

Opinions of African Americans about tobacco industry philanthropy

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Abstract

Objectives. To investigate African Americans' opinions about the philanthropic contributions of the tobacco industry to Black organizations.

Methods. One thousand African Americans were randomly selected using a stratified cluster sample design of 10 U.S. congressional districts represented by African Americans.

Results. Almost two-thirds of African Americans favored accepting tobacco industry philanthropy as long as the recipients do not support smoking. A majority agreed that the tobacco industry gives money to African American communities to improve its image (71.2%), make money (83.2%), and to encourage people to smoke (60.5%). About one-third stated they believed it gave money to help the community (34.4%). Multiple logistic regression showed that women, the college educated, and current smokers were significantly ($p < 0.05$) more likely to favor accepting tobacco industry philanthropy. Multiple logistic regression revealed significant differences by education, smoking status, and selective attitudinal and behavioral variables with regard to tobacco industry philanthropy. The 18–34 age group was significantly less likely to agree that the tobacco industry gives money to help the community, with or without covariate adjustment.

Conclusion. Results of this study are important because despite the perceived benefits to these communities, tobacco industry contributions could mitigate community concerns about tobacco-related diseases, mask their significance, and undermine tobacco control strategies and policies. © 2007 Elsevier Inc. All rights reserved.

Keywords: African Americans; Tobacco industry; Philanthropy community

Introduction

Tobacco industry philanthropy is accepted by many Black social, political, and civic organizations (e.g., National Association for the Advancement of Colored People (NAACP), Urban League, United Negro College Fund, Black Congressional Caucus Foundation) and is not without controversy. The exact annual amount of these contributions is not known but it is considered to be fairly substantial (Balbach et al., 2003; Gardiner, 2004; Robinson et al., 1992). Presumably, these funds are used mostly to address core social problems such as racism and to promote social equality, political influence, education, and community or economic development (Hooks,

1989; Morain, 1993; Robinson et al., 1992; Yerger and Malone, 2002).

In order to understand the current relationship between the tobacco industry and the Black communities, it is important to consider historical and sociological factors. First, the introduction of human bondage in the Western Hemisphere established a social order subjugating African Americans to slaves in tobacco production and other types of agriculture (Kulikoff, 1986; Savitt, 1978). During the postbellum periods of segregation, African Americans were also heavily employed in the cultivation and manufacturing of tobacco products in the South (Jones, 1984; King, 1997). At a time when local, state, and federal governments generally abrogated their duty to enforce social equality, and when few corporations would hire African Americans or support Black social causes, tobacco companies were instrumental in developing employment opportunities, and African American educational, civic, and health institutions

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(King, 1997; Morain, 1993; Robinson et al., 1992; Yerger and Malone, 2002). Broadening its relationship with African American communities, the tobacco industry took the unusual step during the 1940s and 1950s of featuring Black entertainers and athletes in marketing cigarettes to African Americans (Pollay et al., 1992). African American media and other business enterprises also benefited greatly from the commercial advertisement of cigarette products (Blum, 1989; Dagnoli, 1989). Thus, the contemporary philanthropic connection has a long sociopolitical lineage.

Two recent studies shed additional light on contemporary links between the tobacco industry and prominent African American organizations and individuals. Yerger and Malone's (2002) review of internal tobacco industry documents reveals a long-standing relationship between some prominent African American leaders and organizations suggesting a *quid pro quo* alliance. Balbach et al. (2003) detail industry practices targeting African Americans between 1988 and 2000.

Although a number of studies have examined the views and practices of the tobacco industry toward African Americans (Blum, 1989; Robinson et al., 1992; Pollay et al., 1992; Mayberry and Price, 1993; Moore et al., 1996; Pollay, 1997; Yerger and Malone, 2002; Balbach et al., 2003; Yerger et al., 2005), to our knowledge, this is the first study to examine the opinions of African Americans about the tobacco industry's philanthropy.

