What's Next for Tobacco Control Efforts? Health Equity Related Lessons Learned from a National Qualitative Study on Tobacco Control and Prevention

Journal of Health Disparities Research and Practice

Volume 14 | Issue 4 Article 1

2021

What's Next for Tobacco Control Efforts? Health Equity Related Lessons Learned from a National Qualitative Study on Tobacco Control and Prevention

Courtney A. Parks , *Gretchen Swanson Center for Nutrition*, cparks@centerfornutrition.org
Hollyanne E. Fricke , *Gretchen Swanson Center for Nutrition*, hfricke@centerfornutrition.org
Alethea Chiappone , *Gretchen Swanson Center for Nutrition*, achiappone@centerfornutrition.org

See next page for additional authors

What's Next for Tobacco Control Efforts? Health Equity Related Lessons Learned from a National Qualitative Study on Tobacco Control and Prevention

Abstract

Context: Despite gains in the tobacco prevention and control movement, tobacco products remain a threat, with specific populations at greater risk.

Objective: The purpose of this paper is to examine the role that leaders in the tobacco prevention and control movement have played in progress achieved to date and identify recommendations for the future using a health equity framework. The purpose of this paper is to examine the role that leading organizations in the tobacco prevention and control movement have played in progress achieved to date, identify future recommendations within the context of current public health priorities (e.g., obesity prevention), and explore potential for tobacco prevention and control using a health equity framework.

Design: Qualitative key informant interviews were conducted with representatives from four key tobacco prevention and control organizations and their partners.

Setting: Interviews were conducted on-site at tobacco prevention and control organization offices or by telephone.

Participants: Key informant interviews (n=87) were conducted during July-December of 2017.

Main outcome measures: Interviewees describe their work in providing technical assistance to leading public health and policy efforts in tobacco prevention and control. Interviews were transcribed verbatim and coded for meaning units. This analysis was conducted November 2017-January 2018. This study was determined exempt from review by the University of Nebraska Medical Center Institutional Review Board.

Results: Three overarching themes emerged from our analysis: (1) maintaining tobacco prevention and control as a public health issue, (2) the importance of health equity in tobacco prevention and control work, and (3) planning for the next generation of tobacco prevention and control advocates. Certain populations remain untouched by broad public health approaches to reduce tobacco use.

Conclusions: Tailored, focused, and comprehensive approaches to address health equity in tobacco prevention and control work across specific communities are needed. Adopting a health equity lens across public health priority areas (e.g., obesity, opioids, and tobacco prevention and control) could reduce prevalence among vulnerable groups for multiple conditions.

Keywords

tobacco control and prevention; health equity; public health; tailored intervention

Cover Page Footnote

Acknowledgements: The authors would like to thank the tobacco control and cessation organizations that participated in this study, the American's For Nonsmokers' Rights Foundation, the Campaign for Tobacco-Free Kids, the Smoking Cessation Leadership Center, and the Tobacco Control Legal Consortium.

Authors

Courtney A. Parks, Hollyanne E. Fricke, Alethea Chiappone, Jennie L. Hill, and Amy L. Yaroch

Journal of Health Disparities Research and Practice
Volume 14, Issue 4, Fall 2021, pp. 1-11

What's Next for Tobacco Control Efforts? Health Equity Related Lessons Learned from a National Qualitative Study on Tobacco Control

Courtney A. Parks, Gretchen Swanson Center for Nutrition
Jennie L. Hill, Gretchen Swanson Center for Nutrition
Hollyanne E. Fricke, Gretchen Swanson Center for Nutrition
Alethea Chiappone, Gretchen Swanson Center for Nutrition
Amy L. Yaroch, Gretchen Swanson Center for Nutrition
Corresponding Author: Courtney A. Parks, cparks@centerfornutrition.org

