Successfully Maintaining Program Funding During Trying Times: Lessons From Tobacco Control Programs in Five States


Despite negative financial conditions in recent years, several states were able to successfully maintain funding for tobacco prevention and control, which provided an opportunity to understand the factors associated with success. One explanation may be the level of long-term program sustainability in some states. According to a model developed by Saint Louis University researchers, the five elements critical to tobacco control sustainability are state political and financial climate; community awareness and capacity; program structure and administration; funding stability and planning; and surveillance and evaluation. Five states (Nebraska, New York, Indiana, Virginia, and Colorado) maintained funding for their tobacco control programs. Four of these states gained additional legislative appropriations or prevented a massive reduction; Colorado used a statewide ballot initiative to increase funding. On the basis of the sustainability framework, case studies, and prior research, the major lessons learned for maintaining funding were the importance of (1) strong and experienced leadership, (2) broad and deep organizational and community ties, (3) coordinated efforts, (4) strategic use of surveillance and evaluation data, (5) active dissemination of information about program successes, and (6) policy maker champions. The sustainability framework and lessons learned may provide valuable insights for other public health programs facing funding threats.

KEY WORDS: Health Promotion, Public Health, Tobacco

Research has consistently demonstrated that state tobacco control programs are effective, especially when sustained over a long period of time. Despite their documented effectiveness, however, state tobacco control programs have been threatened by funding cuts, with reductions occurring in about half the states during the first part of this decade because of state budget shortfalls. Between fiscal years 2002 and 2004 alone, there was an overall decline of 28% in state spending on tobacco control programs, with cuts exceeding 75%

We thank Ursula Bauer, Bob Brewer, Keenan Caldwell, Karen DeLeeuw, Aaron Doepper, Brian Kranawitter, Judy Martin, Angie Recktenwald, Shawna Shields, Chris Sherwin, Karla Sneegas, and Marge White for their contributions to this manuscript.

The findings and conclusions in this article are those of the authors and do not necessarily represent the views of the U.S. Department of Health and Human Services or the Centers for Disease Control and Prevention.

Corresponding Author: David E. Nelson, MD, MPH, Office on Smoking and Health, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, Mailstop K-50, Atlanta, GA 30341 (den2@cdc.gov).
in highly successful programs such as in Florida and Massachusetts. Many states used funds from the Master Settlement Agreement (MSA) and tobacco excise tax increases to fill short-term budget deficits rather than to support tobacco control or other health-related activities.

Despite the challenging fiscal climate over this period, however, there were instances where state tobacco control programs successfully maintained their funding. They were able to retain existing funding levels, recover funds that were cut in previous years, experience small funding reductions but prevent more severe cuts, or achieve overall funding increases. Five states provide examples for public health practitioners, advocates, and others to understand how state public health systems can respond effectively when facing negative fiscal environments.

Many public health programs are vulnerable when government funding is reduced, and more needs to be understood about what factors are most important for sustaining programs over the long term. To help understand these processes, we used an organizational systems approach that views state tobacco control programs as consisting of complex interorganizational networks. One explanation from a systems perspective for why certain states have successfully navigated their way through rough financial waters relates to the level of their program sustainability. The concept of program sustainability in public health includes maintaining adequate service coverage that will provide continuing control of a health problem, continuing to deliver benefits over a long period of time, becoming institutionalized within an organization, and continuing to respond to community issues. A model developed by researchers at Saint Louis University suggests that the five basic elements of program sustainability for tobacco control programs are (1) state political and financial climate, (2) community awareness and capacity, (3) tobacco control program structure and administration, (4) funding stability and planning, and (5) surveillance and evaluation, each of which is closely interrelated.

