoking prevalence... Other influences affecting African Americans’ ties to tobacco were the tobacco industry’s increased attention to and positive steps toward civil rights in the 1950s and 1960s... and the expansion of political power in the 1980s and 1990s...”²⁶ In the 1990s, prior to the 1998 master settlement agreement between the tobacco industry and state governments, low-income, urban, African American communities had a five-fold higher likelihood compared to whites of being exposed to tobacco advertising on neighborhood billboards.²⁷ These historic patterns underpin the relationship African Americans have with the tobacco industry, which resulted in industry access to the community’s leadership, and may have affected community members’ attitudes and behaviors toward tobacco.

**State Tobacco Policy 1990 to 2003**

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²⁶ Ibid.

During the 1990s, tobacco use came under increasingly intense opposition by anti-tobacco proponents who advocated for increased tobacco taxes and stronger tobacco-use regulations.\(^{28,29}\) Since the early 1990s, the tobacco industry responded to this heightened political threat throughout the United States by using its influence to mobilize and advocate for lower tobacco taxes and weaker tobacco regulations than those proposed by health advocates.\(^{30,31,32}\)

Coalitions of health groups attempted to shock the tobacco policy system from 1990 to 2003 with their challenge to the state policy monopolies historically exercised by the tobacco industry. Since 1990, the states have been a major venue for tobacco policymaking with legislation proposed in the areas of youth-access legislation, clean indoor air enforcement, and tobacco excise taxes.\(^{33,34,35}\)


Tobacco Policy Monopolies

Baumgartner and Jones argue that in the 1970s, the tobacco policy monopoly with respect to public health and tobacco use at the federal level was either destroyed or weakened. They argue that when tobacco was characterized as an economic issue that supported the industry and tobacco farmers, federal policy was supportive. However, this changed during the beginning of the 1960s, because of an E. E. Schattschneider-like "mobilization of bias" by health advocates and government agencies regarding health dangers due to tobacco use. U.S. federal policy was mixed regarding the tobacco industry, which lost its policy monopoly due to the inclusion of public health concerns. Schattschneider argued that the way for the less powerful to create change is by expanding the scope of the conflict to make it as public as possible. Some federal policies economically supported tobacco farmers, while other federal policies were designed to counter the adverse effects of tobacco use. A sharp mobilization of bias by health advocates with respect to tobacco use and public health also occurred from 1990 to the early 2000s at the state level in the United States.

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Background on State Tobacco Lobby Influence

The most robust factor in explaining the enactment of state tobacco policy legislation and programs is the power and influence of the tobacco lobby. In tandem with the power of the tobacco lobby, other factors significantly contributing to their influence in state tobacco policymaking include the condition of the state's budget, tobacco economy, political priorities as well as gubernatorial involvement. Despite public pronouncements that tobacco use is a question of adult choice, privately, the primary impetus for the industry’s state legislative

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political efforts is to maintain and preserve its tobacco sales and increase profits.  

For instance, a 1991 internal Philip Morris memorandum stated:

During the next five years, PM-USA [Philip Morris, USA] plans to continue its profit growth, generating operating income increases of 13.5% annually. Domestic cigarettes will contribute a cumulative $18.0 billion to the corporate cash flow over the plan period. Market share will reach 49.6% in 1995, while volume will grow at a compound annual rate of half a percent.

PM-USA volume growth will occur despite a 2.9% compound annual decline in industry volume. Industry volume will be negatively affected by increasing smoking restrictions, the decreasing acceptability of smoking and increasing excise taxes. Corporate affairs will use direct lobbying, the media, and industry allies to minimize state and local tax increases, promote accommodation in public places [smoking with non-smoking in public places] and preserve the industry's freedom to advertise and promote cigarettes to adult smokers.

Efforts to maintain sales and profits have occurred through ongoing advocacy in all state legislatures by the tobacco industry. The tobacco industry has consistently opposed vigorous anti-tobacco regulations, educational programs, and higher taxes on tobacco products.


Tobacco Lobby Tactics in States

The primary approach by the tobacco industry, a powerful force in all states in advancing its policy goal, has been the ongoing employment of well-established and astute contract lobbyists. These state contract lobbyists often have decades of experience and expertise in working with state legislatures to advance or block legislation. For instance, Missouri tobacco lobbyist John Britton began his career as a lobbyist over 45 years ago. 56

The tobacco lobbyists have advanced on an ongoing basis the tobacco industry's policy agenda and clashed with the health advocates' interest, such as supporting stronger clean indoor air regulation. 57 58 59 60 61 62 63 64 Coordination of


these state lobbying efforts occurred through a descending relationship with tobacco industry management at the national corporate level developing and consulting with the contracted state lobbyists.\textsuperscript{65} This consultation included the development of uniform policy positions that should be promoted or discouraged in each state.\textsuperscript{66}

The state lobbyists employed various tactics to influence states' tobacco policies. These tactics included direct and indirect campaign contributions to organizations such as political parties designed to assist legislator's election campaigns and provide gifts and honoraria to legislators. Other tactics included occasional alliances with other interest groups such as the hospitality industry to counter clean indoor air ordinances, and the development of front groups such as the National Smokers Alliance primarily funded by Philip Morris.\textsuperscript{67} \textsuperscript{68} The

\begin{itemize}
\item \textsuperscript{62} Chris Morley, Michael Cummings, Andrew Hyland, Gary Giovino, et al. \emph{Tobacco Institute Lobbying at the State and Local Levels of Government in the 1990s}. Tobacco Control 11 (Supplement 1):i102-i109.

\item \textsuperscript{65} Michael Pertschuk, 1992. Smoking Gun Speaks: The Tobacco Industry's Buy America Strategy. Paper read at Seventh National Conference on Chronic Disease Prevention and Control. Salt Lake City, UT.

\item \textsuperscript{64} Donley Studlar. Tobacco Control: Comparative Politics in the Unites States and Canada. Peterborough, Ontario, Canada. Broadview Press Ltd.

\item \textsuperscript{65} Michael Givel and Stan Glantz. 2001a. \emph{Tobacco Lobby Political Influence on U.S. State Legislatures in the 1990s}. Tobacco Control 10: 124-34.


\item \textsuperscript{68} Stanton Glantz and Edith Balbach. 2000. \emph{Tobacco War: Inside the California Battles}. Berkeley: University of California Press.
\end{itemize}
development of myriad front groups allowed the tobacco industry and its political allies to act without being publicly associated with the tobacco industry. Tactics of the front groups often included orchestrated grassroots advocacy campaigns through the mail or phone calls to pressure policy makers. Other tactics have been testimony before legislative bodies without any real formal contact with legislators or their staff.

In contrast to the tactics employed by tobacco lobbyists, organized health advocates in state legislatures have primarily used insider advocacy tactics to advance their agenda of better public health. Insider advocacy is based on proponents lobbying for their policy goals and ideas in the "halls of power" in state capitals. By contrast, outsider tactics occur beyond official institutions of power to pressure legislators in conjunction with insider lobbying.

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69 Ibid.


Outsider tactics have included: low-cost newspaper issue advertisements, free media interviews, letters to the editor and opinion editorials, community forums, rallies, and public demonstrations.  

State Tobacco Policy Outputs from 1990 to 1999

Since the beginning of the 1990s, there has been a sharp rise in anti-tobacco activism, adverse public opinion, litigation, and new legislation to counter the tobacco industry and reduce use. Despite this sharp rise in activism, CDC data suggest that from 1990 to 1999 key policy outputs primarily favored the tobacco industry. This includes 1999 when payments to the states began from the historically significant Master Settlement Agreement (MSA), which was signed in 1998 between 46 Attorneys General and the tobacco industry. Furthermore, the state tobacco excise taxes had little effect on consumption in the 20 states with tobacco excise taxes 25 cents or lower per pack.

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81 Ibid.

as well as in the 12 states with excise taxes between 26 cents and 49 cents per pack.83

To further the anti-smoking message, a few states enacted effective, statewide, clean indoor air legislation increasing the number of clean air ordinances from 7 to 19 over the course of the 1990’s. Government reports and recent research by Pion and Givel indicate that because of severe illness and death of nonsmokers, exposure to tobacco smoke should be avoided, this can only occur in smoke-free areas.84 85 86 By 1999, 20 states, up from just one in 1990, had enacted new tobacco youth-access ordinances that preempted local ordinances.87 Public health advocates had very modest legislative success with 30 states requiring the licensing of tobacco sellers’ vending machines and over-the-counter sales.88 Tobacco licensing allows for the tracking of tobacco sales violations and subsequent revocation of licenses to sell tobacco.89


88 Ibid.

89 Ibid.
The Tobacco Master Settlement Agreement

In 1998, 46 Attorney Generals and the tobacco industry negotiated the MSA, which awarded states $206 billion, adjusted for inflation over 25 years, with the first payment beginning in 1999. This agreement represented a significant and historic development in state tobacco control policymaking. The MSA had no restrictions on how the funds were to be spent, including how to spend the funds on tobacco control efforts. Nor has the MSA had a significant and detrimental impact on tobacco sales and profits. In addition to funding from the MSA, 14 states increased their tobacco excise taxes to greater than 50 cents per pack. By 2003, only four states had fully, and eight states partially, funded state tobacco prevention programs from MSA funds while other state revenue sources met the CDC's minimum level of state funding for vigorous tobacco control prevention efforts.

In the post-MSA period, from 1999 to 2003, several state-related issues were implemented. State regulation of tobacco use through effective public smoking restrictions at government work sites, private work sites, and restaurants

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91 Ibid.


93 Ibid.

increased slightly. State preemption of stronger local clean indoor air ordinances increased from 19 to 21.\textsuperscript{95} State preemption of stronger local youth-access ordinances also increased from 20 to 24.\textsuperscript{96} Finally, the number of states that licensed tobacco sales increased from 30 to 49.\textsuperscript{97}

In summary, from 1990 to 2003, one modest tobacco control policy trend was an increase in state licensing of tobacco sales. Another pro tobacco control policy occurred with 14 additional states enacting tobacco excise taxes at 50 cents or greater per pack. However, overall spending in 2003 from the MSA and other state revenue sources for comprehensive state anti-tobacco programs favored the tobacco industry. State tobacco control efforts in the state preemption of local clean indoor air ordinances, youth access enforcement ordinances, and state public smoking restrictions continued to strongly favor the tobacco industry. In the aggregate, these policy outputs represent a failure to punctuate or replace the tobacco policy monopoly equilibrium in the states despite a sharp mobilization for increased tobacco regulation, higher tobacco taxes, and litigation against the industry.\textsuperscript{98}


\textsuperscript{96} Ibid.

\textsuperscript{97} Ibid.

From 1990 to 2003, the primarily negative feedback, occurring through the "rules of the game," shaped state tobacco legislation and meant that the dominant policy monopoly favoring the tobacco industry did not significantly and sharply change in the 50 states.\textsuperscript{99} \textsuperscript{100} 

Instead, despite the symbolic appearance of punctuation in the policy system, the tobacco industry was able to use its political resources to counter the health advocates' mobilization, the adverse public opinion regarding tobacco use, litigation, and even a rise in new state tobacco control legislation. In fact, the feedback loop in this case was primarily negative. This confirms Baumgartner and Jones and Worshams' assertion that not all mobilizations or sharp shocks to the system by the less powerful will be successful. This does not mean that another or different shock to the system will not result in punctuated change.\textsuperscript{101} 

**Policy Friction**

According to Lindblom and Dahl, polyarchy includes freedom of association and expression; the right to vote and fair elections; competition among politicians and political parties; alternative sources of information; and peaceful transitions of political power.\textsuperscript{102} \textsuperscript{103} \textsuperscript{104} \textsuperscript{105} \textsuperscript{106} From the neoplarlist view,


corporations often use their financial resources for political purposes in a variety of government venues. For instance, state legislatures advance policy goals like reducing or eliminating taxes and regulatory oversight over businesses, such as the tobacco industry, to disenfranchise less powerful groups like health advocates.

This maintenance of policy dominance has resulted in a sharp rise in the ongoing and acrimonious conflict between the tobacco industry and public health groups. Because the public health groups' mobilization was not successful, there has been no agreement on new policy ideas or direction with respect to tobacco control in the states. At the center of these differences are largely irreconcilable views of what should be proper state tobacco policies. On one side is the tobacco industry who views more strenuous regulation of tobacco use and higher tobacco taxes as a threat to its sales and profits. On the other side are health advocates who view tobacco use as a serious public health problem. Without a change in mobilization tactics by health advocates or some new form of an exogenous shock such as the election of more pro-tobacco control politicians, the tobacco industry's use of its vast financial resources and state lobbying network will likely prevail into the near future in terms of advancing its policy goals.


The modest success in creating stronger tobacco prevention policies came as a result of the mobilization of health advocates, creation of adverse public opinion, and litigation. While the mobilization against the tobacco industry and tobacco use appeared to be a sharp and punctuated policy change regarding tobacco control, this movement also represented an opportunity for new principle actors to emerge. It further represents an opportunity for former leaders and groups to fall from center stage and receive less attention. African Americans and their leaders continue to fight for a seat at the table where policy decisions are being made in an attempt to direct resources to their community and ensure healthy outcomes.

**Tobacco Use in Arkansas and Georgia**

The Arkansas Tobacco Prevention and Education Program and the Georgia Tobacco Prevention Program are modeled after the Centers for Disease Control and Prevention *Best Practices for Comprehensive Tobacco Control Programs*, which identified guidelines for implementing a comprehensive program. Implementing these guidelines has proven successful in reducing tobacco consumption through comprehensive and cost-effective methods of education and prevention.\(^{107}\) Arkansas and Georgia have expended significant resources on continuing efforts to protect youth and adults from the harmful effects of tobacco use. The reason for this emphasis is clear: during the 1990s, Arkansas and Georgia, like the rest of the country, experienced an epidemic of

tobacco use among youth, increasing among high school students from 28 percent in 1991 to 36.5 percent in 1997 nationally.\textsuperscript{108}

Three states participated in the Youth Tobacco Survey in 1998: Florida, Mississippi, and Texas; and 13 states in 1999: Arkansas, Florida, Georgia, Kansas, Mississippi, Missouri, Nebraska, New Jersey, North Carolina, Oklahoma, South Dakota, Tennessee, and Texas. The data from middle and high school students was organized around seven categories: the prevalence of use; knowledge and attitudes; minors' access to tobacco; media and advertising; smoking cessation; exposure to environmental tobacco smoke; and school curriculum. This data was used to assist states in designing, implementing, and evaluating their comprehensive tobacco control program.

The following table shows the youth prevalence trends in Arkansas and Georgia, which clearly reflects a gradual, but similar decline in tobacco use by youth from 28 percent to 25 percent in Arkansas and 24 percent to 21 percent in Georgia during the period of 1992 to 2002.

Table 1
Youth Tobacco Prevalence
Arkansas and Georgia
1992 – 2002

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<tbody>
<tr>
<td>Arkansas</td>
<td>28</td>
<td>26</td>
<td>25.5</td>
<td>24.9</td>
</tr>
<tr>
<td>Georgia</td>
<td>24.8</td>
<td>24</td>
<td>20.1</td>
<td>20.9</td>
</tr>
</tbody>
</table>

Table 2 illustrates Arkansas’ adult prevalence rate was consistently higher than the rate of Georgia for the period of 1993 to 2002. Arkansas experienced an increase in adult tobacco prevalence beginning in 1999, while the Georgia prevalence rate remained flat. A lack of significant declines in adult prevalence rates in Arkansas and Georgia illustrates the need for resources to implement a comprehensive tobacco prevention and control program.

Table 2
Adult Tobacco Prevalence
Arkansas and Georgia
1993 – 2002

<table>
<thead>
<tr>
<th>State</th>
<th>1993</th>
<th>1995</th>
<th>1997</th>
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<th>2001</th>
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<td>26</td>
<td>25.3</td>
<td>28.2</td>
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<td>25.5</td>
</tr>
<tr>
<td>Georgia</td>
<td>24.8</td>
<td>20.4</td>
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There has been a gradual decline in Arkansas and Georgia’s per capita cigarette consumption since 1990. This decline in consumption has essentially mirrored the national decline. There is evidence of increases in the acceleration of the decline observed in Arkansas’ adult per capita consumption with the introduction of various tobacco excise tax increases.\(^{109}\) Arkansas observed a nearly 14% decline from 2001 to 2002 in consumption of cigarettes.\(^{110}\) Despite this recent drop in adult per capita consumption, Arkansas tobacco prevalence rates remain much higher than states that have a history of tax increases and aggressive tobacco control programs such as California and Massachusetts and whose respective per capita cigarette consumption trends are much lower than the rest of the country.\(^{111}\) The costs of smoking-related morbidity and mortality in Arkansas are currently approximated at $633 million each year, or slightly more than $1,300 per smoker in 2003.\(^{112}\) Adult per capita tobacco consumption has dropped from 138.7 packs per person in 2001 to 119.8 packs per person in 2002, a decline of approximately 14%.\(^{113}\) Georgians paid $2.07 billion in annual health care costs directly caused by smoking.\(^{114}\)

Arkansas Policy Process


\(^{110}\) Ibid., 23.

\(^{111}\) Ibid., 26.

\(^{112}\) Ibid., 60.