ABSTRACT
Context: Despite gains in the tobacco control movement, tobacco products remain a threat, with specific populations at greater risk.
Objective: The purpose of this paper is to examine the role that leaders in the tobacco control movement have played in progress achieved to date and identify recommendations for the future using a health equity framework.
Design: Qualitative key informant interviews were conducted with representatives from four key tobacco control organizations and their partners.
Setting: Interviews were conducted on-site at tobacco control organization offices or by telephone.
Participants: Key informant interviews (N=87) were conducted in the July-December of 2017.
Main outcome measures: Interviewees describe their work in providing technical assistance to leading public health and policy efforts in tobacco control. Interviews were transcribed verbatim and coded for meaning units. This analysis was conducted November 2017-January 2018. This study was determined exempt from review by the University of Nebraska Medical Center Institutional Review Board.
Results: Three overarching themes emerged from our analysis: (1) maintaining tobacco control as a public health issue, (2) the importance of health equity in tobacco control work, and (3) planning for the next generation of tobacco control advocates. Certain populations remain untouched by broad public health approaches to reduce tobacco use.
Conclusions: Tailored, focused, and comprehensive approaches to across specific communities are needed. Adopting a health equity lens across public health priority areas (e.g., obesity, opioids, and tobacco control) could reduce prevalence among vulnerable groups for multiple conditions.

Keywords: tobacco control and cessation; health equity; public health; tailored intervention

INTRODUCTION

Tobacco control efforts have been amongst the most effective recent public health campaigns (Siegel, 2002; Smith et al., 2013). Since establishment of the causal link between smoking and lung cancer, public health efforts have been influential in bringing about radical changes in policy, individual smoking behavior, and culture across the United States (U.S.; Mamudu et al., 2011). Research has also shown the causal link between cancer and cardiovascular and metabolic diseases (Jamal et al., 2016; Kulik & Glantz, 2016; Mokdad et al., 2018). Due to these efforts, the trajectory of the tobacco epidemic was reversed, and smoking prevalence was halved following its peak in 1966 (Thun et al., 2012; Wallace et al., 2002). Despite this progress, tobacco products still remain a threat, with observations that progress against its use has stalled (Kulik & Glantz, 2016). Data from 1990-2016 demonstrate that tobacco remains in the top two causes of preventable death (second only to dietary risks; Mokdad et al., 2018).

The decline in smoking prevalence is largely attributed to progressive enactment of new and stronger policies and interventions (Pierce & León, 2008; Wakefield et al., 2008). Continued innovation around holistic interventions and attention to tobacco industry tactics (e.g., price discounting, marketing) are needed to maintain decline into the future (Fiore & Baker, 2009). Debate around a tobacco 'endgame' encourages innovative ideas for ending the tobacco epidemic by treating it as a systems issue, rather than an individual behavior (Malone, 2013; McDaniel et al., 2016). However, tensions between the tobacco industry, public health professionals, other health priorities, and the broader public on what policies and strategies are feasible, effective, and equitable remains to be resolved (Collin, 2012). The purpose of this paper is to examine the role that leaders in the tobacco control movement have played in progress achieved to date, identify recommendations for the future of the tobacco control movement within the context of current public health priorities (e.g., obesity prevention) and lastly, explore potential for tobacco control using a health equity framework.

METHODS

The study was conceptualized as an exploratory qualitative study grounded in a health equity framework and broadly focused on key tobacco control and cessation organizations (herein referred to as tobacco control). To ensure both vertical and horizontal representation in our sampling, we recruited from various levels within organizations (e.g., leaders, staff, managers). This study was determined exempt from review by the University of Nebraska Medical Center Institutional Review Board.

Sampling

We designed our sample starting with four key organizations: (1) Americans for Nonsmokers' Rights Foundation (ANRF); (2) Campaign for Tobacco-Free Kids (CTFK); (3) Smoking Cessation Leadership Center (SCLC); and (4) Tobacco Control Legal Consortium (TCLC) at the Public Health Law Center. Subsequently, we identified other partnering organizations and individuals to interview in order to gather a wide range of perspectives.