**State political and financial climate** refers to public opinion, level of support from the governor or legislature, presence or absence of influential champions, fiscal climate, and the presence (or absence) of organized opposition. **Community awareness and capacity** is the level of participation by community stakeholders and the understanding of the program by the community (ie, the extent of public visibility and program awareness). **Program structure and administration** is the ability of a program to function, and includes the level and experience of staff, internal fiscal management, and planning—that is, the “nuts and bolts” of ongoing program activities. **Program surveillance and evaluation** involves data collection, analysis, interpretation, and dissemination and provides information that can be used to improve programs and educate others about program impacts. **Funding stability and planning** refers to the stability of funding sources, financial planning, fiscal independence, and capacity to effectively manage programs with available resources. Not surprisingly, this component strongly influences a program’s ability to provide adequate long-term services and other activities. Funding acts as the “fuel” that sustains programs: without adequate financial resources, crucial activities, such as building community awareness and capacity, providing program structure and administration, or

![Five Components of State Tobacco Control Program Sustainability](image-url)
conducting surveillance and evaluation must be curtailed or eliminated.

Using a mix of qualitative and quantitative data, we provide case studies on how Nebraska, New York, Indiana, Virginia, and Colorado successfully maintained their tobacco control program funding in the last several years, and employ the sustainability framework to explore the factors that influenced their success. We synthesized findings from the case studies and from prior research to describe lessons learned that may benefit other public health programs facing similar funding threats.

**Case Studies**

We chose five geographically diverse states that succeeded in maintaining state tobacco control funding (ie, recovered program appropriations that had been reduced in prior years, fended off proposals for severe reductions, or received net increases in funding compared to prior years). We obtained information about these states from several sources, including qualitative and quantitative research studies by academic or other institutions and organizations,\(^7^,^8\) state and national reports,\(^8,^9\) reports from nongovernmental organizations involved in tobacco control (eg, the American Lung Association and the Campaign for Tobacco Free Kids),\(^10,^11\) conference and workshop presentations by state program staff, and discussions with individuals in state and local governments, nongovernmental organizations, and others involved in state and local tobacco control activities.

**Nebraska**

Nebraska has experienced both high and low levels of tobacco control funding. In the year 2000, the state legislature appropriated $7 million annually for 3 years from MSA funds for the state program. During 2003, however, the legislature reduced the program’s funding to $405,000 (a 94% reduction), forcing the program to eliminate financial support for most activities. Members of the statewide coalition (SmokeLess Nebraska) decided that their top priority was to regain lost funding for the state tobacco control program.

Statewide coalition members and partner organizations decided that it was critical to educate policy makers and the public about what tobacco control was and what it had accomplished. Local coalitions developed a strategy and employed a variety of methods to educate state legislators and the public about tobacco control efforts in Nebraska. Meetings were convened statewide where local coalition members described program components and successes; a key element of these meetings was that legislators heard directly from community members who had no direct financial interest in program funding requests. The Nebraska state tobacco control program regained $2.5 million in lost MSA funding in 2004 as well as statutory language earmarking this level of funding specifically for tobacco control efforts annually.

Despite a significant budget crisis, a key aspect of Nebraska’s success was that tobacco control partners believed that both the governor and the legislature supported their efforts. Several legislative champions for tobacco control continued to fight for program funding, and program supporters used a variety of strategies to educate state legislators on their efforts, including inviting them to coalition meetings. The Nebraska tobacco control program benefited from its strong and long-term commitment to active and widespread community participation, as was evident in the effective and ongoing relationships between the state-level program, state-level partner organizations, and community-level grassroots partners. Efforts to educate the public about the program were both strong and effective, successfully gaining news media attention and helping to ensure that the program was visible to citizens. Partners agreed that focusing efforts on policy interventions, such as smoke-free air, would have long-term, sustainable impacts.

Strong and capable leadership, both within the state health department’s tobacco control program and among the many involved partner organizations, provided thoughtful strategic planning and implementation. The state’s tobacco control program manager had been with the program since its inception in 2000, and was both experienced in public health and well known in professional circles. Several partner organization directors were also highly experienced and had longstanding relationships based on trust and respect with each other and with legislators.