\(^{113}\) Ibid., 84.
At the time of the MSA in 1998, Arkansas was among the least healthy states in the United States. Among the 50 states and the District of Columbia, Arkansas had the 4th highest rate of age-adjusted lung cancer deaths, the 4th highest rate of cardiovascular deaths, and the 2nd highest rate of stroke deaths.\textsuperscript{115} Together these factors contributed to an overall age-adjusted death rate for the state of 19% higher than the national average.\textsuperscript{116} Significantly contributing to these high mortality rates was the fact that, in 1998, Arkansas had the 11th highest rate of adults smoking (25.9\%) and the 7th highest rate of high school students using tobacco (39.6\%).\textsuperscript{117}

Various proposals for MSA expenditures occurred as it became evident tobacco settlement dollars would begin flowing to the state. Original proposals for expenditure of the MSA included tax relief, securitization of state-issued bonds, highway development, and prison funding. Initially, health and health care-related proposals included tobacco control and prevention programs through the Arkansas Department of Health (ADH) and funding for indigent care services by the University of Arkansas for Medical Sciences (UAMS).\textsuperscript{118}


\textsuperscript{116} Ibid., 58.


With knowledge of the serious health issues faced by its citizens and seeking to maximize the potential impact of the singular opportunity the MSA presented, the Arkansas Center for Health Improvement (ACHI) developed the “Position Paper on Spending the Tobacco Settlement Funds in Arkansas” to serve as a framework to inform the state’s decision-makers. More important, this paper proposed four key principles on which all spending proposals should be judged. Briefly stated, these principles were the following:

- All funds should be used to improve and optimize the health of Arkansans.
- Funds should be spent on long-term investments to improve the health of Arkansans.
- Future tobacco-related illness and health care costs in the state should be minimized through this opportunity.
- Funds should be invested in effective and efficient solutions.

These core principles were publicly presented to the executive and legislative leadership in the state and were accepted as guides for proposals under consideration. The educational value and public awareness generated by the “Position Paper” proved to be an instrumental step in securing funds for health programs. Although not proposing specific expenditures, this strategy effectively focused the policy discussions on health by documenting the state burden of tobacco-related illness. It also highlighted the negative impact tobacco

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119 Ibid., 58.
consumption has on health and showcased the potential positive impact of appropriately designed and implemented tobacco control programs.

Subsequent to dissemination of the “Position Paper,” many Arkansans agreed MSA funds should be spent on health programs. However, ongoing discussions ensued in the halls of the Capital and communities across the state debating the balance of programs between immediate clinical care and financing needs for an unhealthy population or investments in long term public health and prevention efforts.

Over the subsequent months, an integrated plan including both short and long-term programs to improve health and prevent disease was developed through a series of meetings of a broadly representative group of health advocates. This multidisciplinary group became know as the Coalition for a Healthier Arkansas Today (CHART). These meetings utilized empirical information of the disease burden and health needs of the state and reviewed recommended programmatic funding levels to come to consensus on their proposed plan. After presenting this plan to Arkansas legislators, a trust fund to ensure against tobacco company insolvency was added to address state fiscal responsibility concerns. On presentation of this plan to Arkansas legislators and analysis of their reactions, a trust fund to ensure against tobacco company insolvency was added to address state fiscal responsibility concerns.


121 Ibid., 58.
The CHART plan received significant media coverage and was proposed in a Special Session of the Arkansas General Assembly in 2000 called by Governor Mike Huckabee to address the MSA expenditures. Although passed by the Arkansas Senate, the proposal was blocked from full consideration in the House by a key committee containing members receiving maximum allowable campaign contributions from tobacco companies. In response to this stalemate in the Legislature, Governor Huckabee, with the support of the Arkansas Senate President pro tem, called for the CHART proposal to be voted on by the citizens of Arkansas. Express and ongoing support by the Governor, active support by CHART members to coordinate collection of required numbers of petition signatures, and a grassroots media campaign resulted in successful placement of the plan on the ballot in November 2000 as an Initiated Act. Last minute attempts in the courts challenging the legality of the plan as a ballot item were unsuccessful. Considered by the statewide electorate, the CHART plan passed into law as the Tobacco Settlement Proceeds Act of 2000 by a 64% majority.

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Georgia Policy Process

When former Democratic Governor Roy Barnes committed to using Georgia's tobacco settlement funds for cancer research, economic development and tobacco prevention, the Legislature largely followed his lead. Legislation passed in 2000 established the One-Georgia Fund to receive a third of the state's tobacco settlement funds. These funds have been subdivided into two funds: the EDGE (Economic Development, Growth and Expansion) Fund helps Georgia communities compete with communities in other states to attract businesses; and the Equity Fund that has been used for a variety of projects, including expanding water and sewer systems to support industrial parks, improving tourism and recreation in the state, shrimp and fish aquaculture, and assistance to technical colleges. Tobacco prevention and cessation programs were appropriated $15.8 million.\textsuperscript{126}

The FY2002 budget increased funding for tobacco prevention by $5 million to $20.8 million. However, $3.9 million in supplemental funding for the program was obtained, raising the total appropriation for tobacco prevention to $24.7 million.\textsuperscript{127} The program was implemented based on a plan recommended by the Georgia Department of Human Resources and Coalition for a Healthy & Responsible Georgia (CHARGE) in 2000.


\textsuperscript{127} Ibid., 2.
The FY2003 budget approved by the Legislature and signed by Governor Barnes appropriated $15.17 million to the state's tobacco prevention program. This represented a cut from the initial FY2002 appropriation of $20.77 million and a break from Governor Barnes commitment to increase funding for tobacco prevention by $5 million per year until Georgia reached the CDC's minimum recommended spending level. However, tobacco control advocates were able to secure $3.9 million in a 2002 supplemental budget to carry over into FY2003, making $19.07 million available for tobacco prevention in FY2003. During the 2003 legislative session, the Legislature passed and Governor Perdue signed a 25-cent increase in the state's cigarette excise tax, bringing the total tax to 37 cents a pack.

Georgia was also part of a separately negotiated settlement with the tobacco industry that would have provided a total of $5.15 billion to the National Tobacco Growers Settlement Trust Agreement. This settlement, called Phase 2, would have provided up to $1.95 billion over 12 years for direct payments to tobacco farmers in addition to the other assistance they received from the Tobacco Trust Fund and the Gold Leaf Foundation. However, the tobacco quota buyout


\[129\] Ibid., 35.

passed by Congress in 2004 ended the companies' legal obligations to continue the payments.\textsuperscript{131}

The Fiscal Year 2006 budget approved by the Legislature and signed by Republican Governor Sonny Perdue appropriated $3.1 million to the state's tobacco prevention program, a decrease of $8.4 million from the $11.5 million appropriated in FY2005.\textsuperscript{132} Tobacco settlement revenues in FY2006 were also used to expand Medicare for pregnant women and infants, the PeachCare for Kids program, the mental retardation waiver programs, and the AIDS drug assistance program.\textsuperscript{133}

\textbf{Statement of the Problem}

The Master Settlement Agreement resulted in significant funding being dedicated for tobacco control in Arkansas and Georgia. These states used very similar efforts during the allocation process, yet had vastly different outcomes regarding allocating Master Settlement Agreement funds to communities of color. Predictably, African American communities have continued to receive a disproportionately low level of funding, while tobacco companies have continued to target them.

\textsuperscript{131} Ibid., 36

Research Question

What role have interest groups played in allocating tobacco settlement funds to African Americans in Arkansas and Georgia?

Significance of the Study

It may surprise people who are new to the tobacco control movement, but policy advocacy was not always an accepted strategy to combat tobacco use. For at least a couple of decades after the 1964 Surgeon General’s report, loud voices—individuals and institutional—argued those wanting to combat tobacco use should concentrate on educating the public about the health effects of tobacco use and improving cessation classes for those smokers who were convinced to quit. Policy advocacy seemed too radical to some, untested or ineffective to others, and simply inappropriate to many.

The 1980s and 1990s saw a marked increase in tobacco control policy efforts. However, these efforts included limited successes in implementing clean indoor air laws, curtailing youth access to tobacco products, increasing tobacco excise taxes, and limiting regulation of tobacco products and marketing.

The signing of the Master Settlement Agreement (MSA) and subsequent flow of dollars to state-level tobacco control efforts brought tobacco control into new areas, some of which tobacco control advocates were not prepared to address. The funds made available to the states from the MSA were an estimated $246 billion over 25 years. This was unprecedented not only for tobacco control but for

13 Ibid., 49.
any similar public health effort. The amount seemed so large that, following the signing of the MSA, many tobacco control advocates felt the need to remind the public the fight was not over and tobacco companies were still in business, creating public health problems.

A critically important part of the agreement was that state legislatures were required to allocate the MSA funds before any spending could occur. Although the Recitals section of the MSA contained language advocating for the spending of MSA funds on tobacco control and public health initiatives, the MSA placed no restrictions on how state legislatures could allocate these funds. In other words, even though the MSA was signed as a result of states’ concerns about health consequences caused by tobacco use, the settlement did not require money to be spent on tobacco control efforts. The money was not mandated to be spent on public health efforts at all; states could, if they chose, spend the money on highway construction or general debt reduction. The general public did not initially understand this complex and critical aspect of the MSA.

The general public, then, as now, understood tobacco use led to cancer. They believed the tobacco Master Settlement Agreement would be used to pay for health care related to tobacco use and prevent future use of a product in which its manufacturers were finally admitting was deadly. The public saw the settlement as a source of funds to fix the ailing health care system and saw the announcement of the settlement as the first of many to come announcing a revitalized American health system.
The lack of significant progress by tobacco advocates against the powerful force of the tobacco industry, and thus their failure, appears to serve as a warning bell for the entire health care community. Just as tobacco advocates were experiencing set back after set back against the tobacco industry, so was the health care industry failing to meet previous expectations of a revitalized health care system.

The general public has since become accustomed to hearing that the health care crisis in low income and urban communities is worsening. On Sept. 8, 2004, the infamous and largest for-profit hospital cartel in the nation, Health Corporation of America, announced it will close the San Jose Medical Center (SJMC), with its Emergency Room and Trauma Center, in December—three years earlier than expected. That will leave downtown San Jose, which has a diverse population, without a hospital, ER, or trauma center. The sudden, unplanned closure of San Jose Medical Center will create severe impacts. Extreme pressure will be placed on the 11 remaining emergency departments (ED) in the County to handle the more than 30,000 visits seen at SJMC according to a Los Angeles Times article published November 11, 2004. Regional Medical Center, located just over 2 miles from SJMC, will handle many of those ED visits. Santa Clara Valley Medical Center (SCVMC) and O'Connor, located 4.9 and 5.7 miles away from SJMC respectively, will also see a dramatic increase in volume. Moreover, closure of SJMC's trauma center will impact not only Santa Clara County residents but other counties which rely on Santa Clara County's trauma system for their residents and visitors. For example, in calendar year 2003, the
County's three trauma centers (Stanford, SJMC and SCVMC) treated 5,819 trauma victims, of which 1,585 originated in neighboring counties.

The epicenter of the crisis is Los Angeles County, California. It's the nation's largest, covering 4,084 square miles, larger than the combined areas of Delaware and Rhode Island. It has the largest population (10,103,000 as of 2004) of any county in the nation, and it is exceeded by only eight states. L.A. County has lost 27 acute care hospitals in a decade, from 126 in 1994 to 99 in 2004. Besides the seven closed in 2004, seven other hospitals in the County have either scaled back or eliminated mental health care units. Of its 23 Trauma Centers, 13 have closed or were downgraded to emergency rooms. Now, it will lose the Watts Trauma Center—and possibly more hospitals, since the County health system is on the verge of collapse according to a Los Angeles Times newspaper article dated November 11, 2004.

Atlanta, Georgia residents join other urban communities who fear news of closing medical centers and emergency departments. A New York Times article titled, “A Safety-Net Hospital Falls into Financial Crisis” was published on January 8, 2008 and stated that the closing of Grady Memorial Medical Center would create a huge void in the availability of health care services for the most vulnerable, mostly black urban core of Atlanta. This would also serve as another blow to the elimination of health disparities.

The closing hospital crisis is just the latest in a series of crisis for communities of color and the poor in this country. The examples above illustrate how decisions based on financial reports can have a negative impact on the
vulnerable and underserved. It is well established in the Surgeon General’s report *Tobacco Use among U.S. Racial/Ethnic Minority Groups* that communities of color (African American, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Latinos/Hispanics) suffer from tobacco-related problems at disproportionately higher rates. In most of these populations, there are higher rates of smoking, of death from tobacco-related causes, and of targeted marketing by the tobacco industry. As a result, there has been an increasing need for decision-makers to allocate resources that eliminate the high burden caused by tobacco use. Thus this research project proposes to analyze Arkansas and Georgia’s efforts to allocate Master Settlement Agreement funds for blacks in the respective states. Additionally, this research project is important because it adds to the knowledge-base and tobacco-related literature that will assist blacks in acquiring the necessary resources for eliminating the disparities that exist in tobacco-related disease and death. By using a case study method, the researcher intends to gather information from those directly involved in each state’s allocation process that answers the research questions.

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CHAPTER 2

CONCEPTUAL FRAMEWORK

Pluralism

Pluralism is the theory that a multitude of groups, not the people as a whole, govern the United States. These organizations, such as unions, trade and professional associations, environmentalists, civil rights activists, business and financial lobbies, and formal/informal coalitions of like-minded citizens, influence the making and administration of laws and policies. Since the participants in this process constitute only a tiny fraction of the populace, the public acts mainly as bystanders.

Indeed, some pluralists believe direct democracy is not only unworkable, it is not necessarily desirable. Besides the logistical problems of having every citizen meet at one time to decide policies, political issues require continuous and expert attention, which the average citizen does not have. Robert Dahl, a noted pluralist, suggested in one of his early writings that in societies like ours, "politics is a sideshow in the great circus of life." Most people, he explained, concentrate their time and energies on activities

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2 Ibid., 36.
involving work, family, health, friendship, recreation, and the like. Other pluralists go further; they worry that the common person lacks the virtues of reason, intelligence, and patience for self-government, and that direct democracy leads to anarchy and the loss of freedom.\footnote{Ibid., 37.}

However, tobacco prevention efforts in the United States have relied heavily on local communities engaging in direct democracy activities. Local coalitions and interest groups comprised of organizations and individuals have designed and implemented advocacy campaigns at the local, state, and national level.

Pluralists do not think representative democracy works as well in practice as in theory. Voting is important. However, Americans vote for representatives, not for specific policy alternatives. A candidate’s election cannot always be interpreted as an endorsement of a particular course of action.

Politicians frequently win office with only a "plurality" of the votes, that is, they receive more votes than their opponents but not with a majority of the total eligible electorate. President Reagan, for example, received approximately 51 percent of the ballots cast in 1980, but this percentage constituted only about a quarter of the votes of all potential voters, since only 55 percent of those eligible to participate actually went to the polls. Furthermore, a first choice among candidates is not necessarily the same as a
first choice among policies. The people who elected President Clinton, for example, did not all agree with his positions on health care, taxes, national defense, Bosnia, and the environment. Many of them, in fact, were probably voting against his opponent, George H.W. Bush, rather than for Clinton himself.

Contrastingly, tobacco prevention coalitions have used the legislative resources from its members, such as paid lobbyist of the American Cancer Society, to track the elections of opponents in an attempt to elect legislators, councilmen, and other decision-makers that are sympathetic to tobacco prevention efforts. They routinely track how members vote on tobacco or health related issues and use opinion polls and influential supporters to convince opponents to change their votes.

If Americans do not decide major controversies directly or indirectly through elections, how are such matters resolved? Pluralists are convinced public policy emerges from competition among groups. Since relatively few people participate actively in this process then it might seem that power is concentrated in few hands. However, before drawing conclusions about the possible undemocratic nature of this form of government, it is necessary to look at political power as pluralists see it.

The Pluralist View of Power

Everyone recognizes political power when they see it: Congress raises taxes; the President sends troops to Bosnia; the Supreme Court declares the death penalty
constitutional; a police officer tells a motorist to pull off the road. In each instance a group or person makes others do something they would not otherwise do. Seen from this perspective, the definition of power seems simple enough. Yet the term is loaded with implications that must be fully grasped if one is to understand pluralism.

**Resources**

In the first place, power is not an identifiable property humans possess in fixed amounts. Rather, people are powerful because they control various resources. Resources are assets that can be used to force others to do what one wants. Politicians become powerful because they command resources people want - fear or respect. The list of possibilities is virtually endless: legal authority, money, prestige, skill, knowledge, charisma, legitimacy, free time, experience, celebrity, and public support. Civil rights activists in the 1960s relied mainly on their numbers and legitimacy of their cause to get their way whereas corporations frequently depend on their access to officeholders, control of information, and campaign contributions. Whatever the case, pluralists emphasize power is not a physical entity individuals either have or do not have, but flows from a variety of different sources.

In the realm of tobacco policy formation, this power manifests itself when advocates come together to pass ordinances or to advocate for the passage of legislation
to reduce tobacco use. Advocates often come together as coalitions as a means of combining their individual skills and resources.

**Potential versus Actual Power**

Pluralists also stress the differences between potential and actual power. Actual power means the ability to compel someone to do something; potential power refers to the possibility of turning resources into actual power.\(^4\) Cash, one of many resources, is only a stack of bills until it is put to work. A millionaire may or may not be politically influential; it all depends on whether or not the wealth is spent for trips to the Bahamas or trips to Washington. A particular resource like money cannot automatically be equated with power because the resource can be used skillfully or clumsily, fully or partially, or not at all. Martin Luther King Jr., for example, was certainly not a rich person. But by using resources such as his forceful personality, organizational and oracle skills, and especially the legitimacy of his cause, he had a greater impact on American politics than most wealthy people.