The significance of this study pertains mainly to the health consequences of cigarette consumption and tobacco-related health disparities. Currently, the proportion of African Americans who consume cigarettes is roughly equivalent to White Americans (CDC, 2006) though the rate of quitting is significantly lower for African Americans (King et al., 2004). Moreover, lung cancer incidence is one-third higher and lung cancer deaths are 21.8% higher among African Americans compared to Whites (Jemal et al., 2005). These figures are even greater among Black men, who experience 35.9% higher rates of new cases of lung cancer and 50.4% higher death rates (Jemal et al., 2005) compared to their White counterparts. Thus, a reasonable question about tobacco industry philanthropy and African Americans is: Are African Americans paying too great a price for tobacco industry support in the form of higher rates of tobacco-related morbidity and mortality? Exploring how industry donations to Black organizations may either divert or mitigate community concerns about health, mask its significance, or undermine tobacco control strategies and policies are important public health issues to consider.

Methods

The sample design consisted of a stratified cluster sample of the U.S. congressional districts represented by African Americans. The 4 U.S. census geographic regions represented the strata, and African American congressional districts were purposively chosen ($n=4$) or selected at random ($n=6$) from the number of qualified districts in a given region. Each of the 10 districts constituted a cluster wherein a simple random sample of approximately 100 households was selected. Weighting was used to adjust for multiple telephone lines, and post-stratification was employed to adjust the weights so that the sample composition reflected the African American age–sex distribution according to the 1997 U.S. Bureau of the Census estimates.

Regions were defined as follows: Northeast (New York; New Jersey; Pennsylvania; Washington, DC; Maryland), Midwest (Illinois, Missouri, Michigan, Ohio), West (California), Tobacco South (North Carolina, South Carolina, Tennessee, Virginia, Georgia), and Non-Tobacco South (Alabama, Louisiana, Texas, Mississippi, Florida). Six districts were randomly selected (Washington, DC; Michigan 14th; Tennessee 9th; California 32nd; Alabama 7th; Texas 30th). When appropriate statistical weighting is applied, the results can be considered reflective of all U.S. congressional districts with African American representatives. Additional details of the sample design have been described elsewhere (King et al., 2003).

Data collection

Approximately 100 African American adults (18 years or older) residing in non-institutionalized settings were randomly selected from each of the 10 study Congressional districts (total $N=1,000$). Computer-assisted telephone interviewing was used, and data were collected between October 2000 and February 2001 by the Center for Opinion Research of Millersville University. A cross-sectional screening method determined the eligibility of each selected telephone number (i.e., whether any member of the household was an African American adult). The average interview length was approximately 19 min. Using the American Association of Political Opinion Research guidelines for calculating survey cooperation rates, we attained a cooperation rate of 41%, which compares favorably to other random-digit dialing studies involving urban African American populations (Allen et al., 2002; Pavlik et al., 1996).

Measures

Demographic variables included age (18–34 years old/younger, 34–54 years/middle age, 55 years and above/older), gender (male, female), highest educational level (less than high school, high school, some college, advanced degree), region (Northeast, Midwest, West, Tobacco South, non-Tobacco South), and home ownership (own, rent).

Attitudinal variables assessed opinions about cigarette excise taxes on tobacco products and perceptions of racism. Opinions of government tobacco taxation were determined using a single item, “Do you think that the government taxes on tobacco products (1) *should be reduced*, (2) *stay the same*, or (3) *be increased*?”.

Perceptions of racism were assessed by asking respondents about the influence of racism on smoking among African Americans (i.e., How much of the smoking problem is related to the stressful effects of racism in American society?). Response options included (1) *none of it*, (2) *a little bit of it*, (3) *quite a bit of it*, or (4) *very much of it*. The latter two responses were combined to obtain meaningful cell sizes.

Individual smoking status was based on two questions, “Have you smoked at least 100 cigarettes in your entire life?” and “Do you smoke cigarettes every day, some days, or not at all?” Adults who answered, “No” to the first question were classified as nonsmokers. Those who answered “Yes” to question 1 and “not at all” to question 2 were classified as former smokers. All others were considered to be current smokers. Respondents were also asked if the prevalence of smoking among African Americans was (1) *increasing*, (2) *decreasing*, or (3) *staying the same*.