Although budget cuts seriously impacted Nebraska’s tobacco-specific surveillance and evaluation activities, the state used data from several existing systems (eg, the Youth Tobacco Survey and Behavioral Risk Factor Surveillance System) to inform the public and policy makers about program outcomes. A “Data and Trends in Tobacco Use” report was sent to each state legislator, along with fact sheets highlighting key elements. Nebraska also used data to project the anticipated effects of budget cuts (eg, an end to declining adult prevalence, increased youth access to tobacco products, and higher exposure levels to secondhand smoke).

**New York**

The New York tobacco control program was built upon the foundation of community programs that were
supported through the National Cancer Institute’s (NCI’s) American Stop Smoking Intervention Study (ASSIST) project initiated in the early 1990s and later continued as part of the Centers for Disease Control and Prevention’s (CDC’s) National Tobacco Control Program. State funding for the New York program was $42.5 million in 2001 and 2002. However, because of a state budget shortfall and in 2003 and in 2004, the state governor and legislature reduced funding to $39.5 million. In response, leaders in the state health department and in partner organizations decided to organize and work together to maintain program funding.

Several key steps were taken to improve the likelihood of success. Funded community tobacco control partners were required to focus on interventions with proven effectiveness as outlined in the Guide to Community Preventive Services. In addition, partners were reorganized into geographic areas rather than by topic-specific “silos” (eg, cessation), and partner collaboration and coordination were emphasized to enhance the likelihood of programmatic impact. These changes helped reinvigorate community partners as they felt more connected to each other and more focused on effective tobacco control action. The release of the first independent evaluation of the New York state tobacco control program during the fall of 2004 served as an important catalyst. The results were mostly positive, indicating that the program had a rigorous strategic plan, employed evidence-based interventions, had strong and capable leadership, and had a solid community partner infrastructure. The report also noted that the program had insufficient funding for full implementation.

The evaluation report was sent to every state legislator and received extensive statewide news media coverage, eventually becoming the subject of a legislative hearing in early 2005. This hearing provided an opportunity to educate legislators about the program, and for legislators to meet people who were directly involved with and who had benefited from it. A strong grassroots effort subsequently began that included letters and office visits to legislators, community press events, and paid media efforts. The campaign conveyed messages about the size of the tobacco burden in New York state communities, that tobacco control works, and that more financial resources were needed for additional program activities. During the 2005 legislative session, the state’s tobacco control program received a $4 million increase in funding. (Note: with continued implementation of the tobacco control program’s sustainability plan, the 2006 budget provided for an increase of an additional $40 million.)

As in Nebraska, although several legislators supported state tobacco control activities, the activities had limited visibility among policy makers. Because of fiscal challenges, policy makers wanted evidence of the program’s effectiveness. The evaluation report, the subsequent legislative hearing, and partners’ efforts to educate legislators about the program and its impacts all helped to illustrate the positive benefits of the program in individual legislative districts.

Ironically, the cutback in state funding galvanized attempts to improve community-based tobacco control initiatives in the state by prompting greater regional collaboration. The development of community sustainability plans required that community partners organize and work together to demonstrate the strong and unified grassroots nature of their tobacco control efforts. As a result, the tobacco control program and its partners increased awareness among policy makers and the public about the positive benefits of the tobacco control program in communities across the state.

A key component to New York’s success was the hiring of a state program manager in 2001 with previous experience running a highly successful tobacco control program in another state. The new program manager worked diligently to greatly strengthen community-based partnership programs over the long term and emphasized the need for evidence-based tobacco control interventions.

Indiana

Indiana’s experience provided a lesson in survival. Similar to New York State, Indiana had received ASSIST funding that was then continued by the CDC. After receiving MSA funds, Indiana established the Indiana Tobacco Prevention and Cessation (ITPC) agency, a state organization separate and independent from the state health department, to oversee how MSA funds would be spent. Indiana funded its tobacco control program at a level close to the CDC-recommended minimum level, providing more than $30 million annually from 2001 to 2003. When a large state budget deficit loomed, the state legislature drastically reduced funding for the tobacco control program by 70 percent in fiscal year 2004, resulting in a $10.8 million appropriation, and then in 2005 the state senate proposed eliminating all MSA funding for the program.

