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The Master Settlement Agreement and African Americans: Opinions About the Allocation of Resources

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This article analyzes demographic, attitudinal, and behavioral variables that predict African Americans' opinions about state distribution of funds received from the Master Settlement Agreement (MSA). The sample consisted of 1,000 randomly selected African Americans from 10 U.S. congressional districts represented by African Americans. Descriptive analysis revealed that 38.7% of respondents favored dispersing funds evenly between tobacco control and other state functions, and 63% of respondents favored specifically directing MSA funds to African American communities. Cumulative logit regression analysis showed that age, education, geographic region, and smoking status were significant predictors of opinions about spending MSA funding on antismoking initiatives. Multiple logistic regression analysis revealed that opinions about targeted MSA funds to African Americans varied by homeownership, views on tobacco excise taxes, the fairness of tobacco taxes to African Americans, and the association between smoking and racism in U.S. society.

Keywords: *Master Settlement Agreement; tobacco control policy; African Americans; smoking*

According to the 1998 surgeon general's report on tobacco use among U.S. racial ethnic minority groups, African Americans bear the largest health burden from tobacco consumption of any racially or ethnically classified social group (U.S. Dept of Health and Human Services [USDHHS], 1998). Although a number of studies have investigated prevalence and tobacco related health disparities (King, Bendel, & Delaronde, 1998; USDHHS, 1998), few studies have examined the views of African Americans

toward tobacco control policies (Becker et al., 1998; King, Mallett, Kozlowski, & Bendel, 2003). Moreover, we are not aware of any research that has investigated the opinions of African Americans about the historic Master Settlement Agreement (MSA) between the tobacco industry and the state attorneys general.

The windfall accruing to states from the MSA over the past few years has been considerable. In 2001, it was estimated to be \$28.53 per capita for each state (Gross, Soffer, Bach, Rajkumar, & Forman, 2002), and state tobacco control funds in the same year were projected to be nearly one billion dollars (Siegel, 2002). Questions about how best to expend these public funds has generated substantial controversy and public policy debate in view of the economic crisis facing states and the resources needed to support other health care programs (Givel & Glantz, 2002; Schultz, 2002). Nevertheless, the public appears to have fairly strong opinions regarding expenditures on tobacco control projects. A study of Pennsylvania residents revealed that 80% of respondents felt that the government should "dedicate a significant proportion" of the tobacco settlement funds for prevention of tobacco use (Batra, Patkar, Weibel, Pincock, & Leone, 2002).

One of the primary aims of the MSA was to disperse funds to states to develop and maintain programs for tobacco use prevention and control and other public health initiatives. How these funds are dispersed and which populations receive resources to develop and maintain effective tobacco control programs and policies is vitally important to minority populations. The significance of this issue not only relates to the perceptions of equity and fairness but it is also linked to paucity of research regarding how African Americans and other minority populations view the MSA.

This article examines two specific MSA policy issues: (a) the viewpoints of African Americans regard-

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ing how their states should spend the money from the MSA and (b) whether any of the money should be set aside or specifically directed to African American communities, given the commercial targeting of their communities by the tobacco industry. We maintain that opinions about the MSA are directly influenced by views about broader African American community issues such as trends in prevalence of smoking among African Americans, perceptions of individual and institutional racism, and the history of the tobacco industry's exploitive commercial practices targeting African Americans (Dagnoli, 1989; Moore, Williams, & Qualls, 1996; Yerger & Malone, 2002) as well as tobacco control policy issues (King, Mallett, et al., 2003).

The current analysis is based on a nationally dispersed probability sample of U.S. congressional districts represented by African American legislators. The proportion of African Americans in these sampled congressional districts ranged from 32.9% to 78.9%, and two (California 32nd and Texas 30th) had a minority of African American residents. The data were collected in 2000 and 2001, shortly after states began making substantive decisions to disperse MSA funds. To our knowledge, this is the first article to present the opinions of African Americans regarding tobacco control policies related to the MSA. The findings may have important public policy implications, especially considering policies that target this social group.

► METHOD

Sample Design

A cross-sectional sample of U.S. congressional districts represented by African Americans was selected within geographic regions. The sample design consisted of a stratified cluster sample where the three U.S. Census geographic regions (i.e., Northeast, Midwest, West, and South, categorized into tobacco producing and non-tobacco producing states in the South) represented the strata and African American congressional districts were purposively chosen (4) or selected at random (6) from the number of qualified districts in the region. Each of the 10 districts constituted a cluster, wherein a simple random sample of ~ 100 households were selected. Weighting was used to adjust for multiple telephone lines, and poststratification 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. Additional information on the sampling design and weighting is available in the Technical Details that can be obtained from the authors.