The instrument included the following Likert scaled opinion about accepting money from the tobacco industry:

They (i.e., African American organizations) should be able to accept the donations as long as they do not openly support cigarette smoking among African Americans or any other group. Thinking about this statement, would you say that you strongly agree, agree, neither agree nor disagree, disagree, or disagree strongly with it?

Four outcome variables on opinions about tobacco industry philanthropy were derived from the following randomly ordered questions:

How much do you agree they give money to (a) “improve the image of the tobacco industry?” (b) “help the community?” (c) “encourage more people to smoke?” (d) “make money?”

Each variable was measured on a Likert scale: (1) strongly agree, (2) agree, (3) neither agree nor disagree, (4) disagree, and (5) strongly disagree. The categories “strongly agree” and “agree” were collapsed into “agree,” while

“strongly disagree” and “disagree” were collapsed into “disagree” to generate dichotomous outcome variables, coded 1 if the respondent agreed and 0 if the respondent disagreed. The neutral category of “neither agree nor disagree” was deleted from the analysis because the number of respondents was very small.

Statistical analysis

Cross-tabulations and attendant χ^2 tests were used to assess the type and strength of bivariate relationships. Three non-linear probability models were evaluated for each binary model, the logistic, probit and complementary log–log (Agresti, 2002). For all models, the Hosmer–Lemeshow goodness of fit statistic (Hosmer and Lemeshow, 2000) was accepted ($p > 0.05$), and the concordance levels as assessed in Kendall’s Tau were very similar, but slightly better for the chosen multiple logistic regression (MLR) model. The MLR model was used to analyze the determinants of the response variables related to reasons for tobacco industry philanthropy. SAS was used to compute MLR coefficients and associated odds ratios (OR) and 95% confidence limits. In the results section, adjusted odds ratios (ORs) and confidence intervals (CIs) are reported for the full model. Survey analysis programs such as SUDAAN or STATA were not required because the clustering effect within the study con-

gressional districts was small (<1.5% of the total variance) for each response variable.

Results

Accepting tobacco industry philanthropy

About 62% of respondents were in favor of Black organizations accepting tobacco industry money “as long as they don’t openly support cigarette smoking among African Americans or any other group.” High school and non-high school graduates (65.9%) were more likely to favor accepting tobacco industry funding compared to college graduates (48.2%, $p < 0.01$). Respondents who felt that government taxes on tobacco products should be increased were significantly less likely to agree (56.5%, $p < 0.05$) that Black organizations should accept tobacco industry philanthropy than those who believed that

Table 1
Weighted bivariate percentages, number of cases (% (n)), and adjusted odds ratio (OR) with 95% confidence interval (CI) from multiple logistic regression analysis to predict: “African American organizations should be able to accept TI donations as long as they do not openly support smoking”