In response, the state program and its partners began extensive educational and public relations efforts directed toward policy makers and the public. Resulting messages emphasized data from public health surveillance systems demonstrating (1) the consistent declines in smoking prevalence that occurred during the period when the program was fully funded (eg, the 32% reduction in high school smoking prevalence from 2000 to 2004 since the program’s inception), (2) the adverse effects of cuts on public health and welfare, and (3) economic benefits. When Indiana received a
grade of “F” in the American Lung Association’s “State of Tobacco Control 2004” report for tobacco control spending, extensive news media attention helped inform the public of the impact of tobacco control funding decline.

In addition to the traditional tobacco control partners, faith-based organization representatives became involved, urging policy makers to support the tobacco control program. Several ITPC board members, the chairman of the board of directors of the Indiana Academy of Family Physicians, and community physicians became tireless supporters. Several individual legislators publicly championed the program. Earned media activities and a letter-to-the-editor campaign began that targeted newspapers across the state, emphasizing how threats to statewide funding would affect community efforts.

As a result of these extensive efforts, the legislature ultimately approved maintaining state tobacco control program funding at $10.8 million annually. Indiana is a good example of challenges faced by programs when a state’s political and economic climate changes. During the early years of the ITPC agency, the program benefited from a supportive governor, state health commissioner, and legislature; however, when other issues were considered to be higher priorities, the tobacco control program faced extinction.

Indiana’s tobacco control program benefited from a long-term commitment to community-based efforts throughout the state, which involved coalitions in all 92 counties and included more than 1,600 organizations. These coalitions worked diligently over time to educate policymakers and the public about the beneficial effects of local tobacco control efforts, and the threat posed by budget cuts. Indiana’s success in maintaining funding was strongly influenced by the presence of strong and experienced leadership from an executive director who has been with the program since its inception, and who had helped build a strong statewide foundation in tobacco control.

Virginia

Unlike other states that directly focused on retaining or increasing funding for tobacco control, efforts in Virginia were designed to raise state tobacco excise taxes for the first time since 1960 with the additional revenue to be used for healthcare services and prevention. During the past few years, Virginia used only 10% of its MSA funds for health-related activities, all of which went to a settlement fund administered by the Virginia Tobacco Settlement Foundation (an organization independent from the state health department) to provide tobacco prevention and treatment. In 2003, the state legislature used $15 million from the MSA previously used for tobacco prevention and treatment to help offset a budget deficit.

A coalition entitled Virginians for a Healthy Future (VFHF) began in 2002 and was designed to support state tobacco prevention and control efforts. Members initially included major public health voluntary organizations and the Campaign for Tobacco Free Kids, but the coalition broadened its membership to include organizations not traditionally involved in tobacco control efforts (eg, American Association of Retired Persons, Virginia Association of Realtors, and even tobacco farmers). Polls had shown that the majority of Virginians favored a tobacco excise tax increase, and the VFHF mounted an effort to persuade the state legislature to increase the state’s tobacco excise taxes. A decision was made early on to avoid splintering the coalition—instead of insisting that proceeds be earmarked for tobacco control, coalition leaders agreed that new revenues would be used to more broadly support healthcare services, including Medicaid payments, disease diagnosis, prevention and control, and community health services.

In its campaign, the VFHF consistently used a catchy slogan (“From 2.5 Cents to Common Sense”) to gain audiences’ attention by showing that Virginia had the lowest cigarette excise tax in the nation. The VFHS also used state surveillance data to estimate the number of young people who would not initiate smoking and the number of smokers who would quit as a result of an excise tax increase. Radio and television advertising, a dedicated Web site, and low-tech “give-away” items such as candy and gum with wrappers attached to fact sheets and cards, were used to spread messages. The campaign was successful: at a 2004 special session, the state legislature, with support from the governor, unanimously approved a 30-cent increase in the cigarette excise tax and a 10 percent tax on other tobacco products. Proceeds were directed to the newly established Virginia Healthcare Trust Fund to fund healthcare services, prevention, and other activities.