Key Informant Interviews

In-depth key informant interviews were conducted to explore perceived progress made and evolution of tobacco control work over the last few decades. Eligible individuals were identified in a snowball fashion and included tobacco control experts, partners, and stakeholders across multiple organizations in the U.S. Interviews were conducted between July-December of 2017. A core interview guide was developed, and relevant modifications made for various stakeholder groups. The interview guide included questions around background and context of tobacco control work and the interviewee's organization; funding sources; key partnerships; health equity; technical assistance (TA); communications; research; and strengths/weaknesses (interview guide available upon request). Four trained researchers conducted 30–60-minute semi-structured interviews over the telephone and in-person. Interviews were recorded and transcribed verbatim.

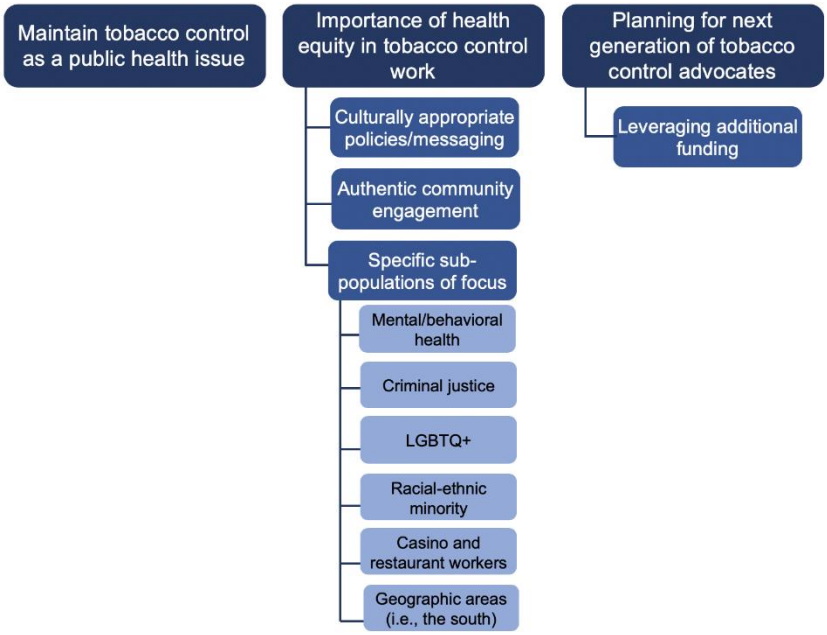
Analysis

Transcripts were coded using a thematic content analysis approach where codes and themes are inductively derived from the data (Creswell & Plano-Clark, 2011; Vaismoradi et al., 2013). Each transcript was entered into the qualitative software package QSR NVivo (version 11, 2017, QSR International Pty Ltd, Cambridge, MA) and an initial code list was developed with input from all authors. Each transcript was coded for meaning units. Themes were grouped and subthemes developed in order to synthesize the data given the large number of interviews and information collected. Coders reached consensus on disagreements using the constant comparative method to determine topic saturation and theoretical complexity (Creswell & Creswell, 2017). This analysis was conducted November 2017-January 2018.

RESULTS

Eighty-seven interviews were conducted with representation from various levels (i.e., leadership and staff) at the four tobacco control organizations of interest (n=43), partners (n=44), funders (n=3), governmental entities (n=7), voluntary/professional organizations (n=8), other tobacco control organizations (n=9), researchers (n=8), mental health advocacy/provider organizations (n=6), community organizations (n=2), and a health insurer (n=1). The focus of interviewees' work in tobacco control included providing technical assistance (TA) and leading policy efforts on campaigns (e.g., Tobacco 21; smoke free air, flavor restrictions, marketing restrictions, pricing/taxation). Several overarching themes emerged that provide insight on impact of tobacco control work over the past few decades as well as challenges, namely: (1) maintaining tobacco control as a public health issue, (2) importance of health equity in tobacco control work, and (3) planning for the next generation of tobacco control advocates. Themes and subthemes are reported in Figure 1.