| Predictor variable | Percent favoring to accept TI donations ^a % (n) | Adjusted ORs (95% CI) |
|--|--|-----------------------|
| Gender | 61.6 | |
| Male | 59.0 (187) | 1.00 |
| Female | 63.8 (403) | 1.45* (1.05, 1.99) |
| Age | | |
| 18–34 | 60.9 (211) | 1.00 |
| 35–54 | 64.0 (237) | 1.06 (0.74, 1.52) |
| 55 years and above | 57.8 (111) | 0.98 (0.61, 1.59) |
| Education | | |
| High school and below | 65.9 (289)** | 1.00 |
| Some college | 59.0 (250) | 0.62** (0.44, 0.87) |
| College or more | 48.2 (43) | 0.42** (0.23, 0.76) |
| Region | | |
| Tobacco South | 63.6 (179) [†] | 1.00 |
| Midwest | 60.5 (118) | 1.01 (0.64, 1.60) |
| Northeast | 64.0 (123) | 0.92 (0.58, 1.46) |
| West | 46.6 (41) | 0.70 (0.37, 1.30) |
| Non-Tobacco South | 63.8 (129) | 0.92 (0.59, 1.43) |
| Home ownership | | |
| Rent | 61.6 (314) | 1.00 |
| Own | 61.2 (250) | 0.92 (0.66, 1.27) |
| Smoking status | | |
| Nonsmoker | 59.3 (368) [†] | 1.00 |
| Former smoker | 62.1 (101) | 1.52 (0.93, 2.45) |
| Current smoker | 68.3 (120) | 1.55* (1.00, 2.40) |
| Government taxes on tobacco products should | | |
| Be reduced | 64.3 (167)* | 1.00 |
| Be increased | 56.5 (245) | 1.13 (0.73, 1.78) |
| Stay the same | 67.2 (139) | 0.90 (0.60, 1.33) |
| Cigarette smoking among African Americans is | | |
| Decreasing | 58.7 (142) | 1.00 |
| Increasing | 62.7 (266) | 1.12 (0.78, 1.62) |
| Remain the same | 61.6 (93) | 0.96 (0.59, 1.55) |
| How much of the smoking problem is related to the stressful effects of racism in American society? | | |
| None of it | 61.6 (215) | 1.00 |
| A little of it | 63.8 (160) | 1.17 (0.78, 1.75) |
| Quite a bit of it | 62.3 (178) | 0.95 (0.66, 1.38) |

^aNote. With reference to column 2, data from 1,000 African Americans randomly selected from 10 U.S. congressional districts represented by African Americans. Significance level: [†]Marginal ($p < 0.10$); * $p < 0.05$; ** $p < 0.01$.

taxes should remain the same (67.2%) or be reduced (64.3%, Table 1).

Reasons for tobacco industry philanthropy

Most respondents agreed with the statement that the tobacco industry gives money to African American communities “to improve its image” (71.2%), “to make money” (83.2%), and “to encourage people to smoke” (60.5%). In contrast, 34.4% stated that the tobacco industry “gives money to help the community (Table 2).”

Respondents who believed that cigarette smoking was increasing among African Americans were significantly more likely (75.6%, $p < 0.01$) to agree that the tobacco industry “gives money to improve their image” than those who felt that cigarette smoking was decreasing (65.8%) or had remained the same (63.9%).

Older (44.6%, $p < 0.01$) and middle-aged (36.8%) respondents were generally more likely than adults less than 35 years old (28.6%) to agree that the tobacco industry “gives money to help the community.”

African Americans with 16 years or more of education were significantly more likely (92.6%, $p < 0.05$) to agree that the tobacco industry “gives money to make money” compared to individuals with fewer years of schooling.

A larger percentage of younger adults (65.1%, $p < 0.05$) agreed with the statement that the tobacco industry “gives money to encourage more people to smoke” than middle age (56.5%) and older (56.7%) adults.

Multiple logistic regression analysis

Accept tobacco industry funding

The MLR results (Table 1) indicate that women were significantly more likely than men (OR = 1.45, 95% CI = 1.05–1.99) to favor accepting tobacco industry money. College graduates (OR = 0.42, CI = 0.23–0.76) and those with some college education were less likely to agree that tobacco industry philanthropy should be accepted than high school graduates and nongraduates. Current smokers compared to nonsmokers (OR = 1.55, CI = 1.00–2.40) were more likely to favor accepting tobacco industry.

Gives money to improve image

As shown in Table 3, respondents who believed that smoking is increasing among African Americans were significantly more likely to agree (OR = 1.64, 95% CI = 1.10–2.44) that the tobacco industry “gives money to improve their image” than respondents who stated that cigarette smoking is decreasing.