As with many states, Virginia’s budget crisis led policy makers to look more favorably on tobacco tax increases. Although few strong tobacco control policy-maker champions were present in the legislative or executive branch, the VFHF was able to influence policy makers to support an excise tax increase because of its broad coalition. This occurred despite the fact that Virginia is a major tobacco-growing state and the corporate home of Philip Morris USA.

Much of Virginia’s success can be attributed to its collaborative approach to tobacco control and widespread support of strong and experienced leaders from multiple nongovernmental and governmental organizations. In addition, Virginia leadership was also experienced in tobacco control, having been a beneficiary of
long-term program funding support from the NCI and then the CDC. Legislation to increase tobacco taxes and establish a new foundation resulted from a united effort between public health supporters and nontraditional partners. The VFHF coalition and other partners have continued to meet monthly, collaborating to develop a comprehensive 5-year strategic plan for tobacco control efforts throughout the state.

**Colorado**

Similar to Virginia, Colorado also supported a state tobacco excise tax increase, although in Colorado’s case, it was achieved through a statewide ballot initiative, with some of the increased tax revenue earmarked directly for the state’s tobacco control program (at least $25 million annually). Colorado was another state experienced in tobacco control, having received both NCI and CDC funding dating back to the early 1990s; however, a previous ballot measure to raise the state’s cigarette excise tax failed in 1994. After that loss, the state’s tobacco control movement became somewhat splintered, and many key policy makers harbored a negative attitude toward the tobacco control community.

In the year 2000, the legislature enacted a law stipulating how MSA funds would be allocated, with 15% of the funds (about $15 million annually) to be used for the state’s tobacco control program. By 2004, however, the legislature, citing budget shortfalls and other funding priorities, cut program funding to $4.3 million despite being presented with data demonstrating the positive impact of the program, and the projected adverse effects of reduced funding on tobacco-related morbidity and mortality.

Given this history, supporters adopted a new strategy to maintain ongoing funding for tobacco control in the state. Lacking political champions, they decided to appeal directly to the public for support. A coalition entitled Citizens for a Healthier Colorado was formed in 2003 to work toward the passage of a ballot measure initiative to raise cigarette excise taxes by 64 cents a pack, increase the tax on other tobacco products by 20 percent, and ensure allocation of sufficient state funds for tobacco control through a state constitutional amendment. (Note: Colorado state law requires that any proposed tax increase must be approved by voters.)

The coalition spent 18 months preparing for the ballot measure campaign by researching efforts in other states, learning stakeholder priorities, building a broad coalition, and conducting public opinion polls. Members recognized that the measure had to have broad public appeal beyond tobacco control. With the help of a broad and engaged coalition of individuals and organizations, they decided to link the proposed tobacco tax revenues to help with other healthcare needs beyond tobacco control, eg, health insurance expansion, provision of selected healthcare services, and disease prevention. The ballot initiative passed in November 2004 with 61 percent of voters supporting the measure.

A critical step involved strengthening the coalition by including groups that focused more broadly on healthcare issues beyond tobacco. A broad and engaged coalition of well-respected organizations and individuals (eg, the Colorado Medical Society, Coalition for the Medically Underserved, Consumer Health Initiative) presented a united front throughout the campaign. Leadership within the coalition, as well as within the state’s tobacco control program, was also crucial to success. The state tobacco control program manager had worked in this field since the late 1990s and was a strong and effective program manager. She helped build a strong statewide community-based approach through partnerships with many organizations, and used a CDC-sponsored training activity in 2003 that began a broad tobacco control strategic planning process involving state health department staff and external partners.