Figure 1. Themes and subthemes found from interviews



Maintaining Tobacco Control as a Public Health Issue

Many interviewees mentioned that preserving tobacco control as an important public health issue is a frequent challenge, particularly related to garnering resources and funding. Interviewees discussed constantly having to "make the case" for tobacco control among public health professionals and the general public, especially since there are other issues competing for attention and resources within communities, most notably, obesity prevention and the opioid epidemic. The importance of and need for tobacco control can be supplanted as new diseases and epidemics arise. One interviewee described maintaining tobacco control's relevancy,

> *"Everybody including us, is very concerned about the opioid crisis right now, but 540,000 people died of tobacco related diseases last year. That is ten times the amount as opioids. The need to not forget the number one preventable killer of people in the U.S. is critical."*

There is an underlying misperception that the issue of tobacco has been "solved," despite remaining a leading cause of preventable death. Strategies to keep tobacco control "front of mind" include communication efforts to educate the public and policymakers, networking and presenting content to a wide range of stakeholders and disseminating research. Many stakeholders may be unaware of how much work remains in tobacco control; for instance, ensuring progress made in tobacco control reaches everyone, and that marginalized populations are not left behind.

Beyond emerging crises, such as the opioid epidemic, that can consume funding and human resources, other societal changes bring unexpected challenges to tobacco control. One example is the legalization of marijuana in many states. One interviewee describes how legalization of marijuana impacts their work to protect the right to smoke-free air:

> *"Marijuana second hand smoke is increasingly a concern. Our approach is to ensure that people are able to breathe smoke-free air and regulations that inform whether someone*

can smoke marijuana on properties that were previously smoke-free. We don't want to lose any ground gained."

Cities, counties, and states with strong smoke free air policies are facing challenges as proprietors seek exemptions for marijuana products. Alternatively, these localities may realize they do not have comprehensive language or necessary enforcement to ensure public and private areas are smoke free beyond tobacco products.

Importance of Health Equity in Tobacco Control Work

Interviewees revealed that health equity efforts generally appeared on the surface of their work and innate by focusing on impacted populations, but was not necessarily entrenched within organizations. Impacted populations include: specific geographies, race/ethnicity, mental/behavioral health patients, LGBTQ+ communities, public housing residents, and those within the criminal justice system. Interviewees underscored importance of addressing health disparities, however, there remains room for improvement including strategies such as: formal training, authentic community engagement, and diverse representation in leadership roles. One interviewee described how they address health equity:

"All of our work is focused on eliminating disparities for populations that are most disadvantaged. Improving the health of a community and those targeted by the tobacco industry."

Culturally Appropriate Policies/Messaging

Addressing health equity in tobacco control also includes dissemination of culturally appropriate messaging and policies. For example, in order to be respectful of tribal culture and ceremonial use of tobacco one interviewees cited:

"We craft policies that allow for traditional/ceremonial use [of tobacco], but also are careful to not have policies with wide loopholes that are not beneficial to the community."

Authentic Community Engagement

Authentic community engagement is considered one of the hallmarks of working towards equity. Interviewees cited the importance of allowing communities to determine issues and strategies implemented. Due to differing infrastructures, the ability to carry out authentic community engagement varied among groups. There is still a gap with regard to underserved populations that have not seen benefits of mainstream tobacco control efforts. Interviewees conveyed the importance of tobacco control to focus on health equity, as opposed to moving onto the next emerging or more popular issue. The type of investment needed for authentic community engagement was described:

"It's critical that we get meaningful long-term engagement from priority populations who aren't currently engaged, there has to be forethought and longer-term involvement."