Three of the major tenets of the pluralist school are (1) resources, and hence potential power, are widely scattered throughout society; (2) at least some resources are

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\(^4\)Ibid., 49.
available to nearly everyone; and (3) at any time the amount of potential power exceeds the amount of actual power.\(^5\)

**Scope of Power**

Finally, and perhaps most importantly, no one is all-powerful. An individual or group that is influential in one realm may be weak in another. Large military contractors certainly throw their weight around on defense matters, but how much sway do they have on agricultural or health policies? A measure of power, therefore, is its scope, or the range of areas where it is successfully applied. Pluralists believe, with few exceptions, that power holders in America usually have a relatively limited scope of influence.

For all these reasons power cannot be taken for granted. Pluralists believe the best way to observe power empirically is to examine a wide range of specific decisions, noting who took which side and who ultimately won and lost. Only by keeping score on a variety of controversies can one begin to identify actual power holders.

Indeed, it is because of pluralism’s belief that direct democracy is not workable, that the researcher argues why pluralism is not the lens for which to view this project. Tobacco advocates have used direct democracy at the local, state, and national levels to their advantage and thus have proven that when citizens are organized and coordinated,

\(^5\)Ibid., 23.
they possess considerable power. Therefore, interest group theory which focuses on the collective power of groups and individuals offers the best vantage point for which to review the efforts to direct the tobacco settlement dollars in Arkansas and Georgia.

**Interest Group Theory**

Interest groups have two motives: electoral and influential. They correspondingly serve politicians via two channels: contributions and information. Interest groups may add value to a democracy by representing subsets of voters, disseminating information to the general public, and providing opportunities for political training. They also help reduce uncertainty in the political process, both for the groups themselves and politicians. However, interest group politics may lead to efficiency losses due to resources being spent to influence political and distributional outcomes or through entry barriers created by special interests.

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The financial interests of tobacco manufacturers create a major role for interest groups on both sides of the issue. Advocates of creating policy through litigation have argued that the preferred policy genesis legislation has been stalled by tobacco interest. According to this view, the tobacco lobby has held considerable sway over congressional representatives (judging by political contributions and voting records). Further, litigation is the only way to unlock the regulatory capture plaguing public-health advocates. However, some have argued regulatory agencies are far from being captive to industry interests. In fact, in recent years, the tobacco lobby appears to be in retreat and interests may primarily be able to influence budget allocations in states in which there is substantial support from the voters.\footnote{Richard Dixon, Roger Lowery, et al, Self-Interest and Public Opinion toward Smoking Policies: A Replication and Extension. \textit{Public Opinion Quarterly} 55 (1991). 241.}

Although the political influence of smokers is unclear a priori, state policy has reflected the self-interest of smokers and tobacco industry.\footnote{Ibid.} Some studies have concluded self-interest has little influence on social and political attitudes, whereas others have argued for policies with clear and prominent effects exercising self-interest is important.\footnote{Peter Jacobson and Kenneth Warner, Litigation and Public Health Policy Making: The Case of Tobacco Control Laws: Policy Implications for Activists and the Industry, \textit{Journal of the Health Politics, Policy, and Law} 24 (1999) 774.} Philip Green and Ann Elizabeth Gerken found smokers in California opposed restrictions on public smoking as well as taxes on tobacco. Richard Dixon et al.


\textsuperscript{11} Ibid.

confirmed these findings for California, Illinois, and North Carolina finding self-interest to be significant on both sides of the issue, including people who profit from smoking or are bothered by it. More recently, states with high smoking prevalence or tobacco production allocated few settlement dollars to tobacco control. Tobacco interests are expected to influence not only tobacco-control policy, but also other uses of settlement funds, including subsidies for tobacco farmers and communities negatively affected by the settlements. Other programs thus would be relatively less well funded.

Clive Thomas and Ronald Hrebenar ranked the late 1990s’ most active interest groups at the state level. Several stakeholders on both sides of the tobacco issue appeared on their list. Teacher organizations were ranked second. Ranked fifth were hospital and health care organizations, excluding physicians, followed by insurance. Physicians and state medical societies were the tenth most active group. Senior citizens were only thirty-fourth. Tobacco interests ranked thirty-seventh, and miscellaneous social issue groups, including the antismoking movement, were fortieth. States with active health-oriented interest groups such as the American Medical Association (AMA) would be expected to spend more on tobacco and health. States with interest groups active in other areas (e.g. seniors) might be expected to spend less of the settlement funds on tobacco and health, diverting funding to their preferred programs. Either positive or negative effects could plausibly be associated with teacher associations. Curbing youth smoking might be a

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high priority for educators, but such groups might be expected to lobby for more funds spent on education versus tobacco control or health.

**Impact of last year’s Budget**

As Aaron Wildavsky stated, “The largest determining factor of the size and content of this year’s budget is last year’s budget.”¹⁴ One reason for static budget allocations is the existence of mandatory programs, a factor that does not apply in the context of tobacco settlement funds allocations. But even when there is some flexibility in budgeting, it is costly to revisit past compromises, and revisiting every budgetary item on an annual basis would be extremely burdensome.

To the extent budget allocations are subject to change, there is a question whether funds from an external source, such as settlements, increase total public budgets in an area or new funds simply substitute for existing funding. Some states had implemented comprehensive tobacco-control programs before the MSA was approved.¹⁵ States that funded tobacco control before receiving the annual payments might be expected to favor funding programs from the tobacco settlements to strengthen existing programs they consider effective. In the context of health spending, commitments to fund Medicaid may have become increasingly difficult to honor, given exogenous factors contributing to the growth in expenditures. Cutting back on the program involves important political

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costs as well. Having a new source of funding may solve a policy dilemma, at least in the short term.

The Fiscal Environment

Fiscal environments can affect both election outcomes and budget decisions. The policies voters, politicians, and interest groups deemed desirable during the campaign season can be altered or abandoned if resource availability changes. Although alternative uses for the tobacco funds vary from building prisons and sports stadiums to improving education and health insurance coverage, the cyclical downturn of the early 2000s led to a budget crisis in almost every state (National Governors Association [NGA] and National Association of State Budget Officers [NASBO]), with many state legislatures viewing tobacco money as a resource for mitigating budget shortfalls.\textsuperscript{16} States in fiscal crisis might be expected to spend more on ameliorating the budget shortfall by supporting existing programs and spending correspondingly less on new programs. As relative newcomers, tobacco-control programs may receive less funding from a new cash grant such as the MSA than they would under more favorable circumstances.

Does professional power of medicine translate into political power for organized medicine? Paul Starr’s analysis would seem to make this a question hardly worth asking. Economist Paul Feldstein, in his book, \textit{Health Associations}, states categorically, “In the past, health legislation at both a state and a federal level has been strongly influenced by

\textsuperscript{16} Lou Fintor, Critics Feel States May Misspend Their Tobacco Windfall, \textit{Journal of the National Cancer Institute} 91 (1999) 1360.
health interest groups. In many respects, the structure of our health care system is a result of the legislative activity of these groups...The American Medical Association is the most influential of the health professional organizations."\(^{17}\)

These declarations, however, are offered devoid of any citations to explicit evidence of this power. As a general proposition, the demonstrated influence of organized interests is far more circumspect. Consider this summary judgment from Frank Baumgartner and Beth Leech who recently combed the political science literature on interest group efforts to affect the outcomes of policy making:

Early interest-group studies shared the outlook of early subsystem studies. Interest groups were enormously powerful, and insider groups had the advantage...Several important studies published in the 1960s helped challenge this view. Interest-group influence was...benign...The popular conclusion drawn from these studies was that interest groups did not exert pressure, indeed were not influential. If it was that simple, we could simply say that interest groups were once seen as all-powerful, but more recent studies have shown this to be wrong...However, interest groups at times probably are weak and ineffectual, and at other times very effective at getting what they want. ...Unfortunately, the accumulated mass of quantitative and qualitative studies of lobbying behavior has generated a great number of contradictions, with few consistent findings...The studies reviewed...for all their contradictions, have in fact taught us something important: they allow us to stipulate at least occasional interest-group influence and to concentrate instead on the circumstances under which groups are influential.\(^{18}\)

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Briefly stated, having the capacity to shape public policy requires possessing the kinds of attributes that matter to and could influence elected officials, their advisers, and agency officials. A quick survey of the literature reveals a number of group characteristics that would be advantageous in the "political market"19. These characteristics are:

- **Information:** Government officials who have policy-making authority and are accountable to election constituencies need information to overcome two types of uncertainty. The first involves the linkages between proposed policy actions and actual policy outcomes as experienced by the public. The second pertains to how one’s own constituency is likely to see and interpret what government does and respond to it politically. Organizations representing knowledge-based, high-status individuals or institutions earn automatic recognition and have particular credibility in helping to resolve both kinds of uncertainty.

- **Recurrent Interactions with Policy Makers:** The credibility of the information provided by organized interests to policy makers is tested through repeated interactions and the establishment of stable relationships. In the competition among groups, active participation in issues that appear regularly on the

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government's agenda gives an organization the opportunity to solidify impressions of its value as an information source.

- Large and Dispersed Membership: Because elected officials are sensitive to the attitudes of the districts of states they represent, organizations have greater access and potential influence when they include a policy maker's constituents. Large and widely distributed memberships or clientele expand the number of elected officials with whom the interest group will have a direct relationship. The effects are strengthened if an organization can stimulate grassroots mobilization. However, an interest group with a large and dispersed base can also fall victim to collective action and thus need other attributes, such as an occupational connection and selective benefits, to overcome this hurdle.

- Quasi-Unanimity: Large organizations are also more prone to having disparate interests among their memberships, possibly yielding fictionalization which threatens their ability to take expressed positions on issues of public policy. Effectively organized interest groups have to possess enough cohesion and focus on shared core interests to project something representing a unified front on high-priority policy concerns.

- Organizational Resources: Economic and status resources make it possible for an association to attract one of its most important organizational resources: a large, skilled, experienced, and professional staff. A staff of this caliber has a better sense of how to frame issues, gather appropriate information, conduct research,
mobilize the membership, orchestrate media campaigns, and facilitate communications with policy makers.

- **Electoral Resources**: Policy makers need both political intelligence about their constituencies and campaign funds to launch effective drives for election and reelection. At the national level, campaign contributions by organized interests have been primarily formalized through the establishment of associated political action committees (PACs). In addition to having a large, dispersed, unified membership, PAC money also provides insight concerning an organization’s political wherewithal, issue priorities, and constituency influence.

- **Policy Niche and Coalition Leadership**: No group could hope to become a forceful and respected voice on all matters of public policy. Credibility, unity, and impact are enhanced when an organized interest is able to claim a comparative advantage in information and resources over other interests in a particular policy niche or domain, especially if the group’s association is recognized and supported by other compatible interests as a coalition leader.
CHAPTER 3

REVIEW OF THE LITERATURE

The review of literature for this research project is divided into three sections which reflect the complexity of tobacco control in the African American community. The three sections are Tobacco Research and African Americans, The Civic Engagement Process, and Federalism. The review of the literature is designed to examine the sparse tobacco-related literature that specifically targets African Americans, the many facets of community advocacy, and the presence of federalism in tobacco prevention.

Part I. Tobacco Research and African Americans

Much of the research on the onset and maintenance of tobacco use among African Americans has focused primarily on an array of risk factors affecting individuals' behavior.\(^1\) These studies emphasized the behavioral, psychological, and societal attributes influencing an individual's tobacco use or, taken together, increasing an individual's openness to smoking. Investigators have also focused on environmental factors such as peer smoking or availability of cigarettes. These studies have proven to be useful for developing prevention strategies. Investigators have given less attention, until recently,

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to the equally important area of environmental conditions. Included under this rubric are the following issues: tobacco policies enacted at the local level; tobacco taxation; minors’ access to tobacco products; results due to counter-advertising; tobacco industry influence on community organizations; and local communities’ capacity to counter tobacco use. However, only minors’ access to tobacco products, industry targeting, the industry’s influence on community organizations and local communities’ capacity to counter tobacco use have been researched with a specific focus on African American communities.

The factors associated with adult tobacco use among racial/ethnic groups have been less studied than adolescent tobacco use and the corresponding risk factor analysis is lacking. For African Americans, investigators have examined the role of social support, stress and symptoms of depression in relation to cigarette smoking. In general, studies show African Americans who are exposed to high stress levels, experience depression or poverty, and/or have low levels of occupational prestige are also the most likely to smoke. This population also has had less overall success with cessation. Despite the seemingly obvious connection between these variables and African Americans, there are no studies that have examined the lack of commitment of the Master

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2 Ibid.

3 Ibid.

4 Ibid., 233
Settlement Agreement dollars to provide the community capacity and infrastructure needed to provide these services.

Having social support from family and friends has shown to be an important resource for individuals attempting to quit smoking. Research has indicated African Americans tend to rely on community support, such as church-based programs, and on self-help efforts within their social networks to address a range of health concerns, including problems related to smoking. Unlike the availability of literature on the topic of African American and tobacco cessation, there is nothing in the literature that examines the role these supportive social networks play in African American communities asking for and receiving funds from the MSA.

Part II. The Civic Engagement Process

The Civic Engagement Process is multi-faceted and constantly evolving. Segregation and stratification across metropolitan localities are not the only obstacles to a vibrant local civic culture. Civic activity is shaped by a variety of place-related factors besides demographic differences and jurisdictional boundaries. Sprawl itself may dampen civic engagement, as well as other aspects of community design that emphasize

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the private over the public. The greater reliance on automobiles, the decline of walking, absence of front porches, and other aspects of sprawling suburban design create what some urban planners call environments of soullessness and “placelessness.” Williamson found, for example, that citizens in pedestrian-friendly cities with high mass transit use have an increased propensity to “participate in civic life in more demanding ways than simply voting.”

One of the least-studied trends, with potentially profound implications for civic engagement is the growth of population in unincorporated areas. These are usually located on the fringes of metropolitan areas and sometimes dubbed ”exurbia”. These unincorporated areas may have limited or weak institutions of local government. We do not know much about the civic consequences of living in unincorporated areas, in part because it is difficult to generalize across the diverse set of institutions servicing these areas.

**Avenues of Civic Engagement in Metropolitan Areas**

With this background in mind, consider the central avenues through which residents of metropolitan areas engage with government and each other to influence

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policies, solve public problems, and enhance their community. The menu of opportunities for local civic engagement begins with government institutions: electoral politics, including voting, campaigning, and office holding. It also includes various forms of participation in deliberation and policy development between elections. These opportunities for civic engagement stretch from service on traditional city councils and school boards to an expanding array of other public committees, commissions, and councils receptive to citizen input. Many large cities are finding innovative ways of bringing government closer to the people by creating neighborhood councils, citizen advisory boards, and other means for citizens to participate in the provision of local services. This growing movement seeks to identify additional opportunities for citizens to deliberate together about local issues.

But citizen involvement is not restricted to formal institutions of government. A rich array of non-governmental institutions, committees, organizations, and other efforts exist for the purpose of influencing political choices, mobilizing citizens to act in local politics, and empowering politically disadvantaged segments of the population. Of course, here as elsewhere, observers worry that some forms of political activity and association may detract from the larger public good. Homeowners associations, for example, may cause encouraged members to disengage from the larger political community, or so some worry.

Engagement with Electoral Politics
The most common and arguably least demanding form of citizen participation at the local level is voting. Local politics offers a prodigious array of opportunities for casting ballots. In 1992, there were 494,000 locally elected officials, including not only mayors and city councilors, but also elected officials who serve on numerous school boards, county offices, and commissions. A remarkable 96.2 percent of the nation’s elected officials serve at the local level.10

Turnout in local elections is notoriously low; however, in general, the lower the level of election, the lower the turnout. Although 62% of eligible voters claimed in 1990 to have voted in all or most presidential elections since they were old enough, only 54% claimed to have voted in all local elections.11 Even these rates are likely to be over-reported because turnout figures acquired through municipal records in 1962 and 1975 put the average turnout in municipal elections in cities with populations over 25,000 at 31%. This is compared to an average national election turnout rate from roughly the same period of 59%.12 Most municipalities reformed elections in the late 1800s or early 1900s to hold local elections in off years and in the spring, rather than at the same time as

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higher-level, November elections.\textsuperscript{13} The result is a wide array of elected officials from mayors and council members to law enforcement and judicial officials who are simultaneously easily accessible and yet selected by a very small fraction of the constituents they represent.

Beyond the act of voting, elections provide city residents with the opportunity to participate in various ways in the process of campaigning and electioneering. An important part of these efforts is the attempt to mobilize citizens into the political process. Scholars have convincingly demonstrated that mobilization enhances political and civic engagement.\textsuperscript{14} Getting someone to participate in public life is a bit like dating; it’s a lot more likely to happen if someone asks, and asks in person. In a study of 30,000 registered voters in New Haven, Connecticut, for example, Donald Green and Alan Gerber found face-to-face contact substantially increases the probability individuals will turn out to vote, while direct mail had only a slight effect on turnout and telephone solicitation had no effect at all.\textsuperscript{15} In a later study of local elections in six cities, Gerber, Green, and Nickerson found that.