Gives money to help the community

Older respondents (OR = 2.27, CI = 1.33–3.87) were more likely than younger adults to agree that the tobacco industry “gives money to help the community.” Individuals in favor of

Table 2

Percentage of respondents agreeing to each opinion about the tobacco industries by sociodemographic characteristics (weighted percentages)^a

| | The tobacco industry gives money to | | | |
|--|-------------------------------------|--------------------|------------|--------------------------------|
| | Improve image | Help the community | Make money | Encourage more people to smoke |
| Total sample | 71.2 | 34.4 | 83.2 | 60.5 |
| Gender | | | | |
| Male | 71.5 | 35.7 | 83.1 | 58.0 |
| Female | 71.0 | 33.3 | 83.3 | 62.8 |
| Age | | | | |
| 18–34 years | 70.3 | 28.6** | 84.3 | 65.1* |
| 35–54 years | 69.4 | 36.8 | 84.2 | 56.5 |
| 55 years and old | 74.4 | 44.6 | 79.2 | 56.7 |
| Education | | | | |
| High school and below | 70.1 | 34.9 | 81.5* | 59.1 |
| Some college (13–15 years) | 71.7 | 34.4 | 82.9 | 61.9 |
| More college (16+ years) | 77.5 | 34.9 | 92.6 | 62.2 |
| Region | | | | |
| Tobacco South | 73.0 | 32.4 | 85.6 | 59.2 |
| Midwest | 68.2 | 34.4 | 82.8 | 64.1 |
| Northeast | 69.3 | 36.7 | 79.8 | 57.4 |
| West | 81.9 | 41.4 | 83.5 | 67.4 |
| Non-Tobacco South | 68.7 | 32.1 | 83.4 | 58.5 |
| Home ownership | | | | |
| Own | 70.5 | 34.4 | 84.3 | 56.9* |
| Rent | 71.7 | 34.7 | 81.1 | 63.9 |
| Smoking status | | | | |
| Nonsmoker | 70.7 | 32.4 | 84.4 | 63.9* |
| Former smoker | 74.4 | 35.5 | 81.0 | 57.9 |
| Current smoker | 70.3 | 39.9 | 81.3 | 52.4 |
| Government taxes on tobacco products should | | | | |
| Be reduced | 69.2 | 36.0** | 82.3* | 55.4* |
| Be increased | 69.9 | 26.8 | 86.5 | 64.6 |
| Stay the same | 74.5 | 45.9 | 78.6 | 58.9 |
| Cigarette smoking among African Americans is | | | | |
| Decreasing | 65.8** | 34.6 | 78.3** | 55.2* |
| Increasing | 75.6 | 32.3 | 86.9 | 64.0 |
| Remained the same | 63.9 | 39.8 | 80.5 | 54.3 |
| How much of the smoking problem is related to the stressful effects of racism in American society? | | | | |
| None | 69.6† | 34.5 | 78.4* | 59.5 |
| A little | 65.8 | 37.9 | 84.1 | 58.4 |
| Quite a bit/very much | 75.5 | 32.3 | 86.9 | 64.5 |
| Accept TI donations as long as they do not openly support smoking | | | | |
| Do not accept | 71.2 | 22.2** | 83.7 | 67.5** |
| Accept | 70.8 | 42.2 | 82.8 | 56.4 |

^aNote. Data from 1,000 African Americans randomly selected from 10 U.S. congressional districts represented by African Americans.

Significance level: †Marginal ($p < 0.10$); * $p < 0.05$; ** $p < 0.01$.

increasing government taxes on tobacco products compared to those who believed that taxes should be reduced were less likely (OR = 0.60, CI = 0.39–0.92) to agree that the tobacco industry “gives money to help the community.” Respondents who favored accepting tobacco industry philanthropy had a higher likelihood (OR = 2.48 CI = 1.70–3.60) of agreeing with the statement that the tobacco industry “gives money to help the community” than those who did not agree that these donations should be accepted.