Specific Sub-populations of Focus

The sub-population groups that interviewees highlighted included: mental/behavioral health, geographic areas (i.e., the south), those within the criminal justice system, LGBTQ+ communities, casino/restaurant workers, and racial-ethnic minority populations. There was broad agreement that new strategies will be required to reduce tobacco prevalence in these groups. Specifically, tobacco control in mental/behavioral health communities highlighted the complexity on history of tobacco use. It was cited by interviewees that mental/behavioral health providers have traditionally been wary of initiating smoking cessation with their patients, fearing pushback. The extensive work required to change this culture was described, *"Patient advocates have said, 'This is their home and they have a right to smoke.'"* This initial resistance is rooted in the idea that individuals utilizing mental health services regarded smoking as one of their few remaining 'pleasurable' outlets. Historically, in some cases, smoking was used as a reward system for patients who displayed good behavior. One interviewee described:

> *"it doesn't make sense to help someone recover from addiction or mental illness only to die from tobacco-related disease and to die early."*

Interviewees also commonly mentioned the disproportionate menthol tobacco use among African Americans. The tobacco industry has historically targeted African American communities with menthol-flavored products, leading to policy campaigns in various localities to ban sales of menthol flavored cigarettes. One strategy described involved working with media outlets to uncover stories about how the tobacco industry targets African American communities to help build public support for policies. Furthermore, engaging members of the impacted community was highlighted as a best practice:

> *"Messaging around menthol products being targeted to African American or LGBTQ+ communities is stronger if your messenger is an African American or someone in the LGBTQ+ community who is speaking out."*

Interviewees also worked with the Food and Drug Administration (FDA) to ensure best policies are enacted to benefit populations who need it most. For example, FDA passed the Family Smoking Prevention and Tobacco Control Act in 2009, prohibiting sale of most flavored cigarettes. However, the flavor ban did not extend to menthol cigarettes or to flavored non-cigarette tobacco products (e.g., cigars, hookahs, and e-cigarettes). One interviewee described pushing FDA to include menthol in restrictions:

> *"The Tobacco Control Act, while it fortunately prohibited the sale of most candy-flavored tobacco products, there was an exemption for menthol. In our view, that has left African American kids shortchanged. We've been pushing the FDA to expand its flavor ban to include menthol cigarettes."*

In order to effectively address tobacco control today, efforts were described that ensure "wins" also benefit sub-population groups. Strategies to reach marginalized sub-populations included: developing relationships with organizations that serve specific groups (e.g., professional organizations); policies that prohibit flavored tobacco; organizational smoke-free air policies (e.g., restaurants/casinos); and monitoring the FDA to ensure regulations have population-wide impact.

Planning for the next generation of tobacco control advocates.

Interviewees described that many individuals within tobacco control have career longevity, which results in a high level of expertise and for many, a decades-long history of working with partner organizations. There is a tremendous amount of historical and institutional knowledge and connectedness between organizations having worked together for so long. This longevity also creates some challenges and uncertainty as some leaders plan for retirement. Overall, interviewees indicated that there are a limited number of junior tobacco control experts and researchers entering the field, in part due to a lack of understanding of the ongoing needs for tobacco control as other areas garner more attention (e.g., obesity). Interviewees suggested fostering development of junior tobacco control advocates through training opportunities, which may also increase diversity of the tobacco control workforce, aligning leadership with communities that are most impacted. One interviewee described:

> *"We provide some TA to youth groups that we have relationships with to help advance the training of, as we would call it, the next generation of tobacco control leaders."*

Leveraging Additional Funding Sources

Broadly, historical funding for tobacco control work includes a combination of state tobacco settlement dollars and grant funding from foundations and federal entities. However, as the misperception that tobacco is "solved" persists, and as foundations and other top funders in the tobacco arena inevitably move on to other areas, there is a need for diversified funding sources. One interviewee described the impact of limited funding on the outcomes of their work:

> *"After the hiatus of funding we had in the field we were seeing a plateau of policy success and that is very disturbing."*

Several interviewees described their organization's strategy to address limited funding through innovative efforts, strategic partnerships, and focusing on micro-targeted populations with the greatest risk. Interviewees described strategies used to demonstrate to funders that they are stretching resources creatively to have the biggest impact.