\textsuperscript{15} Donald P. Green, Alan S. Gerber, and David W. Nickerson. Getting Out the Vote in Local Elections: Results from Six Door-to-Door Canvassing Experiments” Journal of Politics. Vol. 65 No. 4 (Nov 2003): 1083.
Green, and David Nickelson found face-to-face mobilization contact increased turnout by between 0.2 and 1.5 percentage points.\textsuperscript{16}

The goal of elections and campaigns is winning elective office, which typically represents the most intense form of civic engagement available at the local level. An elected official has made the decision to run for office, solicited support of others, succeeded and subsequently participates in the exercise of public authority. Each of the nearly half-million local offices represents recurrent collective political efforts. The scope of the activities varies widely. The sheer number of elected offices and civic activity generated would seem inevitably to be a major spur to civic activity in America. Despite increasing numbers of local governments since 1950, however, the number of candidates running for local offices dropped by 15 percent between 1974 and 1994.\textsuperscript{17}

Local elective offices are especially important to minority groups, because it is at the local level that African Americans and Latinos have had their greatest electoral success. By the most reliable estimate, the number of African American elected officials has increased nearly five-fold since 1970 with 9,101 holding office in 2001. Close to half

\textsuperscript{16} Ibid.

of those served at the municipal level, and another 21.3% were elected to school boards.\textsuperscript{18}

Of all Latinos holding public office, 70% served in local office in 2002.\textsuperscript{19}

There are at least two major reasons for the increased minority office holding in cities and working class suburbs. One was the implementation of the Voting Rights Act in 1965 and its expansion to include language minorities in 1975. Thanks due to the Voting Rights Act enforcement, many cities and towns had “diluted” the votes of African Americans and Latinos through gerrymandering and use of at-large elections were forced to transform their electoral systems.\textsuperscript{20} Because of actions taken directly under the auspices of the Voting Rights Act, cities such as Dallas, Houston, San Antonio, Los Angeles, New York, Chicago, and many others have experienced considerable increases in the numbers of African American and Latino elected local officials.

Another important factor in the rise of minority office-holding was the out-migration of whites, who chose to leave many central cities and working class suburbs, especially in the post-WWII era. As whites left, those who remained or moved in were often African American and Latino. Simple demographics allowed minority candidates to win offices in increasing numbers.


\textsuperscript{19} Ibid.

But these victories come with sobering challenges. When white residential out-migration coincided with substantial retail and industrial out-migration, newly empowered racial and ethnic politicians often faced almost insurmountable difficulties in finding sufficient financial resources to meet the needs of the constituencies who placed them in office. Public office can be a “hollow prize.”

Even in the face of these challenges, the substantial numbers of African Americans and Latinos who win local elective offices serves as a clear sign of a minority leadership core that is willing to undertake demanding forms of civic engagement. Local elective office serves as a significant training ground for leaders who then go on to win higher elective office. Local civic engagement in the metropolis may help promote more inclusive forms of civic activity in the polity as a whole. Local government plays an especially important role as a political training ground and spring board for growing segments of our urban populations.

The Impact of Institutional Design: Progressive Era Reforms

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While local electoral politics furnishes a cornucopia of opportunities for civic engagement, these activities are structured and facilitated or constrained by local political institutions. The political reform movements swept across many cities in the 1890s and early decades of the 20th century changed many aspects of local institutions, including the method of filling many local government jobs (patronage to civil service), election districts (ward, district elections to at-large elections), election ballots (partisan to non-partisan), and type of executive (elected mayor to non-elected city manager). In many places these reforms remain; however, new localities often choose to adopt reform institutions.

Reformers attacked graft and corruption, and sought to replace political machines and partisan politics with greater professionalism and businesslike efficiency. Many scholars argue another motive was to curb the political power of recent immigrants. Whatever the mix of intentions, the changes were not without consequences for civic engagement. They weakened the old political machines by curbing patronage and promoting council manager systems that chose chief administrators on the basis of merit rather than ‘sullied’ partisan elections. While the machines themselves had often become entrenched power centers, they had done a great deal to spur participation for a time and also to incorporate immigrants in the political process. Steven Eric, scholar of cities

argues they were “a veritable school of politics for working-class and minority voters, compared with big-city reform.”

Evidence for the contemporary impact of reform institutions on civic engagement is complex. Several studies suggest some reform institutions, nonpartisan elections, and council/manager forms of government continue to decrease election turnout. The dampening effects of these reform institutions seem to be particularly acute among African Americans and Latinos in the South, Southwest and West, and people of lower socio-economic status. These effects raise special concerns from the standpoint of democratic equality. In addition, evidence from the 1970s showed that cities with a system of choosing a mayor other than through a popular election were less likely to have an African American mayor, holding other factors constant. In contrast, cities with nonpartisan elections in the 1970s were more likely to have an African American mayor and council members. This is an important finding because the presence of a black mayor is related to higher rates of African American local participation. However,


28 Ibid., 530.

29 Ibid., 533.

other scholars are less certain about the relationship between reform institutions and minority participation.\(^{31}\)

When it comes to their effect on civic engagement, choices of institutional structure appear to involve difficult trade-offs. By shifting from neighborhood-based to city-wide based representation and placing the powers of chief financial officer in the hands of a non-elected manager, reform institutions widen the distance between governing processes and ordinary citizens. By removing the cue of party labels and lessening neighborhood-based representation, leaders reduced the information available to citizens about how to get involved in politics. At the same time, council-manager forms of government and governments in which some of the seats are elected at-large, are associated with higher levels of trust in government.\(^{32}\) Limiting local partisan politics may promote greater citizen trust in local government.

Choices about institutional form may also be important for immigrant incorporation. While evidence shows that individual resources such as education, income, and home ownership are commonly identified as predictors of political engagement and play a role in shaping immigrant political activity. The political and institutional context of immigrants and their communities are also critical to understanding their political behavior. In a recent study of immigrants and blacks in Los


Angeles and New York, Jones-Correa found responsiveness to immigrants’ concerns was a function of institutional frameworks within the two cities.\textsuperscript{33}

Institutional form matters but more research is needed before we can say definitely identify which forms foster more participation or equal participation among residents of metropolitan areas. It may be that greater perceived professionalism or efficiency in government encourages some citizens to participate with greater intensity.

**Special Districts and Authorities**

The reformist impulse also contributed to the formation of new governments insulated from partisan politics. Services previously supplied by municipal governments, such as water, sewer, and fire protection, are now frequently supplied by “special districts” and authorities. The tremendous growth of special districts since World War II represents, among other things, an effort to “take the politics out of municipal government.” In the United States, the number of special districts increased from 8,299 in 1942 to 35,356 in 2002.\textsuperscript{34,35} These districts often overlap each other and overlap municipal boundaries.

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The formation of special districts and authorities is often a strategy to overcome the tax and debt limitations of municipal governments, provide services on a more regional basis, or professionalize service delivery. In addition, and especially in recent decades, corporations and real estate developers have been most successful at forming special districts, often via referenda they succeed in placing on the ballot.\textsuperscript{36}

The formation of these districts is a profoundly political act with significant implications for civic engagement. Beyond the fact that they can be a source of confusion for ordinary voters trying to understand and influence local decision-making, special districts enable the private values of selected groups to dominate via obscure political structures nearly invisible to ordinary voters. Burns shows developers use special districts to acquire access to powers of eminent domain and fund the infrastructure needed for private development through the issuance of tax exempt revenue bonds, all with very little if any democratic oversight.\textsuperscript{37} Kathryn Foster shows special districts tend to drive up the cost of government and "bias" spending toward development and routine services over social services. Lest we assume the specter of greater public indebtedness increases salience for voters, turnout in special district elections, when they occur, is very low, usually less than 5 percent, compared to about 30 percent in municipal elections. Special districts are not required to follow the one person, one vote

\textsuperscript{36} Kathryn Foster, \textit{The Political Economy of Special-Purpose Government} (Washington, DC: Georgetown University Press, 1997), chap. 2 passim.

\textsuperscript{37} Ibid.
requirement placed on municipal governments and can have property qualifications for voting. As Burns argues, “these local institutions ... are created for reasons that often impair their ability to be democratic training grounds. ... [They] discourage participation because ... the information costs associated with learning even the names of the districts that govern a location are prohibitive.”38 Special districts do not take the politics out of municipal government; they only make it less visible and less accessible to the average citizen.

Engagement with Institutions of Government between Elections

The design of institutions of local government can either enhance or depress civic engagement. Similarly, political choices shape the opportunities for engagement with local government after Election Day.

Citizens may address their locally elected officials by writing a letter, making a phone call, or attending a public meeting. Millions of Americans do get involved in precisely these traditional ways. One 1987 survey found that almost 25 percent of Americans reported having contacted a local official about an issue in the previous year, and in 1989, 14 percent reported attending a meeting of a local board of commission.39 In the 2000 National Election Survey, 27 percent responded they had attended a meeting

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to address a community issue in the last twelve months. Beyond attending meetings, citizens may serve on local councils, commissions, and advisory boards.\textsuperscript{40} In 1990, 3 percent of U.S. adults reported volunteering for an official local board or council in the previous two years.\textsuperscript{41} But some scholars call attention to a profound decline in citizens' use of these traditional avenues for political voices. Between 1973 and 1994, the percentage of people reporting they attended a public meeting on town or school affairs declined from approximately 22 percent to 12 percent.\textsuperscript{42} Service on local boards and councils also seem to be declining.\textsuperscript{43}

In addition to these most formal options for participation, American government provides an increasing variety of additional avenues for people to make their voices heard. Among the legacies of the idea of "participatory democracy" came to the fore in the 1960s and 1970s are "requirements for citizen participation... at every level of government. Although they are seriously attenuated at the federal, state, and local levels some good-faith efforts still provide citizens an opportunity to influence policymaking."\textsuperscript{44}

\textbf{Contemporary Neighborhood Councils}

\textsuperscript{40} Ibid., 45.
\textsuperscript{41} Ibid., 54.
\textsuperscript{43} Ibid., 66.
Many participatory structures are based at the neighborhood level, especially in large cities. After all, the neighborhood is where citizens may have the most to say about what government should do and how it should be done. Government-mandated neighborhood-based structures for citizens input into the policy process can stimulate engagement under the right conditions.

Since the upsurge of community organizing in the 1960s and 1970s, city governments have gradually tried to incorporate neighborhoods into the institutions of city government. Boston Mayor Kevin White established “Little City Halls”; New York City created 59 community planning boards; and St. Paul, Minnesota empowered seventeen district councils. In a 1993 survey of the 161 cities with populations over 100,000, Carmine Scavo found 60% have active systems of neighborhood councils within their systems.45 46

Cities continue to innovate in the area of neighborhood governance. For example, the Minnesota State Legislature and the City of Minneapolis initiated its Neighborhood Revitalization Project (NRP) in 1990. Through the NRP, neighborhood associations have implemented a host of housing rehabilitation, construction, economic development, education, and public services improvement projects.47 In 1999, Los Angeles revised its


46 Ibid.

city charter to create what will become a system of more than 100 neighborhood councils. This is a much needed layer of intermediate civic associations between residents and city government. Though the expansion has proceeded in fits and starts, more than half of the neighborhoods in the city have created representative associations.48

Neighborhood councils address such issues as housing, the physical quality of the neighborhood, and public services. They vary widely in their powers, effectiveness, and methods for selecting representatives.49 These bodies have received scant attention from researchers and there is little evidence to report and few generalizations to be offered about the effects of different forms of neighborhood government on the quantity, quality, and equity of civic engagement in metro areas. Neighborhood councils, associations, and similar bodies would seem to increase the quantity of civic engagement. They would multiply the avenues through which citizens can engage with each other and local government. They offer a first step on the ladder of civic leadership, as neighborhood councils are more accessible than many city-wide institutions, such as the city council, school board, or zoning board offices.

It is not easy to say whether neighborhood governance increases levels of civic engagement. Issues might be brought directly to city councilors or agency officials in the


absence of neighborhood council structures. Furthermore, neighborhood councils are subject to the same kinds of background inequalities that shape participation in other political venues. In particular, homeowners, the wealthier, as well as the more educated residents, participate at a greater rate than renter and low-income residents in typical systems of neighborhood government. In addition, government may co-opt neighborhoods and seek to control their organizing and advocacy efforts.

Only one study has examined whether the presence of neighborhood government structures increases civic engagement generally. Berry, Portney, and Thompson compared five cities with strong systems of neighborhood government to a group of cities without such institutions and found no significant differences in aggregate civic participation. In terms of equity of engagement, this study also found expected socio-economic biases in participation with greater activity exhibited by wealthier, more educated citizens. Additionally, participation did not seem to diminish in cities with neighborhood governance structures. Berry, Portney, and Thomson are, however, more sanguine about the impact of neighborhood governance structures on the quality of civic engagement. They argue neighborhood councils help make government more responsive to resident concerns. It also made those who participate more knowledgeable about

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50 Ibid.


public affairs and more tolerant of differences. This gives them an increased sense of political efficacy. Furthermore, residents of cities with robust neighborhood governance institutions are more likely to engage in a variety of more demanding forms of participatory democratic engagement.

**Deliberative Opportunities**

From the general assemblies of New England town meetings, when settlements were much smaller than today’s local communities, Americans have always experimented with forms of engagement and participation at the local level. As one way of overcoming parochialism, a growing movement promotes citizen interest and engagement with public issues through face-to-face discussion. These efforts are consistent with a very large and growing body of work within political theory about the need for opportunities to come together and talk with one another about pressing public issues. Deliberative theorists assert such opportunities improve the quality of civic engagement and public policy.

Today, some municipalities are experimenting with more deliberative forms of citizen engagement and decision-making about local issues. Minneapolis, Rochester,

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55 Ibid.

and Portland have innovative participatory opportunities with respect to neighborhood planning. Vermont and Kentucky encourage parents to serve on boards governing individual schools. Often, deliberative opportunities are initiated by a mayor’s office, city council, human-relations department, or public safety department. Chicago’s Local School Councils or Alternative Police Strategy and in many initiatives conducted by the Study Circles program are examples of mayor-initiated efforts. Alternatively, they may be sponsored by non-governmental institutions and civic groups, such as the National Issues Forums or AmericaSpeaks.\textsuperscript{57} Regardless of the sponsor, deliberative events can be an innovative addition to the formal institutions of local government, and public officials, seeking better ways to grapple with increasing heterogeneity and increasing demands, have been willing to participate in them.\textsuperscript{58} For example, the 2002 “Listening to the City” event, which drew some 5,000 participants to the Jacob Javitz Center in Manhattan to deliberate about the plans to rebuild the area of lower Manhattan, was a remarkable opening of an urban design and planning process to public criticism.\textsuperscript{59}

Efforts to enhance civic engagement and other examples point to the need for special efforts to ensure participatory opportunities are equitably distributed. Achieving equity in deliberation may require special mobilization efforts. Even when a


\textsuperscript{58} Ibid., 194.

\textsuperscript{59} Ibid., 194.
representative cross-section of the community can be mobilized to participate, there is no guarantee the proposals generated by deliberation will become public policy.

Community involvement in the design of the World Trade Center site had a significant impact on evolving plans. In other instances, it is less clear how deliberative efforts ultimately fare in the wider, adversarial decision-making process where elected officials, bureaucrats, or others make the final decision. A much more systematic study is needed to fully understand the conditions under which public deliberation of the sort described here succeeds both as a participatory opportunity so as to improve outcomes.\(^{60}\)

**Co-production of Public Services**

In some municipalities, citizen participation does not end with deliberation about policy development, but extends to policy implementation. Citizens become not just consumers of public services, but active participants in the production of those services as well. Public safety is perhaps the most obvious policy area in which the activity and involvement of citizens themselves are crucial to the desired public goods. In his city survey, Scavo finds that the use of co-production strategies is widespread – 92% report block watches, 39% use adopt-a-park programs, and 27% report adopt-a-street

programs. From providing “eyes on the street,” to forming block watches, citizen patrols, and anti-crime marches and crusades, residents frequently engage in activities, sometimes with police, other times by themselves, to promote their physical security. These forms of civic engagement are often essential to promoting safer neighborhoods.

In addition, fully forty percent of the U.S. population is protected by volunteer fire departments (most communities under 50,000).

With respect to schooling, Parent Teacher Associations (PTA’s) used to be a widespread and important part of our collective commitment to education. But PTA’s have experienced a huge decline in membership “from a high in the early 1960s of almost 50 members per 100 families with children under eighteen to fewer than twenty members per 100 families with children under eighteen in the early 1980s. Some of this membership has likely been absorbed by Parent-Teacher Organizations (PTOs), which do not enjoy federal organization like PTA. Even if parents continue to be involved in their school districts, the fact they are no longer doing so (to nearly the previous extent at least) through organizations that are linked across school district boundaries is troubling.

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62 Ibid.

63 Ibid.


65 Ibid.
given the increasing homogeneity of school districts and problems of metro-wide fragmentation.  

Efforts to involve citizens in local service provisions may be sponsored by the federal government. Programs such as AmeriCorps or Teach for America engage citizens in helping to solve the problems of inner cities and other disadvantaged places. A recent development involves federal funding for faith-based service provision.

With few notable exceptions, citizen participation in the production of public services has escaped the attention of political scientists who tend to focus on engagement in law and policy-making rather than on implementation. However, many of the most salient encounters between citizens and government occur at the level of public administration and service delivery. Individual engagement offers reasonable prospects of being effective at the local level. Citizens are crucial conduits of information, as well as being participants in the creation of public goods. Citizen participation in services offers many of the benefits claimed for participation generally, more informed and responsible citizens on one hand, and more accountable and responsive government on the other.

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66 Ibid., 283-284.


These new forms of civic empowerment and the older, more traditional forms of engagement both suggest that sustained participation requires giving citizens authentic decision-making power. Citizens want their engagement to make a difference. When this occurs, reform efforts appear to overcome some obstacles that commonly hinder participation. Skeptics will argue that this kind of democratic engagement cannot persist in resource-poor neighborhoods. However, analysis of participation in Chicago suggest otherwise. Contrary to what socio-economic models of participation predict, attendance at police beat meetings across the city was not a function of median income, education levels, or racial composition of the neighborhood. Instead, attendance was driven by the neighborhood crime rate. With respect to public schools, the number of parents who ran for the Local School Council varied partly according to the socio-economic characteristics of the school. Turnout was higher in neighborhoods with higher proportions of Black and Hispanic students.