Table 3
Odds ratios (OR) and 95% confidence intervals (CI) from multiple logistic regression analysis to predict: “How much do you agree that the tobacco industry gives money to: improve image, help the community, make money, and encourage more people to smoke”^a

| Predictor variable | Improve image | Help the community | Make money | Encourage more people to smoke |
|--|-----------------------|--------------------------------|-----------------------|--------------------------------|
| | Adjusted ORs (95% CI) | Adjusted ORs (95% CI) | Adjusted ORs (95% CI) | Adjusted ORs (95% CI) |
| Gender (ref. male) | | | | |
| Female | 0.93 (0.66, 1.31) | 1.05 (0.74, 1.48) | 1.03 (0.67, 1.57) | 0.77 (0.56, 1.07) |
| Age (ref. 18–34 years) | | | | |
| 35–54 years | 1.05 (0.71, 1.55) | 1.48 [†] (1.00, 2.19) | 0.95 (0.58, 1.54) | 0.79 (0.55, 1.14) |
| 55 years and old | 1.06 (0.61, 1.84) | 2.27** (1.33, 3.87) | 0.71 (0.37, 1.36) | 0.72 (0.44, 1.19) |
| Education (ref. high school and below) | | | | |
| Some college (13–15 years) | 1.21 (0.83, 1.75) | 0.97 (0.67, 1.40) | 1.07 (0.68, 1.66) | 1.05 (0.74, 1.49) |
| More college (16+ years) | 1.80 (0.87, 3.73) | 1.09 (0.55, 2.16) | 4.05** (1.10, 14.94) | 1.54 (0.78, 3.01) |
| Region (ref. Tobacco South) | | | | |
| Midwest | 0.66 (0.41, 1.07) | 1.16 (0.71, 1.91) | 0.70 (0.37, 1.33) | 1.25 (0.78, 2.00) |
| Northeast | 0.79 (0.47, 1.31) | 1.24 (0.75, 2.05) | 0.52* (0.28, 0.95) | 0.87 (0.54, 1.40) |
| West | 1.72 (0.76, 3.86) | 1.57 (0.78, 2.05) | 0.90 (0.36, 2.25) | 0.82 (0.42, 1.59) |
| Non-Tobacco South | 0.73 (0.45, 1.17) | 0.98 (0.60, 1.59) | 0.71 (0.39, 1.29) | 0.85 (0.54, 1.33) |
| Home ownership (ref. rent) | | | | |
| Own | 0.82 (0.58, 1.18) | 0.94 (0.66, 1.35) | 1.49 (0.96, 2.32) | 0.69** (0.50, 0.97) |
| Smoking status (ref. nonsmoker) | | | | |
| Former smoker | 1.17 (0.68, 2.02) | 0.91 (0.54, 1.54) | 1.12 (0.58, 2.15) | 0.84 (0.51, 1.37) |
| Current smoker | 1.06 (0.66, 1.71) | 0.82 (0.51, 1.29) | 1.32 (0.74, 2.36) | 0.73 (0.47, 1.13) |
| Government taxes on tobacco products should (ref. be reduced) | | | | |
| Be increased | 0.89 (0.58, 1.38) | 0.60** (0.39, 0.92) | 0.90 (0.51, 1.59) | 1.04 (0.66, 1.63) |
| Stay the same | 1.36 (0.82, 2.24) | 1.39 (0.88, 2.22) | 1.28 (0.75, 2.19) | 1.05 (0.70, 1.59) |
| Cigarette smoking among African Americans is (ref. decreasing) | | | | |
| Increasing | 1.64** (1.10, 2.44) | 0.98 (0.65, 1.47) | 1.74* (1.08, 2.81) | 1.25 (0.86, 1.82) |
| Remained the same | 0.95 (0.57, 1.57) | 1.44 (0.86, 2.40) | 1.06 (0.58, 1.92) | 0.88 (0.54, 1.44) |
| How much of the smoking problem is related to the stressful effects of racism in American society? (ref. none) | | | | |
| A little | 0.69 (0.45, 1.05) | 1.25 (0.81, 1.92) | 1.00 (0.60, 1.67) | 0.83 (0.55, 1.24) |
| Quite a bit/very much | 1.35 (0.89, 2.04) | 1.01 (0.67, 1.52) | 1.42 (0.86, 2.36) | 1.36 (0.92, 1.99) |
| Accept TI donations as long as they do not openly support smoking (ref. do not accept) | | | | |
| Accept | 1.08 (0.75, 1.54) | 2.48** (1.70, 3.60) | 0.96 (0.62, 1.49) | 0.69** (0.49, 0.97) |

^aNote. Data from 1,000 African Americans randomly selected from 10 U.S. congressional districts represented by African Americans.