DISCUSSION

The analyses presented in this paper demonstrate the current status of tobacco control efforts in the U.S. and provide context for specific challenges. Reductions in tobacco use is a 20th century public health success story (Gielen & Green, 2015). However, the burden remains high, and disparities persist among certain groups (Wilson et al., 2012). Comparative studies have demonstrated that real per capita expenditures on tobacco control significantly reduce tobacco use rates (Farrelly et al., 2008; Tauras et al., 2008). However, the tobacco industry persists in promoting their products and putting efforts towards altering legislation, thereby rolling back public health gains, particularly at the state and local level, where funding can be scarce (Smith et al., 2013). Perhaps funders are recognizing the need for continued efforts in tobacco control; between 2006 and 2016 there was a 187% increase in the percentage of total NIH funding allocated to new tobacco-related awards to address new and emerging issues like e-cigarettes (Merianos et al., 2019).

Interviewees described the need of specific sub-populations such as mental/behavioral health, geographic areas (i.e., the south), those within the criminal justice system, LGBTQ+ communities, casino/restaurant workers, and racial-ethnic minority populations. Despite limited

general public awareness that these populations are at greater risk for tobacco use, there have been a fair number of studies to address these health disparities (Aussendorf et al, 2018; Bandiera et al., 2015; Dickerson et al., 2017; Rollins et al., 2018). In one state-wide study, persons receiving substance abuse treatment were more likely to die prematurely of tobacco-related causes (Bandiera et al., 2015) and those with psychiatric disorders present an alarmingly high rate of smoking (Dickerson et al., 2017). Similarly, tobacco remains the number one preventable killer within the LGBTQ+ population and analyses suggest that disparities can be traced back to social determinants (e.g., employment status; Aussendorf et al, 2018).

Results from the current study indicate that health equity will be key to the next set of 'wins' in reducing tobacco prevalence. Best practice to incorporate health equity may include changes at the organizational level, such as attempting to improve equity-promoting practices internally (e.g., diversifying staff), authentic community engagement, and forging partnerships across sectors (Centers for Disease Control and Prevention, 2018). This can be accomplished through engaging with health equity experts (e.g., trainings), as well as working more directly with base-building community-based organizations who seek to build power in communities and directly represent priority populations.

Another facet of health equity that was prominent in our interviews is the burden of smoking among African Americans. Up to 90% of African American smokers report using menthol cigarettes (Giovino et al., 2015). Our interviews highlighted the negative implications of menthol flavored cigarettes not being included in flavor bans within the Tobacco Control Act of 2009 as well as the predatory actions of the tobacco industry targeting African American communities. This is echoed in the extant literature, with a metanalysis of tobacco messages revealing that African American communities are exposed to 2.6 times the tobacco advertising when compared to primarily Caucasian market areas (Primack et al., 2007).

Finally, sustainability of tobacco control efforts may become an issue moving into the future that could threaten gains achieved to date. Interviews demonstrated that in order to fill the eventual gap that will be left as veteran tobacco control leaders and staff begin to retire, it is critical to consider the "next generation" of tobacco advocates and leaders. One recommendation is to create more training opportunities to foster junior scientists. As seen in health care, leadership training is emphasized, and developing multiple competencies among early career stage individuals is desirable (Sonnino, 2016). Rather than focusing on individual institutional curricula, a more comprehensive national strategy may foster the needs of specific cohorts of individuals (e.g., racial-ethnic populations, LGBTQ+; Sonnino, 2016).

This study is not without limitations. As with any qualitative approach, the findings are limited to experiences of participating leaders/experts and cannot be generalized to the tobacco control field widely. Interviewees were selected purposively starting with four main tobacco control organizations and snowballed out to include other stakeholders and partners. However, the large sample size and breadth of interviewees make these results more meaningful. In addition, the methodological processes carried out were rigorous, with interviews and analysis being performed by a group of experienced qualitative researchers.