Efforts to involve citizens in these new and innovative forms of engagement can be assisted by direct mobilization. As part of its community policing initiative, for example, the City of Chicago provided $3 million to a community-based group charged with deploying organizers throughout the city to recruit participants for neighborhood community policing meetings. They used door-to-door contracting, outreach to

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neighborhood forums, and other time-tested methods to generate very substantial participation rates across most Chicago neighborhoods.\textsuperscript{71}

**Engagement with Non-Governmental Institutions and Groups**

Opportunities for civic engagement in local settings are not limited to the formal access points governments provide. Citizens who care about the issues facing their communities can find many other avenues of political action, including those provided by organizations bridging the gap between citizens and formal institutions of government. In some cases, these bridging efforts have become deeply enmeshed in government institutions, making it difficult to tell where one stops and the other begin. Often, these organizations work to mobilize different communities within the metropolitan region, including communities of interest or issue, communities of racial and ethnic similarity, and communities of geographic location, such as neighborhoods.

In this section, efforts are highlighted that engage citizens by interest, issue, and demographic profile. We then turn to a discussion of citizen mobilization by neighborhood boundaries. Of course, to the extent that neighborhoods are fragmented and segmented, these distinctions are not clear cut and frequently overlap.

**Community Organizing and Community Organizations**

One branch of local community engagement is “community organizing”. This phrase evokes the adversarial tradition of radical neighborhood organizing pioneered by

\textsuperscript{71} Ibid.
Saul Alinsky in Chicago’s Back of the Yards.\textsuperscript{72} Since the 1930s, organizers in Alinsky’s tradition have sought to mobilize residents of poor neighborhoods and local institutions such as churches and labor unions to demand concessions from city government and private corporations on issues such as employment, health, public services, and local amenities. This tradition remains significant in many cities today. Its hallmarks are the use of professional organizers who attempt to build lasting “power” organizations and indigenous leaders in low-income, typically minority communities. These organizations deploy a variety of tactics ranging from electoral mobilization, disruptive protest and improving the quality of life in highly disadvantaged areas.

Community organizations may also be part of larger national organizing networks. The largest of these networks that are best documented and analyzed are the Industrial Areas Foundations, Associated Community Organizations for Reform Now (ACCORN), the Pacific Institute for Community Organizing (PICO), the Gamaliel Foundation, and the Direct Action Research and Training Center (DART).\textsuperscript{73,74} There are no doubt thousands of less heralded and documented organizations in cities and towns


\textsuperscript{73} Mark R. Warren, \textit{Dry Bones Rattling: Community Building to Revitalize American Democracy} (Princeton University Press, 2001), 33.

\textsuperscript{74} Mary Beth Rogers, \textit{Cold Anger: A Story of Faith and Power in Power in Politics} (University of North Texas, 1990), 23.
across the United States dedicated to fair housing, community development, environmental justice, and school quality.\(^75\)

It is difficult to estimate the general effect of this brand of populist, adversarial community organizing upon the quantity or quality of civic engagement. There is no census of community organizing revealing the extent of the number of persons involved.\(^76\) It is similarly difficult to assess the quality of participation in these organizations. Surely, they provide crucial avenues through which residents of disadvantaged areas can learn the skills and reap the benefits of collective action. There are also grounds to view these organizations critically. The quality of democracy within these organizations varies.

The effect of these groups upon the equity of civic engagement, however, is clearer. These groups create paths of sociability and collective action in precisely those committees lacking the resources and connections to engage civically. They reduce the bias in civic engagement stemming from inequalities in material conditions, social status, and political privilege. Community organizing can lead directly to improved economic access, school, quality, public and private investment, and public services.

Issue or interest-based adversarial community groups constitute only one kind of community organizing. Additional efforts attempt to mobilize people along demographic

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lines. In cities, settlement houses of the late 19th and early 20th centuries provide an early example of efforts at engaging immigrants and the poor. They are established to address the economic, social, cultural and intellectual needs of impoverished immigrant neighborhoods by mobilizing residents. These associations filled gaps in the larger civic and municipal structure. The settlement houses drew public attention to the condition of impoverished areas and produced many activists who would later engage in broader reform endeavors.77 78

Community empowerment and mobilization initiatives can have an especially important impact on African Americans, Latinos, newer immigrants, and other segments of working class urban communities.79 Immigrants, in particular, face obstacles to mobilization and engagement in many aspects of community life because they often face statutory and bureaucratic obstruction in addition to cultural and language barriers.80 This is an increasing problem because foreign migration to the United States is dramatically altering the demographic profiles of the American population.81

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81 Ibid.
A considerable range of new research in political science is focusing on immigrant mobilization. Immigrants are likely to follow settlement patterns marked out by the co-national predecessors. This leads to a striking array of new ethnic enclaves in which immigrants from particular sending countries live in close proximity within a metropolitan area. This residential concentration should make mobilization easier from a logistical standpoint, but efforts to activate political participation among immigrants by political parties are sporadic at best. Lower naturalization rates and status occupations, as well as correspondingly modest incomes, make these populations less likely targets of mobilization by established political forces controlling local politics. The mobilizing work traditionally accomplished by political parties is now largely undertaken through civic organizations, labor unions, churches, and voluntary organizations in immigrant communities.

Immigrant mobilization is influenced by particular features of gateway cities and their surrounding metropolitan areas, and differences across the states in political culture political parties, electoral competitiveness, and election laws. The local contextual factors especially important for immigrants are the density of co-ethnic populations, competitiveness and receptiveness of local political party structures to immigrants,

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83 Ibid., 55.
84 Ibid., 54.
possibilities for cooperation in cross-group coalitions, presence of traditions of balancing slates with ethnic groups, and other features of local networks and organizations. For newer immigrants groups, one challenge is to find the most effective mechanism for becoming a part of the municipal governing coalition through collaboration, displacement, or the forging of new coalitions among immigrants crossing racial and ethnic boundaries.

Research on immigrant empowerment suggests in the midst of difficult circumstances, immigrants are very much involved in non-electoral political activities, including labor union organizing and participation, church-related activities, national-origin mutual aid societies, social movements, women’s organizations, and other non-governmental organizations. In order to find such instances of engagement, political scientists must be willing to look beyond electoral participation. There is still much to learn about existing patterns of civic engagement among immigrants and the ways in which they might be empowered to participate more. Latin American immigrants, for example, may simultaneously be engaged in churches whose activities

85 Ibid., 77.


focus on lived realities in the U.S., but also in “hometown associations” maintaining ongoing links between immigrants’ communities in the U.S. and their home country.

**Neighborhood Organizations**

Although neighbors may have similar demographic profiles and interests, neighborhoods themselves are fertile ground for civic engagement. Many Americans have strong neighborhood ties and cooperate with their neighbors to pursue collective aims on a regular basis. Efforts to mobilize along geographic lines have come from a variety of sources and have attempted to accomplish a variety of aims.

Neighborhood-based social service providers can be especially important in disadvantaged areas.\(^89\) Consider, for example, the Grand Boulevard neighborhood on Chicago’s South Side, which was studied by a research team at Northwestern University. This is a high poverty neighborhood of 36,000 residents in which fully 82 percent of the children grow up in families living below the poverty line. Yet even in this very poor neighborhood, a block-by-block inventory revealed 319 “face-to-face organizations” where volunteers do the bulk of the work. About 100 of these nonprofits were churches or religious groups.\(^90\) These types of organizations can empower citizens and provide an important link between residents and city hall.

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An important wave of neighborhood organizing came from Washington, with President Johnson's 1964 War on Poverty and its Community Action Programs (CAPS) and Model Cities.\textsuperscript{91} Community Action Agencies were created and charged with developing and administering poverty-reduction programs "with the maximum feasible participation of the members of the groups and residents of the area served."\textsuperscript{92} Many urban neighborhoods participated, eventually establishing over one thousand Community Action Agencies across the country, making the Citizen Action Program a "vast incubator" of civic engagement.\textsuperscript{93} The participation mandated by the Community Action Program laid the groundwork for other forms of citizen participation in policymaking, and changed expectations about what local policy ought to look like.\textsuperscript{94}

Today, community development corporations, or CDC's, could be an important avenue for citizen engagement at the neighborhood level.\textsuperscript{95} CDC's are nonprofits with a primary focus on housing and are governed by their own independent boards of directors. They play a vital role in conceiving, planning, and financing various neighborhood


projects, and in establishing public-private partnerships to pursue economic development. This gives them considerable status in their communities. Some scholars have argued most CDC’s exert little effort at community organizing and advocating for their neighborhoods.96 Community development corporations have been highly successful in building links between city hall and neighborhoods. They are less than ideal vehicles for citizen participation. Whereas citizen participation was at the very foundation of CAPS, it has never been at the heart of the CDC’s mission.

Beyond efforts to mobilize poor or disadvantaged areas, residents of middle and upper class neighborhoods are especially likely to organize their neighborhoods, seeking to preserve or advance the quality of their local public goods. Most sizable towns and cities in America contain dozens, if not hundreds of neighborhood improvement and residential community associations, block clubs, and neighborhood corporations.

In the national 2000 Social Capital Benchmark survey led by Robert Putnam, twenty percent of respondents claimed to participate in a neighborhood association.97 Those with college educations were almost three times as likely (32% responded affirmatively) as those with a high school education or less (12% responded affirmatively) to participate in such an association.98

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97 Ibid.

98 Ibid.
Older studies have found different relationships between neighborhood participation and socio-economic status (SES). Nearly a quarter century ago Richard C. Rich identified 167 neighborhood associations in the consolidated county of Indianapolis/Marion, Indiana. Rich found no associations in the wealthiest quarter of neighborhoods, 10% of the associations in the poorest quartile and 90% in the middle half.

More recently, Matthew Crenson has argued there is a curvilinear relationship between SES and neighborhood participation. On this argument, neighborhood participation operates according to mechanisms that are quite distinct from other forms of political engagement rising monotonically with socio-economic status, such as voting, working in political campaigns, and contributing money to campaigns. Eric Oliver finds a similar curvilinear relationship between community median household income and a host of other local participatory acts.

Rich and Oliver differ, however, about the explanation for this pattern. Rich hypothesizes formation of, and participation in, neighborhood associations corresponds to the ratio of resources in the neighborhood to the demand for public goods. In contrast, Oliver argues communities in the middle-income range are also more likely to be

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101 Ibid.
economically diverse and diversity begets conflict, which in turn, generates participation.\textsuperscript{102}

Covenants attached to deeds of residential property are one type of neighborhood organization particularly common among middle and upper income Americans and raise some concerns about civic engagement. Homeowners Associations (HOA's) are "private governments" managing property held in common by homeowners, providing services, and enforcing rules and regulations. Through internal processes of decision-making and lobbying of local government, HOA's would seem to stimulate civic participation. However, both the quality and equality of that participation is problematic.

The moniker "private government" is applied because HOA's tend to take on many of the roles traditionally assumed by local government.\textsuperscript{103} They collect mandatory fees, similar to local taxes, to finance operations and have a public meeting once or twice a year to elect a governing board to supervise business between meetings. A 1989 report by the Advisory Commission on Intergovernmental Relations (ACIR) asserted homeowner associations “account for the most significant privatization of local government responsibilities in recent times...”

This form of association has grown dramatically over the past forty years. In 1964, there were fewer than 500 HOA's. By 2003, 8,000 new HOA's were forming each


year and an estimated 50 million Americans – almost one out of every five – lived in association-governed communities.\textsuperscript{104} Despite their growing numbers, few, if any, HOA’s cater to low-income or subsidized housing.\textsuperscript{105} Traditionally found in middle and upper-middle homeowner enclaves, HOA’s reinforce income segregation and may thereby reinforce racial segregation.\textsuperscript{106} According to the 2001 Annual Housing Survey, seven million Americans live in gated communities. These mostly involve a community association and further accentuate their exclusionary character by controlling public access. The withdrawal of prosperous homeowners from the local public governance leaves fewer resources to meet the needs of those left behind. The possibilities for redistribution and the promotion of other inclusive public goods within the public sector are attenuated. HOA’s can thus exacerbate place-based inequalities.

McKenzie states that HOA’s can be viewed as “small republics”: the epitome of grassroots democracy where residents identify their own interests with the interests of the community. The weakness of HOA’s is that they nurture a sense of shared fate among residents at the expense of connections to the larger political community. In addition, the governance structures of HOA’s do not encourage norms of healthy political engagement, despite the semblance of direct and representative democracy. For example, renters do

\textsuperscript{104} Ibid.


not have a vote, meetings are not subject to sunshine laws, and free speech and other constitutional guarantees are not protected. Many decisions are delegated to hired professionals and contractors, leading to a system that, in the words of one author, “attempts to replace politics with management.107 The underlying rationale is that the residents have chosen to self-segregate into communities where they voluntarily agree on what services should be provided and what rules of behavior should be enforced.108 With everyone agreeing on the goal of protecting property values, there should, in theory, be few interest or value conflicts. Management thus replaces politics because values are agreed upon, and those who do not agree are free to move.

In practice, the governance of HOA’s is characterized by a combination of widespread indifference along with recurrent nasty conflicts of interest and values. The private decision-making process, or managerial model, is not well suited to resolve these conflicts. Many HOA’s have trouble mustering a quorum for their meetings or persuading someone to run for the board. More than half of the respondents to a 1988 survey of HOA board members characterized their members as “apathetic.”109 Much of this nonparticipation is probably due to the fact members are basically satisfied with the services of their homeowner association.

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107 Ibid., 18.

108 Ibid.

Externally, HOA’s can stimulate citizen participation in the larger community, and in fact, homeowner associations have increasingly become effective lobbying organizations. However, they usually become politically active when residents perceive a proposed action, such as a commercial development or a landfill, threatens their property values. According to a number of studies, HOA’s “are in the vanguard of the NIMBY (Not In My Back Yard) movement across America.”

In contrast to renter and low-income homeowners, HOA’s have the resources, networks, and often, the paid legal assistance to effectively direct patterns of land use around their neighborhoods. HOA’s have every right to organize and lobby the government, but the “mobilization of bias,” to use Schattschneider’s term, tilts the playing field of metropolitan development in the direction of these well-financed and well-organized interests.

In conclusion, HOA’s can provide an avenue of civic engagement to their members, but it is a narrow form of civic engagement which is aimed at advancing the particular interests of a well-defined association. Internally homogeneous and with weak commitments to the democratic processes, HOA’s seem very likely to exemplify the weaknesses of small and insular communities committed to advancing a narrow agenda. They do not serve as effective schools for civic engagement in a large and diverse society.

The Evolution of Black Radical Thought and Radicalism

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110 Ibid.
The Evolution of Black Radical Thought is the underpinning of the many social revolutions by blacks in America. In fact, the book "Africans at the Crossroads – Notes for African World Revolution"111 by Dr. John Henrik Clarke provides the framework to assess black radical thought and resistance. Regardless of whether the resistances are organized or not, the common denominators of radical thought and resistance are shared by many groups and individuals who have earned a prominent place in the annals of struggle for freedom and justice.

To begin with, one must start with two important definitions. First is the definition of resistance, which throughout the history of Radical Thought is seen as taking action, large or small, against a powerful opposition. Resistance is also relative based on the context and perhaps geography, history and culture. Thus, resistance is defined and redefined by each community in which it is engaged. Daniel Mannix and Malcolm Cowley describe the mutinies that took place in "A History of the Atlantic Slave Trade."112 Herbert Aptheker describes resistance by slaves on plantations in "American Negro Slave Revolts."113 Further, William Loren Katz describes how Negro slaves broke


tools and consorted with the Indians in “Black Indians.” The above can easily be identified by the radical action they took.

The second definition is radical. This idea is clearly a relative term redefined with each generation. Many people simply see radical as being the opposite of conservative. “At the turn of the century radical was seen as left-winged, Marxist formations, which were anti-capitalist” However, Richard B. Moore in his essay Afro-Americans and Radical Politics defined radical politics as a program which proposes basic change in the economic, social, and political order... it has to do with the thorough-going nature of the ends sought and means used to achieve these basic ends.

Moving forward to the end of the 19th Century, in an effort to challenge the entrenchment of white supremacy, disenfranchisement, lynching, and bigotry, a number of black organizations emerged. One of the first groups formed was the National Afro American League and, shortly thereafter, the National Federation of Afro American Women and Colored Women’s League merged to create the National Association of Colored Women. These organizations illustrate the important contribution made by women. In her research "When and Where I Enter – The Impact of Black Women on

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Race and Sex in America." Paula Giddings articulates the many contributions made by women to defend the race when no one else did. Alternatively, it should be noted these organizations existed prior to the National Association for the Advancement of Colored People and Urban League.

In the early twentieth century, two black giants in radical political thought began a very public debate of opposing views. W.E.B. Du Bois’ publication "The Souls of Black Folk" was the first of many shots he took at Booker T. Washington without any regard to his substantial power and influence in Washington. Interestingly the overall objectives of the two were similar. Both proposed relatively radical ideas for their day. However, Washington hinged his outlook on economic matters, while Du Bois stressed social equality. They are both seen as a response to the white supremacy that existed in each of their regions of the country, noted David Levering Lewis in his "Biography of Du Bois."  