Ref. = Reference category.

Significance level: [†]Marginal ($p < 0.10$); * $p < 0.05$; ** $p < 0.01$.

Gives money to make money

College educated respondents were far more likely (OR = 4.05, CI = 1.10–14.94) than high school graduates and those who did not complete high school to believe that the tobacco industry “gives money to make money.” Residents of the Northeast were less likely (OR = 0.52, CI = 0.28–0.95) to agree that the tobacco industry “gives money to make money” compared to residents of the Tobacco South. Also, those who shared the opinion that smoking was increasing among African Americans were more likely (OR = 1.74, CI = 1.08–2.81) to believe that the tobacco industry “gives money to make money” than those who felt that it was decreasing.

Gives money to encourage more people to smoke

Homeowners compared to renters were less likely to agree that the tobacco industry “gives money to encourage more people to smoke” (OR = 0.69, CI = 0.50–0.97). Respondents who agreed that African American organizations should accept tobacco industry money were less likely to agree (OR = 0.69, CI = 0.49–0.97) that the tobacco industry “gives money to

encourage more people to smoke” compared to individuals who did not favor accepting tobacco industry funding.

Confounder assessment

Both demographic and attitudinal/behavioral variables were powerful predictors (results not shown), based on the log-likelihood ratio test which tests the significance of dropping variables from the full MLR model. Additionally, individual predicted probabilities were calculated in the MLR. Results (available upon request from the authors) indicated that both the demographic and the attitudinal/behavioral variables were nearly equal in relative influence.

Discussion

Over 60% of African Americans were in favor of Black organizations accepting tobacco industry money “as long as these organizations do not openly support cigarette smoking.” These findings suggest that African Americans may view tobacco industry philanthropy as less of a tobacco control issue than an essential resource to address *core social dilemmas* facing African

Americans (Hooks, 1989; Robinson et al., 1992; Balbach et al., 2003). Slightly more than one-third of African Americans stated that the tobacco industry “gives money to help the community.” Even if this opinion is not shared by most African Americans, it embodies the sentiment or conviction that tobacco industry money can be used “to help the community.”

Although the acceptance of tobacco industry donations is generally considered an anathema among tobacco control advocates, our results indicate that a broader perspective should be adopted regarding African American opinions of tobacco industry philanthropy. In an analysis of philanthropic practices in African American communities, Conley (2000) maintains that the Black–White wealth gap, as opposed to income differences, is the most important factor in gift giving. The paucity of African American intergenerational wealth (Carson, 1989) could partially explain a willingness to accept tobacco industry funding. Thus, it is unlikely given the present social status of African Americans that they will completely reject tobacco industry philanthropy even though they may have negative views about the motives for such donations.

Women, smokers, and respondents with a high school degree or less were more likely than men, nonsmokers, and respondents with at least some college education, to favor accepting tobacco industry funding. This finding may reflect a class-differentiated need for community resources and support for the core social issues. Differences in opinions between smokers and nonsmokers concerning the tobacco industry have been previously found (Ashley et al., 1995; Becker et al., 1998); however, gender differences are less easily explained.

The largest proportion of respondents believed that profit motive was a key reason for the tobacco industry’s philanthropy. However, a much smaller proportion stated that the tobacco industry “gives money to encourage people to smoke” cigarettes. The interpretation of these two responses is somewhat unclear as the chief means by which the industry makes money is through “encouraging people to smoke.” Respondents’ opinions of the industry’s motives may differ with respect to its corporate status (i.e., profit as the main objective) compared to the less benign and undesirable corporate aim of “encouraging people to smoke.” The former is putatively acceptable whereas the latter is not.