CONCLUSION

Tobacco control efforts have greatly reduced prevalence of tobacco use, yet certain populations remain untouched by broad public health approaches. Tailored, focused, and comprehensive approaches to reduce health disparities across communities are warranted (Simmons et al., 2016). Future efforts should also consider training the next generation of tobacco control experts. Finally, adopting a health equity lens and focusing on social determinants of health as applied to tobacco control could reduce prevalence among vulnerable groups.

ACKNOWLEDGEMENTS

The authors would like to thank the tobacco control and cessation organizations that participated in this study, the American's for Nonsmokers' Rights Foundation, the Campaign for Tobacco-Free Kids, the Smoking Cessation Leadership Center, and the Tobacco Control Legal Consortium.

REFERENCES

Aussendorf, M., Magee, J., Turner, J., & Shanker, A. (2018). Queer and Quitting: Addressing Smoking as an LGBTQ Issue. In *The Routledge Handbook of LGBTQIA Administration and Policy* (pp. 156-166). Routledge

Bandiera, F.C., Anteneh, B., Le, T., Delucchi, K., & Guydish, J. (2015). Tobacco-Related Mortality among Persons with Mental Health and Substance Abuse Problems. *PLOS ONE*, 10(3), e0120581.

Centers for Disease Control and Prevention - Division of Community Health. (2013). A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. *Atlanta, GA: US Department of Health and Human Services.*

Collin, J. (2012). Tobacco control, global health policy and development: towards policy coherence in global governance. *Tobacco control*, *21*(2), 274-280.

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

Creswell J,. W. &Plano-Clark V. *Designing and Conducting Mixed Methods Research*. Sage Publications, Inc.; 2011.

Dickerson, F., Schroeder, J., Katsafanas, E., Khushalani, S., Origoni, A. E., Savage, C., Schweinfurth, L., Stallings, C. R., Sweeney, K. & Yolken, R. H. (2017). Cigarette Smoking by Patients With Serious Mental Illness, 1999–2016: An Increasing Disparity. *Psychiatric services*, *69*(2), 147-153

Farrelly, M. C., Pechacek, T. F., Thomas, K. Y., & Nelson, D. (2008). The Impact of Tobacco Control Programs on Adult Smoking. *American Journal of Public Health*, *98*(2), 304-309.

Fiore, M. C., & Baker, T. B. (2009). Stealing a March in the 21st Century: Accelerating Progress in the 100-Year War Against Tobacco Addiction in the United States. *American Journal of Public Health*, *99*(7), 1170-1175.

Gielen, A. C., & Green, L. W. (2015). The Impact of Policy, Environmental, and Educational Interventions: A Synthesis of the Evidence from Two Public Health Success Stories. *Health Educcation and Behavior*, *42*(1_suppl), 20S-34S.

Giovino, G. A., Villanti, A. C., Mowery, P. D., Sevilimedu, V., Niaura, R. S., Vallone, D. M., & Abrams, D. B. (2015). Differential trends in cigarette smoking in the USA: is menthol slowing progress?. *Tobacco control*, *24*(1), 28-37.

Jamal, A., Phillips, E., Gentzke, A. S., Homa, D. M., Babb, S. D., King, B. A., & Neff, L. J. (2018). Current cigarette smoking among adults—United States, 2016. *Morbidity and Mortality Weekly Report*, *67*(2), 53.

Kulik, M. C., & Glantz, S. A. (2016). The smoking population in the USA and EU is softening not hardening. *Tobacco control*, *25*(4):470-475.

Malone, R. E. (2013). Tobacco endgames: what they are and are not, issues for tobacco control strategic planning and a possible US scenario. *Tobacco control*, 22(suppl 1), i42-i44.