**Discussion and Lessons Learned**

These case studies demonstrate that despite difficult financial circumstances and competing priorities of state policy makers, it was possible to maintain funding for state tobacco control programs during financially trying times. Four of the states succeeded in gaining additional legislative appropriations or, in the case of Indiana, staving off a funding cut that would have ended their program. Of particular note was the geographic diversity of these five states, and the fact that they did not have especially high national profiles for their tobacco control program activities.

There are limitations to the approach we used for these case studies. First, they were based on five states and may not be representative of all states. Second, this was not a formal qualitative or quantitative research study, and there were no “control” states from which we collected comparable information. Third, there may have been states that were strong in all program sustainability elements that were unsuccessful in maintaining funding and vice versa. Fourth, there are other factors beyond those discussed here that can influence policy makers’ decisions about funding. Finally, we were limited to the written material available and the information provided to us by individuals within these states, and there was variation in the amount of information that states provided.

The program sustainability model was effective for providing a framework for describing the role that model components had in contributing to these five
states’ efforts to maintaining funding. Although some differences existed, most notable were the similarities across states. A more detailed examination of these case studies and the program sustainability model revealed common themes contributing to success. We believe that these themes provide six important lessons for maintaining program funding during difficult fiscal times. Although each lesson is described separately, it is important to realize that they are all closely interrelated.

Lesson 1: Strong and experienced leadership
A dominant feature was the important role of leadership. Strong leadership was evident both at the state health department or other state agency level (tobacco control program directors) and for states’ umbrella partnership coalitions (eg, leaders of Tobacco Free Nebraska and Virginians for a Healthy Future). In all states, leaders had many years of experience working on tobacco issues. Four states had received funding dating back to the early 1990s, thus some people had been involved in tobacco control for nearly 15 years.

Because of their familiarity with the policy-making environment and key people involved in tobacco control issues, state leaders had the ability to “make things happen and get things done.” They developed clear strategies and plans for how they would try to achieve their goal of maintaining state tobacco control program funding and related activities. In addition, they worked hard to bring the right organizations and individuals into efforts to reduce tobacco use within their states. These leaders were strongly committed and had the courage and perseverance to act upon their convictions; in fact, at times they had to fight hard to achieve their goals at some personal or professional risk.

Lesson 2: Broad and deep organizational and community ties
The tobacco control programs in these states had made substantial and long-term commitments to fund and support community programs throughout their states. Such programs included supporting local government efforts, voluntary and civic organizations, health professional societies, businesses, and community-based organizations.

The presence of these broad and deep organizational and community ties meant that tobacco control had a local presence and identity throughout the state (eg, a tobacco control presence in all 92 counties in Indiana). State programs were not viewed as “faceless” government bureaucracies but as integral parts of community health improvement activities. And as shown especially in Virginia and Colorado, these organizational ties extended beyond tobacco-related activities, given the willingness to form coalitions and publicly support funding for other issues (eg, research, provision of healthcare services), which increased the chance of success.

From a practical perspective, when cuts in program funding were proposed or occurred, leaders of state tobacco control efforts could count on people within community and organizational networks to take active roles to help maintain funding. Such partner support was especially crucial when working with state legislators because of the restrictions on government employees advocating to elected legislators for financial support for programs. And as found in all the states, certain partner organizations, because of their prestige, power, or other factors, were well positioned to directly advocate for resources for tobacco control efforts.

Lesson 3: Coordination of efforts
Although good leadership and strong organizational and community ties are essential to sustainability efforts, equally important is for groups with different missions to work in concert for a specific purpose. Efforts to support tobacco control programs were well coordinated across organizations in all five states. This involved frequent communication within coalitions among organizational representatives. Communication and coordination were especially important because the active efforts to maintain funding support often occurred over a long time period.