In 1915, Du Bois developed a new nemesis, Marcus Garvey. Much like the public debates that occurred between Du Bois and Washington, the debate between Du Bois and Garvey were of two opposing radical arguments. In The Art & Imagination of W.E.B. Du Bois, Arnold Rampersad captured the discontent between the two leaders:


“Garvey derived Du Bois as a mulato ashamed of his Black ancestry and Du Bois retaliated by questioning Garvey’s ability to lead an organization and then calling him a little fat black man, ugly, but with intelligent eyes and a big head.”\textsuperscript{120} In the end, George Frederickson’s \textit{“A Comparative History of Black Ideologies in the United States and South Africa,”} pointed out the critical role of Garvey’s movement. “It played a critical role by synthesizing two ideologies, nineteenth century pan Negroism and Washington’s philosophy of economic self-help and group solidarity.”\textsuperscript{121}

In 1919, the birth of the African Blood Brotherhood helped push radical theory and practice into the forefront of this period. The organization gained popularity after the Tulsa Riots and aimed to further Communist thought. In 1924, Negro Sanhedrin of Chicago’s Communist Party was at the core of this event with members of the ABB, Workers Party, NAACP, National Race Congress, National Equal Rights League and conservative organizations such as Friends of Negro Freedom. It was a great opportunity for mainstream organizations and black radicals to set aside their differences and formulate a program of mutual benefit. However, this effort collapsed under left-wing hidden agendas according to Earl Ofari Hutchinson in \textit{“Blacks and Reds – Race and Class in Conflict 1919-1990.”}\textsuperscript{122} Another important note regarding this meeting is the


\textsuperscript{121} George Frederickson, \textit{A Comparative History Ideologies in the United States and South Africa} (New York: Oxford University Press, 1995).

organizations were there to begin a militant program for civil rights and equal opportunity.

The 1930s and 1940s were marked with the rise and fall of openly communist organizations. The National Negro Congress, American Negro Labor Congress and League of Struggle for Negro Rights were viewed as front groups for the Communist Party. Langston Hughes, Paul Robeson, Mary Macleod Bethune, and Katherine Dunham earned more than a passing scrutiny as described in Mark Naison’s “Communist in Harlem during the Depression.” ²³

The late 1940s and 1950s saw an increased focus on the southern states and the right to vote. Cedric Robinson’s “Black Movements in America” and Rosa Parks autobiography both point to the focus on voter registration, while noting the rise of the NAACP and the introduction of Dr. Martin Luther King, Jr. as the Civil Rights Movement’s leader. ²⁴ ²⁵

John Rachal’s article “The long, hot summer: The Mississippi response to freedom summer, 1964” ²⁶ details the outgrowth and importance of groups like the Congress of Racial Equality (CORE); Student Non-violent Coordinating Committee

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²³ Mark Naison, Communist in Harlem during the Depression (Urbana: University of Illinois, 1983).

²⁴ Cedric Robinson, Black Movements in America (New York: Routledge, 1997).


(SNCC); Southern Christian Leadership Conference; and Council of Federated Organizations (COFO). Clive Webb’s “Fight against Fear: Southern Jews and Black Civil Rights and Debra Schultz’ “Going South: Jewish Women in the Civil Rights Movement” highlights the contributions made by Jewish Women at the tremendous risk of personal safety. An Essay review by William Ayers entitled “We Who Believe in Freedom Cannot Rest Until It’s Done: Two Dauntless Women of the Civil Rights Movement and the Education of a People” and J. Steinbridge’s “Notes on a Class,” in Stokely Speaks: A Black Power Back to Pan Africanism tell of the Freedom Schools that were operated by SNCC. Stokely Speaks goes even further with descriptions of Septima Clarke and Ella Baker as veterans in the NAACP and the SCLC who were the master minds behind the Freedom Schools.

The contributions of women in the Civil Rights Movement is often overlooked or expected to take a backseat to the contributions of more notable men such as. David Garrow’s “A Circle of Trust: Remembering SNCC.” However, there are several

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articles that do not shy away from recognizing the contributions of women. They include Teresa Nance’s “Hearing the Missing Voice,”132 “Passing the Torch: African American Women in the Civil Rights Movement”133 by LaVerne Gyant and powerful personal stories like, “Fannie Lou Hamer: The Unquenchable Spirit of the Civil Rights Movement,”134 by Janice Hamlet, “The Education of Kathleen Neal Cleaver”135 and “Gloria Richardson: Breaking the Mold”136

While it can be said that black women played a significant role in the Civil Rights Movement, it must also be noted that the civil rights movement didn’t completely address the unique needs of black women. Therefore, towards the middle to late 1960s there began a rise in black feminism, an understanding of being a black woman. This awakening of sorts, this need of self expression is captured in several articles and books most prominently Patricia Hill Collins’ “Black Feminist Thought”137 and Hooks’


137 Patricia Hill Collins, Black Feminist Thought (Boston: Unwin Hyman 1990).
“Feminist Theory: From Margin to Center,”\textsuperscript{138} and White’s “Dark Continent of Our Bodies: Black Feminism and the Politics of Respectability,”\textsuperscript{139}

Black radicals and radicalism in America has a long history that continues to be written today. As long as blacks continue to define and redefine who they are and define their place in the world, they will continue to evolve the vision of themselves.

\textbf{The intersection of pluralism and decision-making theory}

Because there are so many issues, and given the high information costs of being informed on all issues, voters delegate responsibilities for making allocative choices to their elected officials. Interest groups and political parties mainly have an effect when the public is not interested in or informed about a particular issue or policy.\textsuperscript{140}

Elected officials are voters’ agents for the vast majority of public decisions. Particularly on less visible decisions, elected officials are able to exercise considerable latitude in judgment. Also, policy choices often take place well after elections, and future electability is likely to reflect performance on a variety of public policy issues. In this sense, the preferences of elected officials, as well as those of voters, should matter.

Many decisions, including those about allocation of funds from the tobacco settlements, involve concentrated benefits for a few well-defined groups, with the costs being widely

\textsuperscript{138} b. hooks, \textit{Feminist Theory: From Margin to Center} (Boston: South End Press, 1984).


shared among the population at large. Under these circumstances, the incentives to influence policy design are much greater for the direct beneficiaries than for the general public.\textsuperscript{141} In the context of the tobacco settlements, such beneficiaries consists of groups that have a clear interest in tobacco control, public health, agriculture, communities negatively affected by tobacco control, and other special interests, such as education lobbies, that see the settlement dollars as a new source of funding. In this research project, the researcher will examine the role of black advocate groups in allocating funds over time. Additionally, the research will examine how much funding has been allocated to the interest groups listed above.

Past patterns of spending create inertia. Thus, new sources of funds may be allocated in ways that are shaped by prior expenditure decision. For this reason, spending from new revenue sources may increase the size of existing programs. However, state decision makers may reason that the new funds should be allocated differently because existing spending has already exploited high-yield investments in the areas to which these funds have been allocated in the past. Finally, as occurred on a widespread basis during the first five years post-MSA, shocks to state revenue and expenses may greatly affect the allocations of funds, which states regard as new money. This fact reinforces the need for a case study research model for examining the allocation of tobacco funds. The case

study format will enable the researcher to probe respondents deeper to better understand the underpinnings behind decisions.

The allocation decisions of the settlement funds are made by legislatures whose compositions are influenced by the preferences of the median voter in a system of universal suffrage and majority rule.\textsuperscript{142} \textsuperscript{143} \textsuperscript{144} Competition among politicians is for the middle of the political spectrum where most votes are. Voters' preferences are influenced by demographic characteristics, including race, age and income, partisan identification such as Democrat or Republican, and political ideology, which includes self-identification as liberal or conservative. Given that elderly persons are relatively heavy consumers of personal health services, such program should be more popular in states with high proportions of elderly. By contrast, tobacco control largely concentrates on discouraging initiation of the smoking habit or in encouraging early cessation. Thus, public demand for tobacco-control programs should be higher in states with proportions of younger persons.

Potential effects of race and ethnicity are more complex, especially holding effects of income constant. In general, given lower rates of voter participation and less influence in the political process in general, African Americans, Latinos, and other

\textsuperscript{142} A. Downs, An Economic Theory of Democracy, 1957. 35.

\textsuperscript{143} H. Hotelling, Stability in competition, Economic Journal 39 (1929) 44.

minorities are less likely to obtain public funds for priorities of greatest interest to these groups.\textsuperscript{145} But on certain issues, the interest of minority groups may be sufficiently high that policymakers may be responsive.

One would expect states whose mean partisan identification is Democratic and whose ideology is liberal to spend more on health care and progressive social programs such as tobacco control.\textsuperscript{146} Partisan differences have been demonstrated to be greatest regarding health spending and are larger among party leaders.\textsuperscript{147} \textsuperscript{148} \textsuperscript{149} This may be especially true for health programs such as Medicaid, because the program benefits accrue to lower income groups, though it likely depends on how the issue is framed.\textsuperscript{150}

Although the electorate chooses the party in control, the allocation of the settlement funds is most directly a legislative decision. Given the amount of funds involved, allocation of settlement money is not likely to be a major issue in an election. This gives elected officials some latitude in how fund allocation decisions are made.


Democrat-controlled legislatures and Democratic governors may be expected to provide greater funding for social programs, particularly for those programs that are most clearly redistributive. The weighing of the individual rights of smokers versus the rights of those on whom smoking imposes negative externalities may in the end be an ideological if not a partisan issue, but very rarely an issue commanding widespread public interest.

Whatever relationships may be deduced theoretically, the empirical evidence connecting political parties to policy enactment is mixed. Past research has failed to link, for example, generous Medicaid benefits with Democratic control of the legislature.\textsuperscript{151} The electoral process drives both parties toward the median voter, whereas interest group influence accounts for any divergence in policy after elections.\textsuperscript{152}

Alternative explanations for lack of significant findings also relate to characteristics of the median voter, that is, demographic traits and level of awareness of and interest in a policy. Controlling for party demographic composition, for example, race and class, the party emerges as a significant factor in Medicaid benefits decisions.\textsuperscript{153}


The influence of party also varies with the policy in question. Colleen Grogan argued that different policies have different “bounds” in which a politician can safely operate. Their width varies according to how interested and informed the constituents are, as well as pressure from interest groups. Publicity following the tobacco settlements is likely to have raised public awareness nationally. This is with considerable variation in the public’s views and levels of interest among states. Given the amount of money available, stakes are high for interest groups. Hence, legislators are likely to experience high pressure from various stakeholders.

**Part III. Federalism**

The final section of the literature review examines the role federalism plays in tobacco prevention at all levels. The Tobacco Master Settlement Agreement was negotiated by State Attorney Generals and approved by the U.S. Congress provided that 25 years of potential prevention funding for states was but one of many intersections of state and federal government.

The federalism literature in political science and law has focused on constitutional design and characterizations of the relationships between levels of government. This has included a large number of descriptive models that have been used to illustrate the relative power and authority of the different levels of government. These depictions range from classic discussions of “dual federalism” and “marble cake” to more recent

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analyses of the "devolution revolution." This literature also features a number of normative arguments about the ideal relationship between the federal and state governments. These include proposals to return to a particular view of the "historical" relationship, adopt a new pattern of responsibilities, continue most current arrangements, or reverse the new devolution. The U.S. Supreme Court weighed into this issue during the 1990's as well, setting new limits on the scope of federal authority over the states by invalidating provisions of the Brady Handgun Violence Prevention Act (Printz v. U.S. and Mack v. U.S., 521 U.S. 898[1997]), the Gun-Free School Zone Act (U.S. v. Lopez, 514 U.S. 549[1995]), and the Violence Against Women


Act (U.S. v. Morrison, 529 U.S. 598[2000]). For federal mandates in particular, researchers have given some attention to the reactions of state and local officials to these mandates and the congressional politics of mandate reform, and have debated the value of mandates and their costs. But in most of these discussions about the desirability of federal mandates, analysts have generally assumed that the mandates are actually implemented, and as a result, the mandates create burdens for lower levels of government. Furthermore, this analysis fails to mention the impact of community advocates or the role of interest groups on the process of enacting these mandates.

Grants

The economic analysis of grants has focused on their fiscal incentives, modeling the effects of intergovernmental grants associated with changing either the net prices or the income constraints faced by lower units of government and the prototypical "median voter," who is assumed to be decisive in determining the level of government spending and its allocation. This economic analysis highlights the differing incentives presented by lump sum or block grants, as opposed to grants with matching requirement.

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Matching grants requires the recipient government to pay part of the costs of the program, with the grant-giving unit matching these funds on the basis of a specified formula. This reduces the implicit price faced by the recipient government, encouraging spending on that program in particular. A matching grant should stimulate a higher level of spending than a lump sum grant or an equivalent increase in income, although this theoretical expectation encounters an extensive body of empirical results in which lump sum grants appear to stimulate program spending via a "flypaper effect."\(^{169}\)

Indeed, this is consistent with the general conclusion of the implementation literature that policy change does not necessarily lead to the desired results, especially for complex policies that require the agreement of multiple parties, agencies, and units of government.\(^{170}\)\(^{171}\)\(^{172}\) For grant programs, although bargaining between levels of government is important, lower levels of government, for instance, state governments, have the upper hand, because the federal government faces significant limits in its ability to monitor and enforce compliance with its policy goals.\(^{173}\) A late 1970s survey designed

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to assess the burden of mandates from the perspective of states and local officials reveals that they themselves perceive limits in the degree of actual compliance with grant conditions. Asked about federal conditions of aid, the question “How well is that mandate being performed?” generated such responses as: “completely” (33%), “substantially” (41%), “minimally” (6%), and “not at all” (18%). The evidence that nearly a quarter of respondents indicated either minimal or nonexistent compliance suggests that one cannot assume the full implementation of grant conditions and mandates.174

Marble Cake Federalism

The Federal Government has often used a ‘carrot on a stick’ approach when providing programs and services. The federal government often provides funds to the states, which then administer the services through state agencies. This relationship has been described as a ‘layered cake’ and more recently ‘marble cake federalism’ as the line between the federal government and the state government becomes blurred much like the swirls in a marble cake.175

This marble cake relationship represents an evolution of the relationship between the federal government and state governments. Historically, the federal government has


provided funds to states for policies which are set at the federal level but enacted at the state and local community level. Federalism sets the boundaries of a struggle for power among national, state, and local governments. This struggle for power is often determined by the resources that each side brings as they vie for control over policy-making. In the case of health disparities, this involves elected officials and different public health entities implementing reforms.

Similarly cooperative federalism refers to the system by which the federal government encourages rather than commands states to pursue national goals. As mentioned previously, the federal government often uses a 'carrot on a stick' approach in working with the states by dangling money in front of them to get them to accept congressional mandates.

Conversely, marble cake federalism refers to the situation when the lines become blurred. This situation is marked by a lack of a clear line between state, federal, and local government activities. This lack of clear distinction between governments is seen in the passing and acting of laws. Contrary to marble cake federalism is layered cake federalism which has very clear lines of distinction. There is very little blurring of these lines as the role of the state and local governments are clearly set and vastly different from those of the federal government.

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176 Ibid., 177.

However an article by McGinnis and Somin introduces federalism as a classic example of a principal-agent problem. A situation where there is a conflict of interest between an individual or group (the “principals”) and those who are given authority to act on their behalf (the “agent”). Because the principals lack information, they fail to enforce their power in the political process thus allowing the agents to form a beneficial distribution of power between state and federal officials as guaranteed in the Constitution.178

Mandates

Contrary to much of the literature on federalism, which has been focused on responses of lower levels of government to financial incentives intergovernmental grant programs, an article by Kronebusch analyzes the grant conditions and mandates of grant programs. Kronebusch concludes that while the current pattern of federal Medicaid matching payments reduces policy variation to some extent, these effects are modest compared to the impacts of the mandates. Mandates are a more powerful instrument for national policymakers than the comparatively weak fiscal incentives provided by matching rates.179

Informing Policymakers

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There is ample evidence of the need and obligation for public health practitioners to inform the public policy process.\textsuperscript{180, 181, 182, 183, 184, 185, 186} To do so, practitioners need a firm grounding in the policy process and corresponding opportunities to influence it. Several early studies provide insights into the legislative process at the federal and state levels.\textsuperscript{187, 188, 189, 190, 191, 192, 193} This early research should not be overlooked or dismissed when considering how, where, and when to influence the legislative process.


\textsuperscript{181} M. Ezell, \textit{Advocacy in human services}, (Stamford, CT: Brooks/Cole 2001): 34.

\textsuperscript{182} K. Haynes and J.S. Mickelsen, \textit{Affecting change: Social workers in the political arena}, 5\textsuperscript{th} ed. (Boston: Allyn & Bacon 2003): 302.


\textsuperscript{188} D. MacRae, Jr., The university and the utility of policy analysis, \textit{Policy Studies} 5 (1976): 286.


\textsuperscript{191} P. A. Sabatier and D. Whiteman, Legislative decision making and substantive policy information flow, \textit{Legislative Studies Quarterly} 65 (1985): 398.
Legislative staff and executive agencies have been consistently cited as sources of information for legislators. Staff provides key resources and helps policy-makers draft legislation and sort through the pros and cons of components of legislation. Executive agencies are important because they may propose legislation and are responsible for implementing it. Often the institutional memory necessary to propel policy solutions forward reside in legislative staff and employees of government agencies. Reliance on information from fellow legislators, particularly as a cue for voting, is well documented.  

There is also literature on interest group influence and

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the prevalence of lobbying in the legislative process. Few would deny that these are useful sources of information for state legislators.

**Voting Patterns**

A number of studies have demonstrated ways in which the constituency may affect legislative voting patterns. Witt argued that “constituents who take the time and effort to present their position can make a strong impression, influence the staff person, and thereby reach the elected official...Elected officials have limited time.”

They are most responsive to those who elect them or will re-elect them.”

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media in providing information to legislators and the agenda-setting potential of the media has also been studied. However, much of the attention has been focused on mainstream media with little to no consideration given to alternative media.

Policy diffusion studies remind us that lessons learned from other state and local governments provide yet another source of information for state legislators. Early speculation was that the increased workloads of legislative staffs would

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encourage them to turn to academic researchers for quality research without having to expand staff or spend much money. Studies have shown that legislative staffs are less likely to rely on information from academic sources because of the rigidity and inaccessibility of universities and colleges, coupled with the inordinate amount of time it takes most academic researchers to analyze data and publish results. Academics are most likely to have an effect if they can develop personal, informal relationships with legislators and their staff and thus be viewed as knowledgeable on specific issues.