Older African Americans conveyed less jaundiced or skeptical views of the industry’s motives for “helping the community,” which may reflect different conceptions of what “help” means. For example, among younger people “help” might be conceived of in an *absolute* sense meaning philanthropic support without any harm due to tobacco consumption or any *quid pro quo* relationship that would result in health disparities. On the other hand, for older African Americans accepting “help” may engender recollections of the historical benevolence of the tobacco industry and the desire to assist present and future generations balanced against any potential harm due to tobacco consumption.

It is neither surprising nor novel that the tobacco industry provides substantial philanthropy to African American organizations considering that these donations are part of a broader strategy to influence public opinion about tobacco control

policies and positive views of the industry (Rosenberg and Siegel, 2001). Although it appears that considerable progress has been made in educating African Americans about the exploitative practices of the tobacco industry in promoting cigarette consumption, much more is needed. Organizations that accept tobacco industry philanthropy should not be ostracized. Rather, some form of constructive engagement should be undertaken to develop a dialogue focusing on the considerable detriment and impact of tobacco use among African Americans and on public health generally. The recent decision of the national headquarters of the NAACP to endorse California Proposition 86 (an unsuccessful attempt to increase cigarette excise taxes) and to publicly rebuke a NAACP state president who was closely aligned with the tobacco industry are clear indications that these organizations can change and may have a vested interest in doing so (http://capitolweekly.net/news/article.html?article_id=1059).

Stone and Seigel (2004) in a study of the reasons why AIDS and domestic violence organizations either accept or reject tobacco industry philanthropy found that those who accepted contributions did so because they (1) prioritized the organization’s specific mission (e.g., core dilemmas) over public health in general or tobacco prevention in particular; (2) felt that not accepting funds does not cause the industry harm, whereas a nonprofit organization can use them to do good works; (3) had good relationships with individual representatives of tobacco corporations; (4) had no comparable grants available from other industries; and (5) recognized that cigarettes are legal and the public is aware of the harm they cause. The first two reasons parallel the arguments of many Black organizations with respect to the “core dilemma” mission and the absence of alternative resources is another important consideration.

Limitations

In terms of study limitations, this sample did not cover geographic areas where there were no African American Congressional representatives. However, 68% of all African American adults reside in the 37 Congressional districts from which the district samples were selected. Certain households will be missed due to the lack of telephones and are more likely to include lower income groups and more smokers. By way of clarification, the Congressional districts of Maryland and D.C. were included in the Northeast region. As other studies have shown, questions on opinions or attitudes are always subject to some additional bias as question wording may be interpreted differently (Sudman and Bradburn, 1982). It is possible that the question about the propriety of Black organizations accepting tobacco industry money may have been biased by the caveat “as long as these organizations do not openly support cigarette smoking.”

Conclusions

Sociologically, a metamorphosis may be occurring among African Americans with respect to health issues that could influence views toward the tobacco industry. For one, health

issues are arguably now a part of the core social agenda (e.g., health disparities, HIV/AIDS, and health insurance) and thus ethical issues (e.g., tobacco philanthropy) will become more important. Second, African American health advocacy will increasingly focus on preventable health problems (e.g., tobacco-related health disparities) and corporate responsibility. Third, other forms of philanthropy resulting from greater social mobility and wealth accumulation by African Americans could in the future become an important alternative to some forms of corporate sponsorship (Carson, 1989). Fourth, the tobacco industry may become less generous and more demanding of recipients as it faces greater restrictions on the marketing and sale of cigarettes and this may result in fewer organizations benefiting and less political support.

In sum, African American communities and other minority populations have been subject to various forms of persuasion and pressure that is often disguised as philanthropic contributions or donations (Blum, 1989; Robinson et al., 1992; Yerger and Malone, 2002). This study reveals that African Americans have strong and fairly similar opinions about the motives underlying the industry's philanthropy and that they are neither naive about its corporate interest in promoting the sale of tobacco products nor unaware of the public health implications. This study reinforces the importance of examining the political economy of the tobacco industry regarding the use of its political power and corporate resources to influence African Americans and public opinion about tobacco control policies.

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