Mamudu, H. M., Gonzalez, M., & Glantz, S. (2011). The nature, scope, and development of the global tobacco control epistemic community. *American Journal of Public Health*, *101*(11), 2044-2054.

McDaniel, P. A., Smith, E. A., & Malone, R. E. (2016). The tobacco endgame: a qualitative review and synthesis. *Tobacco control*, 25(5), 594-604.

Merianos, A. L., Gordon, J. S., Wood, K. J., & Mahabee-Gittens, E. M. (2019). National Institutes of Health Funding for Tobacco Control: 2006 and 2016. *American Journal of Health Promotion*, *33*(2), 279-284.

Mokdad, A. H., Ballestros, K., Echko, M., Glenn, S., Olsen, H. E., Mullany, E., Lee, A., Khan, A. R., Ahmadi, A., Ferrari, A. J., & Kasaeian, A. (2018). The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. *Jama*, 319(14), 1444-1472.

Pierce, J. P., & León, M. (2008). Effectiveness of smoke-free policies. *The Lancet. Oncology*, *9*(7), 614-615.

Primack, B. A., Bost, J. E., Land, S. R., & Fine, M. J. (2007). Volume of tobacco advertising in African American markets: systematic review and meta-analysis. *Public Health Reports*, *122*(5), 607-615.

Rollins, K., Lewis, C., Smith, T. E., Goeckner, R. T., Hale, J. W., Nazir, N., Faseru, B., Greiner, K. A., Daley, S. M., Choi, W. S., & Daley, C. M., Development of a culturally appropriate smokeless tobacco cessation program for American Indians. *Journal of health disparities research and practice*, *11*(1), 45.

Siegel. M. (2002). The effectiveness of state-level tobacco control interventions: a review of program implementation and behavioral outcomes. *Annual Review of Public Health*, *23*(1), 45-71.

Simmons, V. N., Piñeiro, B., Hooper, M. W., Gray, J. E., & Brandon, T. H. (2016). Tobacco-Related Health Disparities across the Cancer Care Continuum. *Cancer Control*, *23*(4), 434-441.

Smith, K. E., Savell, E., & Gilmore, A. B. (2013). What is known about tobacco industry efforts to influence tobacco tax? A systematic review of empirical studies. *Tobacco control*, *22*(2), e1-e1.

Sonnino, R. E. (2016) Health care leadership development and training: progress and pitfalls. *Journal of Healthcare Leadership*, 8, 19-29.

Tauras, J. A., Chaloupka, F. J., Farrelly, M. C., Giovino, G. A., Wakefield, M., Johnston, L. D., O'Malley, P. M., Kloska, D. D., & Pechacek, T. F. (2005). State tobacco control spending and youth smoking. *American journal of public health*, *95*(2), 338-344.

Thun, M., Peto, R., Boreham, J., & Lopez, A. D. (2012). Stages of the cigarette epidemic on entering its second century. *Tobacco control*, *21*(2), 96-101.

Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & health sciences*, *15*(3), 398-405.

Wallace Jr, J. M., Bachman, J. G., O'Malley, P. M., Johnston, L. D., Schulenberg, J. E., & Cooper, S. M. (2002). Tobacco, alcohol, and illicit drug use: racial and ethnic differences among US high school seniors, 1976-2000. *Public health reports*, *117*(Suppl 1), S67

Wakefield, M. A., Durkin, S., Spittal, M. J., Siahpush, M., Scollo, M., Simpson, J. A., Chapman, S., White, V., & Hill, D. (2008). Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence. *American journal of public health*, *98*(8), 1443-1450.

Wilson, L. M., Avila Tang, E., Chander, G., Hutton, H. E., Odelola, O. A., Elf, J. L., Heckman-Stoddard, B. M., Bass, E. B., Little, E. A., Haberl, E. B., & Apelberg, B. J. (2012). Impact of tobacco control interventions on smoking initiation, cessation, and prevalence: a systematic review. *Journal of environmental and public health*, *2012*.