Anecdotal evidence suggests that state legislators rely on additional sources of information which include the Internet, ethnic media outlets, grassroots organizations, ethnic associations, and a host of community and policy-related organizations and activities.
CHAPTER 4
METHODOLOGY

Case study is an ideal methodology for an in-depth investigation into the role interest groups played in allocating tobacco funding in Arkansas and Georgia. Case studies have been used in a variety of investigations, particularly in sociological studies. Yin, Stake, and others who have wide experience in this methodology have developed robust procedures that, when used, allow the researcher to utilize methods as well developed and tested as any in the scientific field. On the other hand, data collection and analysis methods are known to hide some details whether or not the study is experimental or quasi-experimental.1 Case studies, on the other hand, are designed to bring out the details from the viewpoint of the participants by using multiple sources of data. A review of the literature has identified at least four applications for a case study model:

1. To explain complex causal links in real-life interventions
2. To describe the real-life context in which the intervention has occurred
3. To describe the intervention itself
4. To explore those situations in which the intervention being evaluated has no clear set of outcomes.2

Yin has identified some specific types of case studies: Exploratory, Explanatory, and Descriptive.\(^3\) Research by Stake included three others: Intrinsic - when the researcher has an interest in the case; Instrumental - when the case is used to understand more than what is obvious to the observer; and Collective - when a group of cases is studied.\(^4\) Exploratory cases are sometimes considered as a prelude to social research. Explanatory case studies may be used for doing causal investigations. Descriptive cases require a descriptive theory to be developed before starting the project. In all of the above types of case studies, there can be single-case or multiple-case applications.

This research project will use the Explanatory-Exploratory type of case study. It will enable the researcher to review printed reports and interview the participants in an effort to answer the research question posed on the role of interest groups in allocating funds to blacks in Arkansas and Georgia. The unit of analysis is a critical factor in the case study. It is typically a system of action rather than an individual or group of individuals. Case studies tend to be selective, focusing on one or two issues that are fundamental to understanding the system being examined. In this research study, the unit of analysis will be tobacco prevention interest groups from Arkansas and Georgia.

Case studies are multi-perspectival analyses which mean that the researcher considers not only the voice and perspective of the actors, but also of the relevant groups.

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\(^3\) Ibid., 32.

of actors and the interaction between them. This one aspect defines the key characteristic that case studies possess: they give a voice to the powerless and voiceless. Using Interest Group theory, the researcher will examine the following characteristics: Information, Recurrent Interaction with Policy makers, Large Dispersed membership, Quasi Unanimity, Organizational Resources, Electoral Resources, and Policy Niche/Coalition Leadership.

Case study is known as a triangulated research strategy. Snow and Anderson assert that triangulation can occur with data, investigators, theories, and even methodologies. Protocols that are used to ensure accuracy and alternative explanations are called triangulation. The need for triangulation arises from the ethical need to confirm the validity of the processes. In case studies, this could be done by using multiple sources of data. The problem in case studies is to establish meaning rather than location.

This research project will use two of the four types of triangulation identified by Denzin. Both Data source triangulation, occurring when the researcher looks for the data to remain the same in different contexts, and Methodological triangulation, in which one

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approach is followed by another to increase confidence in the interpretation, will be used in this project.

The issue of generalization has appeared in the literature with regularity. It is a frequent criticism of case study research that the results are not widely applicable in real life. Yin in particular refuted that criticism by presenting a well constructed explanation of the difference between analytic generalization and statistical generalization: "In analytic generalization, previously developed theory is used as a template against which to compare the empirical results of the case study."8 The inappropriate manner of generalizing assumes that some sample of cases has been drawn from a larger universe of cases. Thus the incorrect terminology such as "small sample" arises, as though a single-case study were a single respondent. However in this research project, the dearth of literature in this area provides no clues to the number of cases that exist.

Stake argued for another approach centered on a more intuitive, empirically-grounded generalization.9 He termed it "naturalistic" generalization. His argument was based on the harmonious relationship between the reader's experiences and the case study itself. He expected the data generated by case studies would often resonate experientially with a broad cross section of readers, thereby facilitating a greater understanding of the

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phenomenon. The researcher enters this project with the knowledge and understanding that only a small group of tobacco researchers may initially value its importance. However, by using the Explanatory and Exploratory type of case study, the entire research community will understand the need and the areas for future research.

As in all research, consideration will be given to construct validity, internal validity, external validity, and reliability. The researcher will establish construct validity using the single-case exploratory design, and establish internal validity using the single-case explanatory design. This research study will use multiple sources of evidence in the form of interviews and documents. The specification of the unit of analysis also provides the internal validity as the theories are developed and data collection and analysis test those theories. It is the development of a formal case study protocol that provides the reliability that is required of all research.

Each stage of the methodology will consist of a discussion of procedures recommended in the literature followed by a discussion of the application of those procedures in the proposed study:

1. Design the case study protocol:
   a. determine the required skills
   b. develop and review the protocol
2. Conduct the case study (will be shown in Chapter 5 of this research project):
   a. prepare for data collection

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b. conduct interviews
3. Analyze case study evidence (will be shown in Chapter 5 of this research project):
   a. analytic strategy
4. Develop conclusions, recommendations, and implications based on the evidence (will be shown in Chapter 6 of this research project)

The following sections expand on each of the stages listed above, in the order in which they are executed in the current study. Each section begins with the procedures recommended in the literature followed by the application of the recommended procedure in the current study.

Application of Recommended Procedures

Yin presented three conditions for the design of case studies: a) the type of research question posed, b) the extent of control an investigator has over actual behavioral events, and c) the degree of focus on contemporary events. This type of research question justifies an exploratory study. Questions in this research are:

- Was there any change in the membership of tobacco prevention coalitions?
- Is membership diverse and representative of the black community?
- What are characteristics of the participating organizations, then and now?
- What role did the Black Caucus play in the process?
- What organizational and policy resources exist?
- What leadership exists in the coalition?
- What are the funding patterns?

The researcher will not have control over the behavioral events, which is a characteristic of case studies. The third condition, that was present in the Themba-Nixon

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11 Ibid., 92.
study and is evident in the current study, is that the events being examined are contemporary, although historic information was used.

Documents to be used in this research project will be direct interviews with participants, evaluation reports, and journal and newspaper articles. The validity of the documents will be carefully reviewed so as to avoid incorrect data being included in the data base. One of the most important uses of documents is to corroborate evidence gathered from other sources.

Interviews are one of the most important sources of this case study information. The interview could take one of several forms: open-ended, focused, or structured. This will serve to corroborate previously gathered data. This research project will consist of a semi-structured interview that is designed to collect information that answers the questions listed above. Interviewees for this research project are as follows:

Arkansas
Kevin Dedner, Legislative Liaison, American Cancer Society, Arkansas Chapter
Patty McLean, State Tobacco Program Manager
Letitia Daniels, Midwest Regional Consultant, The Campaign for Tobacco-free Kids

Georgia
Kenneth Ray, State Tobacco Program Manager
June Deen, American Lung Association, Georgia Chapter
Kathleen Collomb, Dekalb County Tobacco Program Director

Kristen Copes. The American Cancer Society and State Tobacco Program Manager

**Resources**

As a staff member with the Centers for Disease Control and Prevention's Office on Smoking and Health, the researcher has access to the Annual Reports from the years prior to and preceding the passage of legislation which guides the allocation of Master Settlement Agreement funds. Additionally, the researcher serves as a Program Consultant and has access to the actors involved with the policy development process in Arkansas and Georgia.

**Limitations**

The scope of this research is limited to an analysis of the role of interest groups in the allocation of master settlement agreement funds to communities of color. This research is not intended to evaluate the efficacy and benefits which are subsequent to this action. Any effort to make conclusions regarding the benefit, use, or capacity developed as a result of grants or contracts paid for with these funds is outside the scope of this research project.

The sudden and tragic death of Dr. Faye Boozman from an accident on his farm presents another void in this research. Dr. Boozman served as Director of the Arkansas Department of Health and was a key figure linking the public health community with the
legislative community. His experience as a legislator in the Arkansas General Assembly made him an asset during the entire process. He was the person responsible for adding language to the Arkansas legislation that prescribed a percentage of the funds to be dedicated to tobacco control in minority communities. He had spoken to the researcher with anticipation concerning this project and pledged his participation. His absence from this project will be greatly missed.
CHAPTER 5

DATA ANALYSIS

Characteristics of participating organizations

The Coalition for a Healthy Arkansas Today (CHART) is the statewide advocacy group for tobacco control and prevention in the state. In 2002, the original organization, consisting of over one hundred members, partnered with Governor Huckabee to ensure that Tobacco Master Settlement Agreement dollars were used to promote the health of Arkansans. Continuing under the leadership of Katherine Donald, the coalition characteristics remain very consistent with the original organization. The coalition members still consist of health professionals, health organizations and local community members from across the state.

Patty McLean, the Tobacco Program Manager, was one of the leaders of the early efforts to address tobacco use in Arkansas. Back then the coalition consisted of only a few committed groups such as the American Cancer Society, the State Medical Society and tobacco advocates. Prior to the CHART Coalition, the Coalition for a Tobacco-free Arkansas operated with minimum funding and focused primarily on youth tobacco use. The CHART Coalition began operating formally in 2000 just as talks of a
settlement with the tobacco industry appeared to be a possibility. It was Ms. McLean's belief that the major priority of the new CHART Coalition should be to recruit member organizations and identify key spokespersons. The CHART Coalition brought together partners from across the state who watched with interest, hoping that settlement dollars would provide needed funds to address the many health care needs in Arkansas.

Kevin Dedner, the Legislative Liaison for the American Cancer Society took the lead in developing the by-laws for the new CHART coalition (see appendix A). Officers were installed and regular monthly meetings were held in the offices of the American Cancer Society. With a unified desire of wanting to see the settlement funds used to improve the community, the membership of CHART represented a truly diverse group of individuals and organizations, some with vast health knowledge and others with community connections. The CHART Coalition continues to operate from these by-laws and the coalition's primary membership is listed in the section below.

The Coalition for a Healthy & Responsible Georgia (CHARGe) Coalition of Georgia was formed as an effort to achieve solidarity among health care providers across the state while offering support to the governor's plan for spending Georgia's portion of the Tobacco Master Settlement Agreement. The CHARGe Coalition successfully joined the combined resources of the Medical Association of Georgia, the medical colleges, and several other statewide health care-related organizations such as the Georgia Association of the American Lung Association and the American Cancer Society. The Coalition was
never formalized and by-laws were never established to govern the group's activities. However, the group met for the first time on October 26, 1999 and agreed to operate using three guiding principles:

- Two-thirds of all the tobacco settlement funds should go to health care;
- A mechanism should be identified to ensure the continuous dedication of settlement funds for health care purposes without the necessity to address the issue annually with Georgia's Legislature; and
- Any and all such tobacco settlement funds should be treated as new money coming into the state and not used to supplant existing state funds going to health care.

One of the first tasks of the Coalition was to define what the term "health care" meant in relation to the disbursement of the settlement funds. The coalition members each took responsibility to write position papers and host legislator lunches every opportunity available.

Membership

The American Lung Association, American Heart Association, the American Cancer Society, and the Arkansas Medical Association continue to serve on the Executive Committee of the coalition. In addition, all of the major health care organizations, including hospitals, also continue to serve on the statewide coalition, while
the Arkansas Department of Health serves as an Ex-Officio member of the coalition. Below is a list that shows the coalition members in 1999 and 2006. Those in bold represent black members of the coalition.

<table>
<thead>
<tr>
<th>1999</th>
<th>2006</th>
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<tbody>
<tr>
<td>Arkansas for Drug Free Youth</td>
<td>Arkansas for Drug Free Youth</td>
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<tr>
<td>American Cancer Society</td>
<td>American Cancer Society</td>
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<tr>
<td>American Heart Association</td>
<td>American Heart Association</td>
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<td>American Lung Association</td>
<td>American Lung Association</td>
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<tr>
<td>American Academy of Pediatrics</td>
<td>American Academy of Pediatrics</td>
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<tr>
<td>Arkansas Department of Health</td>
<td>Arkansas Department of Health</td>
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<tr>
<td>University of Arkansas for Medical Sciences</td>
<td>University of Arkansas for Medical Sciences</td>
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<tr>
<td>American Stroke Association</td>
<td>American Stroke Association</td>
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<tr>
<td>Arkansas Children’s Hospital</td>
<td>Arkansas Children’s Hospital</td>
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<tr>
<td>Arkansas Medical Society</td>
<td>Arkansas Medical Society</td>
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<tr>
<td>Arkansas Hospital Association</td>
<td>Arkansas Hospital Association</td>
</tr>
</tbody>
</table>
Arkansas Education Association

Campaign for Tobacco-Free Kids

Arkansas Municipal League

Arkansas Chapter of the American College of Cardiology

Arkansas Alliance for Health, Physical Education, Recreation & Dance

Arkansas for Drug Free Youth/Union

County

City of Latino Rock & Mayor Jim Dailey

Little Rock Coalition for Tobacco-Free Kids

Independence County Tobacco-Free Coalition

North Arkansas Drug Awareness & Prevention Council

Baxter County Juvenile Services
The CHARGe Coalition in Georgia ceased to operate as a group in 2004 according to Kenny Ray, the Georgia Tobacco Program Manager. The American Heart Society, the American Lung Association and other members continued to advocate for Tobacco Master Settlement Agreement dollars to be used for health care. However, the American Cancer Society now promotes that the tobacco settlement dollars be used for cancer research along with tobacco prevention.

**Diverse representation of the black community**

The Arkansas CHART coalition has had African Americans as coalition members since the beginning as represented in the list above. The American Cancer Society was one the founding organizations of the coalition and was represented on the coalition by Kevin Dedner, an African American. In the early days of the coalition, Mr. Dedner and Ms. McLean recall that there was not a heavy focus on racial diversity. More concerned
that the tobacco funds be used for health care instead of roads, tax credits or education, few worried about the diversity of the coalition.

The Arkansans Gazette, Little Rock’s largest newspaper, reported that the Black Legislative Caucus was actively promoting that the settlement dollars should be used to improve the health of blacks in the state. The Black Caucus had no members on the CHART Coalition formally; however, Kevin Dedner met regularly with Tracy Steele, a member of the House of Representatives and the Black Caucus. The Black Caucus had insisted that funds be specifically targeted for blacks and other minorities considering that these groups in particular were dying at disproportionate rates from cancer and other tobacco-related illnesses.

In Georgia, there was very little diversity in the coalition. Since the CHARGE Coalition was never formalized, there was never a true plan to recruit members or consider sustainability issues. The major voluntary organizations (American Cancer Society, American Lung Association and American Heart Association) and the state medical society elected to work with the tobacco advocates in the state to ensure the settlement dollars where allocated for health care. Letitia Daniels, the Southern Regional Coordinator for the Campaign for Tobacco-free Kids, assisted Arkansas and Georgia in the effort to have tobacco funds dedicated for tobacco prevention. She recalls often being the only black working on the Georgia effort. She says that while the organizations had
black members and represented health in the state, there was no overt effort to recruit others or to diversify.

Leadership

The Georgia and the Arkansas coalitions had leadership from the major voluntary organizations, the American Cancer Society, the American Heart Association and the American Lung Association. Both Patty McLean and Kenneth Ray recall each of the major voluntary organizations providing considerable leadership and resources to the coalition in their states. Staff from the American Heart, Lung and Cancer Associations hosted meetings, organized community events, and wrote press releases. Letitia Daniels attended most meetings and met with legislators while helping to coordinate the legislative advocacy campaign in both states. She reports that the Campaign conducted opinion polls and wrote ‘swiss cheese’ press releases that local advocates could add in their local statistics and information and send in to the local newspaper as part of a public education campaign.

In March of 2002 Katherine Donald, an African American, became the second Director of the Arkansas CHART Coalition. In the same year, Arkansas was awarded a grant from the Campaign for Tobacco-Free Kids under their Smokeless States Initiative. As a grantee, Arkansas became eligible to receive even more extensive guidance in program implementation to sustain and build on the momentum created in the state. Ms.
Donald recalls the coalition maintaining a list of legislators who supported funding tobacco prevention and supporting local tobacco prevention ordinances. The coalition would target the districts where legislators were either non-supporters or undecided for their media and promotion activities.

In Georgia, the coalition operated as a loose collection of organizations with a shared purpose, according to Kenneth Ray, the state tobacco program manager. The coalition’s leadership consisted mostly of the American Cancer Society and the American Lung Association. However, there was never any formal establishment of leadership roles and responsibility. Each organization was committed to see tobacco settlement agreement funds used for promoting health care and thus, the decision were made by consensus. The groups met frequently; however no formal minutes were kept.

**Organizational and Policy Resources**

Both Arkansas and Georgia benefited from national organizations that brought their resources and considerable experience to bear. The Campaign for Tobacco-Free Kids was led by Matt Myers, who led the national tobacco settlement negotiations with the tobacco industry. Matt’s experience and knowledge of the tobacco industry tactics led the Campaign to implement regional coordinators to assist states by guiding state

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tobacco programs in understanding and not under-estimating the tobacco industry’s ability to influence local legislative outcomes. Letitia Daniels was the Campaign’s Regional Coordinator for the Southern Region, which included Arkansas and Georgia. Letitia was a regular member of both state’s coalition meetings. The Campaign provided funds to both states that were used to pay for advertising at local community events, such as minor league baseball parks, and the local newspapers. Additionally, Ms. Daniels brought considerable experience and understanding of the legislative process. With her recommendation, the Campaign paid for opinion polls and advertising space in newspapers, and funded the commission of studies that identified the impact of tobacco on the community’s health.