On a practical level, coordination helped ensure that messages were developed that were consistent with the need for, and uses of, resources for tobacco control purposes. In Colorado, for example, the coalition had a clear understanding from a previous failed ballot measure, and from other states’ experiences, about the importance of messages, and they used polling to help determine which messages would resonate better with the public. In most states, written materials were developed for different audiences, including policy makers, the press, and the public. In an effort to raise awareness, these materials frequently included organizational titles, logos, and signatures of coalition members.

Lesson 4: Strategic use of surveillance and evaluation data
Scientific data are one of many factors involved in the success or failure of efforts to influence public policy or program funding. Examples of other factors include the lobbying efforts by other organizations (eg, the tobacco industry), political party or other relationships among legislators, competing priorities, and worldviews of policy makers and the public.
However, being able to quantify the magnitude of the tobacco problem or the impact of interventions (ie, “having science” on one’s side) can play some role, and this was evident in these states.\textsuperscript{15} State or local data, whether from state youth or adult tobacco surveys (eg, Youth Risk Behavior Survey, Behavioral Risk Factor Surveillance System), statewide polling, or other data sources, provided evidence to support the need for maintaining tobacco programs. Such information was regularly used in state reports or other materials provided to various audiences in program support efforts. In New York, for example, data from the evaluation study were crucial in demonstrating the value of that state’s program.

In most states, and consistent with research elsewhere,\textsuperscript{15,16} scientific data, although important, were rarely the most critical factor for successfully maintaining funding. However, without surveillance and evaluation data to support the effectiveness of programs, tobacco control and other public health programs are vulnerable to funding reductions when policy makers demand evidence, and process measures alone are not likely to be sufficient.

\textbf{Lesson 5: Active dissemination of information about program successes}

All the states made active and concerted efforts to ensure that information about tobacco control was disseminated to a variety of audiences. Tobacco control and other public health programs that are less visible are likely to find themselves at increased risk of funding reductions unless they actively communicate information program activities and successes.\textsuperscript{17} These active communication efforts are not likely to succeed, however, if they are only one-time activities; they need to be part of a broader dissemination plan to ensure that audiences regularly receive information about programs.

In Indiana, Nebraska, and New York, dissemination involved informing policy makers and the public about the types of activities that state programs conducted, and their impacts, through individual communications, written materials, and news media coverage. In Colorado and Virginia, dissemination involved letting people know the value of, and need for, the activities that could occur should additional funding be provided through higher state tobacco excise taxes.

\textbf{Lesson 6: Policy maker champions}

There is no question that the chances of successfully maintaining funding for tobacco control programs are enhanced when “champions” provide support.\textsuperscript{18} The more powerful the champion(s), the greater the chances of success; for example, in Mississippi during the 1990s, former Attorney General Michael Moore supported the statewide tobacco control efforts.

Given that most funding decisions for state programs reside within the legislative branch, however, it is especially helpful for tobacco control program supporters to have strong state legislative champions. Legislative champions, especially those who are powerful, can play a critical role in committee hearings, negotiations, etc, to support decisions about program funding. In fact in all but Colorado, tobacco control programs benefited from strong legislative champions; in some states, this support was bipartisan.

Although the presence of a policy-maker champion(s) was helpful, it was not essential to success. Support for tobacco control programs can be sought directly from the people through ballot initiatives, as demonstrated in Colorado. However, there is no question that having policy-maker champions makes the task of maintaining program funding easier.

\textbf{Conclusion}

Despite the recent challenging fiscal climate in many states, we found that it was possible for states to successfully maintain tobacco control program funding. Particularly noteworthy was that success occurred in the face of substantial opposition because of competing priorities for limited public resources.

The sustainability framework that we used and the six lessons learned were based on tobacco control programs, but they are not necessarily specific or limited to this public health issue. Indeed, the lessons for success we have described should be applicable to most other public health programs facing similar funding challenges. Even though the fiscal picture in most states substantially improved beginning in 2005, program supporters will need to remain vigilant to funding threats. The state tobacco control program experiences presented here provide good examples of how to maintain or increase programmatic resources.

\textbf{REFERENCES}