The Office on Smoking and Health (OSH) was created to implement the National Tobacco Control and Prevention program. The Office on Smoking and Health provided funding to all states in an effort to reduce tobacco use in the United States. One of the major roles of OSH was to provide the nation with the science necessary to support prevention efforts. As a government agency, OSH could not advocate for any specific legislation at the federal or state level; however, it could provide legislatures with data and the rationale which they could use for decision-making. The Office on Smoking and Health required all its state funded programs to attend annual program meetings and trainings which were designed to build the infrastructure necessary for implementing a
tobacco prevention program. These meetings and trainings became an ongoing opportunity to increase the advocacy capacity of every state.

Patty McLean and Kenneth Ray stated that OSH became the first stop for data, media messages and help responding to the requests they were getting from their respective state legislatures. In 1999, the CDC released *Best Practices in Comprehensive Tobacco Control Programs*. This document provided the science for implementing a comprehensive tobacco prevention program. Additionally, the *Best Practices* document provided each state with a clear description of each component of a comprehensive program and a minimum and upper range for funding required to implement the components. Records from the Office on Smoking and Health show that *Best Practices* became the centerpiece of testimony they would give to the Arkansas and Georgia Legislature.

The large voluntary organizations, the American Cancer Society, American Lung Association and the American Heart Association all had considerable experience organizing local communities. As such, they each had a developed network of constituents, doctors, nurses and other health professionals, many of whom were considered leaders in their communities. These networks leaders were used as spokespersons in getting the tobacco settlement funds dedicated for health care. The existing networks proved to be invaluable for garnering the support of the public.
In both states, framing the issue as promoting health care was essential. In Arkansas the issue was framed early on in a “Position Paper on Spending the Tobacco Settlement Funds in Arkansas” by Dr. Joseph Thompson and the Arkansas Center for Health Improvement Health Policy Board.\(^3\) This position paper was a clear illustration of how the funds would be spread across the partners. It allowed the partners to speak the same message and have a clear understanding of what was in it for each of them. By writing the exact percentages into the legislation, years later the partners could anticipate how the funds were to be split.

In Georgia, there was never any “position paper” that documented how the settlement dollars would be used. The Georgia Hospital Association’s October 1999 newsletter points out that Governor Roy Barnes appeared before the Georgia Hospital Association convention on his first day in office January 1999 and stated that the money Georgia receives from the tobacco settlement “should be spent on health care and not on anything else.” Two months later the governor revised his plan somewhat by calling for two-thirds of the funds to go to health care with the remaining one-third going towards rural economic development in Georgia. The CHARGe Coalition members agreed to continue to promote the governor’s plan in hopes that the proposed two-thirds of the settlement would advance their cause.

In 2003, under the leadership of a new governor, Sonny Purdue, and faced with a budget deficit, the Georgia Legislature moved decisively in using the tobacco settlement funds to fund areas other than tobacco prevention. According to Kenneth Ray, the Georgia Tobacco Program Manager, the proposal to divert tobacco prevention funds for cancer research was the primary cause of the dissolution of the CHARGe coalition. June Dean of the Georgia Chapter of the American Lung Association echoes this point and recognizes the proposal to use tobacco prevention funds for cancer research as the first time the coalition seriously had to consider differing opinions on the use of the funds. She states prior to this proposal, all simply agreed in two principles, the funds are to be used for health care and tobacco prevention be funded at least to the Centers for Disease Control’s minimum recommended funding.

The local organizations that were members of the state coalitions shared their resources for the good of the coalition. Minutes taken during the Arkansas CHART Coalition shows that meetings were regularly held in member hospitals across the state. Members developed talking points and traveled the state educating the public about the historic opportunity that lay ahead.

**The Black Caucus**

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5 June Dean, interview by author, written notes, Atlanta, GA, 29 September 2007.
Kevin Dedner remembers his organization's early recognition of the impact tobacco settlement dollars could have on smoking prevalence and subsequently cancer rates. He stated that as the Legislative Liaison for the American Cancer Society his responsibility was to coordinate and implement the strategic legislative plan. He further admits that it was frustrating because as an African American, he wanted to push an agenda that guaranteed more funds for the black communities in the state. Kevin says that while the CHART coalition was a very transparent process, he and others were aware of additional meetings taking place between the Black Caucus and the state health department.

Patti McLean, the Arkansas Tobacco Program Manager during the settlement talks, recalls Dr. Boozman, the State Health Officer and Representative Steele of the Black Caucus meeting weekly to discuss changes to the CHART plan that would dedicate tobacco settlement funds for the black community. Dr. Boozman was no stranger to the legislative process. He had served as a State Senator prior to being selected by Governor Huckabee to lead the State's Department of Health. Dr. Boozman's experience as a legislator, a physician and leader of the state health department made him a key player in the state's negotiations because he had the respect of all the parties involved. Finally, Dr.

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7 Ibid.
8 Patti McLean, interview with author, written notes, Atlanta, GA, 10 January 2007.
Boozman, had worked closely with Governor Huckabee to create the Healthy Arkansas Initiative.

Dr. Boozman worked quietly behind the scenes with the voluntary organizations, American Heart Association, American Lung Association and the American Cancer Society and the Black Caucus to support their shared prevention efforts. Mr. Steele and Dr. Boozman met weekly to discuss options that would ensure that the black community, the largest minority population in the state, received their fair share of the settlement. Patti McLean was often included in these meetings. She recalls Mr. Steele having very strong feelings that the national settlement had been won largely because of the horrid statistics of deaths of blacks from tobacco-related diseases. Thus, he felt blacks deserved specific consideration in any plans to spend the Arkansas Settlement dollars. It was one of these weekly meetings that Dr. Boozman and Mr. Steele developed a plan to take 15% of the settlement dollars and direct them to minority communities. It was important that the dollars be used to address tobacco use, prevent the tobacco industry’s marketing tactics in minority communities, offer tobacco cessation, and prevent youth from ever starting. Additionally, both men saw the importance of developing the capacity and infrastructure of the community to address not only tobacco, but all health prevention.  

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9 Ibid.

10 Ibid.
It was also during one of these meetings that Patti recalls the two agreed that responsibility to manage and provide oversight for the minority community dollars should be by a minority organization. After some thought, the two agreed that the University of Arkansas at Pine Bluff (UAPB), a Historically Black College and member of the state’s university system was the best organization to implement the program. Ms. McLean says that UAPB President, Dr. Calvin Johnson’s experience as a former Arkansas Legislator and member of the Black Caucus further confirmed this was the perfect organization to use. She stated that Mr. Steele spoke highly of Dr. Johnson and mentioned that Dr. Johnson’s experience as a legislator would help to ensure that the program met the intent of the legislature to create capacity and infrastructure.

In Georgia, Kenneth Ray, the Tobacco Program Manager remembers no interaction with members of the Georgia Black Caucus. He says that the Georgia Black Caucus members were quite outspoken that the tobacco settlement funds be used for health care. However, there were no specific proposals introduced by the group that would have placed requirements on the spending of the money for black communities. In fact, the Atlanta Journal Constitution accounts agree with Mr. Ray’s position in that

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11 Ibid.

12 Patti McLean, interview with author, written notes, Atlanta, GA, 10 January 2007.

13 Ibid.


15 Ibid.
while there didn’t appear to be an official position by the group, no one spoke against the plan advocated by the governor, which called for one-third of the settlement funds be used for comprehensive tobacco control. In fact, an article published on August 22, 1999 in the Atlanta Journal Constitution titled "Up For Grabs: Groups Are Jockeying For A Piece Of The State's Tobacco Settlement, But Anti-Smoking Forces Will Get None," the author points out that while groups jockeyed for the money, leaders such as the Governor and Kathleen Toomey, Director of the Health Department were not fighting for dollars to be used for tobacco control. In fact, the article points out that Governor Barnes had received more than $51,000 in campaign funds from the tobacco industry and Dr. Toomey hadn’t requested an increase in funding from the 21-cents per capita, despite the federal government recommendations of $5.00 per capita required to effectively implement a comprehensive tobacco prevention program.

**Funding**

Since the 1998 multi-state settlement, the Campaign for Tobacco Free Kids has issued regular reports assessing whether the states are keeping their promise to use a significant portion of their settlement funds, which are expected to total $246 billion over the first 25 years. These funds are to be used to attack the enormous public health problem posed by tobacco use in the United States. Coalitions have become advocates for sustaining the state’s commitment to tobacco prevention. Each of the coalitions are required to submit annual reports to the legislators whose district their programs serve.
All of the coalitions are expected to write editorials as earned media on a regular basis. The bolded organizations on the tables represent organizations that report at least 50 percent of their service population to be African American. It is important to note that these funds are in addition to the 15 percent of the tobacco prevention funds administered by the Minority Initiative Sub-Recipient Grants Office (MISRGO) at the University of Arkansas at Pine Bluff.

In November 2000, Arkansans passed Initiated Act One (attachment G), which dedicates a portion of Arkansas’ Master Tobacco Settlement revenue to tobacco prevention and cessation. The Arkansas Department of Health and Human Services (ADHDHS) has implemented a program to use these funds to reduce the use of tobacco and tobacco products in our state. Through the Minority Initiative Sub-Recipient Grant Office (MISRGO), the University of Arkansas at Pine Bluff (UAPB) is providing administrative oversight and program direction for the portion of the Arkansas Department of Health and Human Services Tobacco Prevention and Cessation fund designed to target Arkansas’ minority populations. The University used the funds to support up to 15 community coalitions in minority communities and created the University of Arkansas at Pine Bluff’s Center for the Study of Addiction Studies and scholarships for students selected for the program.
The Arkansas Coalition for a Healthy Arkansas Today (CHART) and the Georgia Coalition for a Healthy & Responsible Georgia (CHARGe) are excellent examples of the influence advocacy groups can have on the political process. Both coalitions had a clear purpose for their existence. They existed to eliminate the burden caused by tobacco use on residents of their states. Both coalitions saw the unprecedented opportunity, the Master Settlement Agreement, as the source of necessary funds to battle the tobacco industry’s efforts to add new users and keep existing smokers smoking. Each coalition’s membership was made of a group of diverse individuals and organizations that wanted to implement a comprehensive program. The program was to be based on the Centers for Disease Control and Prevention’s *Best Practices in Tobacco Control*.

The members contributed to the coalitions’ success in accomplishing its agenda by donating their resources. The three major voluntary health organizations- the American Cancer Society, the American Heart Association, and the American Lung Association- provided their experience, leadership and organization through their local affiliates. Their experience, legislative staff, and paid consultants were invaluable in
framing the issues, establishing a legislative agenda, and creating a cache which gave the coalition instant credibility throughout the state. Members of the coalition contributed by writing editorials to the local newspapers, giving presentations at local civic group meetings, developing informational brochures and flyers, hosting local rallies, and donating funds to support more costly activities, such as radio and newspaper advertisements.

There was also considerable support in both states by the leading national tobacco prevention organizations. The Campaign for Tobacco Free Kids and the Centers for Disease Control and Prevention provided ongoing support for the coalition’s efforts. Their experts were available at all times for consultation and advice. They provided forums for states with similar realities to come together and learn from each other and share strategies. They provided testimony to legislative committees that supported the requests for using the Tobacco Master Settlement dollars for comprehensive tobacco control efforts. The Centers for Disease Control’s *Best Practices in Comprehensive Tobacco Control Programs* became the authoritative document for framing a comprehensive tobacco prevention program. This document was invaluable because it was simple enough that tobacco advocates at all levels could understand and follow it. Legislators trusted the science that was behind the document because it was from the Centers for Disease Control and Prevention.
Members of the coalitions had a real incentive to join the coalition. Many believed their participation would result in funds being allocated to their organizations to further their community health missions. However, in the early stages of both states’ efforts there was no attention given to the populations that were disproportionately effected by tobacco. These populations were not sought out to join the coalitions’ efforts and members from these affected populations were not recruited to join the planning effort. No special attention was made to ensure messages appeared in minority targeted media outlets, nor were there any messages or talking points developed to specifically highlight the plight faced by these groups. In fact, the Arkansas Legislative Black Caucus had to resort to overt measures to be heard in the proceedings. It took the threat of legal action and ultimately a stalemate in the legislative process to enable their voices to be heard. Political party affiliation appeared to play no role in assisting the voices of African American’s to be heard, since at the time Arkansas had a Republican Governor and Republican-led Legislature and Georgia had a Democratic Governor with a Republican-led Legislature.

The Arkansas Legislative Black Caucus eventually played an integral role in allocating funds from the Master Settlement Agreement to minority communities. However, it is important to note that the Arkansas Legislative Black Caucus was never a member of the Arkansas CHART Coalition. Its council and guidance was not sought or valued initially in the allocation of these state funds. As the article by Joe Thompson
points out, the Chart Coalition was by and for the leading health organizations in the state at the exclusion of African Americans and other ethnic minorities in the state.¹ Nowhere in either Governor Huckabee’s Plan or the Arkansas Legislature’s Plan was the interest of minorities addressed. Neither plan included specific funding for minority communities that could be used to build capacity and infrastructure in those communities. Surprisingly, this occurred despite blacks holding leadership positions in the CHART Coalition.

The Arkansas Legislative Black Caucus became a key player in the process when neither the Governor nor the Legislature had enough votes to secure passage of their plans. This gave the Arkansas Legislative Black Caucus the swing vote and thus a position to make its demands heard. It was at this time that the Arkansas Legislative Black Caucus and the blacks in leadership positions in the CHART Coalition began to work together to address the needs of the black community.

In Georgia, the Coalition for a Healthy & Responsible Georgia (CHARGE) was smaller but had the participation of many of the national partners that were active in Arkansas. As in Arkansas, the Georgia Legislative Black Caucus was never an active

¹ Joseph Thompson, Arkansas Tobacco Settlement Proceeds Act of 2000: Results from Education and Engagement with Policy Makers and the Public, Health Promotion Practice, Supplement to July 2004 Vol. 5, No. 3, 58S.
member in the CHARGe Coalition. While members of the CHARGe Coalition said the interest of the whole community was represented; they couldn’t cite any efforts that were specifically targeted for minority communities.

This examination of the Arkansas and Georgia Legislative efforts to allocate its Tobacco Master Settlement dollars is significant in that it demonstrates that interest groups yield considerable power in the legislative process. They are effective vehicles for developing an agenda and creating community support for a position. However, as both the Arkansas and Georgia experience teaches us, they are not a guarantee of success in the legislative process. Additionally, both state examples are important because they demonstrate the strengths and plights of blacks in coalitions.

The Arkansas example demonstrates that having blacks in key leadership positions in a coalition does not ensure that the coalition will value the needs and interest of black communities. Coalitions have their own decision-making and priority-setting processes that can eliminate the wishes of one or a few of its members. Furthermore, the Arkansas example demonstrates that blacks in coalitions must act in concert with others both inside and outside of the formal coalition structure in order to achieve desired community outcomes.

The Georgia example is also important because it highlights that without those voices to call attention to the disenfranchised and the populations experiencing disparity,
no substantial efforts will be made to address their needs. There were no blacks in key leadership roles within the Georgia’s Coalition for a Healthy & Responsible Georgia (CHARGe) Coalition. Georgia’s Legislative Black Caucus was not a key player in the final decision on allocating the Master Settlement Funds and thus there were no specific efforts to use the funds to create capacity and infrastructure in minority communities.

Both states demonstrate how important it is to have a plan ready in advance that articulates the goals which you hope to achieve. Arkansas’ Legislative Black Caucus benefitted greatly by having previously identified the University of Arkansas at Pine Bluff, a Historically Black College or University as an institution that had the infrastructure and capacity necessary to implement programs statewide. When the opportunity came to advocate for funds to address the unique needs of blacks and minority communities in the state, the Black Caucus had a plan that included programs and the implementation of infrastructure that would be necessary to thwart any challenges. This plan also had the full support of the full Caucus.

In Georgia, quite the opposite was seen. The absence of blacks or the minority community serving organizations effectively meant the black community had no voice in the allocation of the Master Settlement Agreement funds. There was never a plan developed, in advance or otherwise, that specifically articulated and addressed the needs of the black community.
An unexpected benefit of the considerable participation by African Americans in the leadership, planning, and implementation of the advocacy efforts was the development of leadership skills. There are several members of the coalition in both states who continue as active participants and serve in leadership roles. Katherine Donald, an African American member of the CHART Coalition has assumed the position of Executive Director. Kevin Debner, an original member of the CHART Coalition and Legislative Director for the Arkansas chapter of the American Cancer Association has since unsuccessfully run for a seat in the Arkansas General Assembly. While the development of leadership skills was not an area of analysis in this research project, the examples witnessed suggest more research should be conducted in the future to assess if there are specific skills that are learned in the process that leads to future leadership.

Overall, the case study has demonstrated that interest groups are dynamic with individuals and organizations coming in and out of the group throughout the lifespan of the coalition. The participation of members or the lack of participation plays an important role in the agenda setting, activities and subsequent decisions of the coalition. The members share their unique resources for the collective good of the coalition. In Arkansas, it was the participation of blacks, both in the coalition and the legislative process that led to 15% of the allocated tobacco funds being dedicated to benefit minority communities and administered by a Historically Black College or University. In Georgia, there was insufficient data to say conclusively that the absence of blacks on the coalition
or the limited participation of the Black Caucus led to no funds being dedicated to for
black communities. However, this research project has shed light on the powerful role
that coalitions play in allocating resources.
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