For policy considerations, certain restrictions were imposed on the sampling procedures. First, only one district could be sampled from each state, and one state (Oklahoma) is not represented because of the very small number of African American residents. Second, three districts were selected with certainty (Georgia 5th; Illi-

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nois 1st; New York 10th). In addition, one (1st congressional district of North Carolina) of two districts in North Carolina was chosen at random so that the largest tobacco state would be represented in the survey.

Regions were defined as the Northeast (New York, New Jersey, Pennsylvania, District of Columbia, 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 (District of Columbia, Michigan 14th, California 32nd, Tennessee 9th, Alabama 7th, Texas 30th). After the designated selection from a region, the remaining sampling is a simple random sample without replacement. With appropriate statistical weighting, the results can be considered reflective of all congressional districts that have African American congressional representatives in the United States.

Data Collection

Data from two focus groups and other preexisting study questionnaires were used to develop a survey instrument consisting of 79 items related to demographics, community issues, smoking, political involvement, legislators, the tobacco industry, and other related topics. Two separate pretests of the instrument were conducted with African American respondents ($n = 50$ and $n = 15$ for the first and second pretests, respectively), and the questionnaire was subsequently revised.

Approximately 100 African American adults (age 18 years or older) residing in noninstitutionalized settings were randomly selected from each of the 10 study congressional districts ($n = 1,000$). 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 eligi-

bility 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 minutes. 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 mostly urban African American populations (Allen, Bastani, Bazargan, & Leonard, 2002; Pavlik et al., 1996).

Materials and Procedure

Several demographic, attitudinal, and behavioral variables were considered in the analysis. Demographic variables included age (18 to 24 years, 25 to 34 years, 35 to 44 years, 45 years or older), gender (male, female), highest educational level (less than high school graduate to high school graduate, some college, advanced degree), region (Northeast, Midwest, West, Tobacco South, non-Tobacco South), and home ownership (own, rent).

Attitudinal variables assessed opinions about taxes on tobacco products, including an item about government taxes on tobacco (i.e., Do you think that the government taxes on tobacco products [a] should be reduced, [b] stay the same, or [c] be increased?). There was also an item about the fairness of excise tobacco taxes for African Americans (i.e., raising taxes on tobacco products is unfair to African Americans) where respondents could answer from 1 = *strongly agree* to 5 = *strongly disagree*. Responses of strongly agree and agree were collapsed into a category of (a) *agree*, those who indicated they were neutral remained as (b) *neutral*, and those who answered disagree or strongly disagree were categorized as (c) *disagree*.

Perceptions of racism as a factor related to smoking among African Americans were assessed using two types of items. The first item was a perceived racism scale based on individual perceptions of discrimination. It was created by averaging three items (Cronbach's alpha = .81) that assessed perceived racism in the past year (i.e., How often do you think that you have been treated unfairly or badly because of your race or ethnicity?; While shopping at a store, how often were you ignored?; How many times have you been stared at as if you did not belong in a place or situation?). Respondents could answer 1 = *often*, 2 = *sometimes*, 3 = *seldom*, or 4 = *never*. The second item focused on structural or institutional racism (King, 1996, 1997) as it asked respondents about the effects 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*, or 3 = *quite a bit/very much of it*.

Behavioral characteristics were represented by the respondent's smoking status, which 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 the first question and "Not at all" to the second question were classified as former smokers. All others were considered to be current smokers. We also examined perceptions of the prevalence of smoking within the African American community by asking respondents if they thought that the prevalence of smoking was (a) increasing, (b) decreasing, or (c) staying the same.

In the current study there were two outcome variables. One variable assessed how respondents believed their state should spend the money received from the MSA (i.e., How should the money in your state from the tobacco settlement be spent?). Response options included (a) "All of the money" should go to antismoking-related purposes; (b) "Most" of the money should go to antismoking-related purposes; (c) it should be evenly divided between antismoking-related purposes and anything else the government sees fit; (d) "Most" of the money should go to purposes unrelated to smoking; and (e) "All of the money" should go to purposes unrelated to smoking. As there were few responses in the last two categories, the categories of most and all of the money being spent on purposes unrelated to smoking were collapsed into a single category.

A second outcome variable assessed whether African Americans believed that a portion of the money from the MSA should be set aside for African Americans, given the history of the tobacco industry targeting their community (i.e., Because tobacco companies have deliberately targeted African Americans in the past, do you feel that part of the money from the settlement with the tobacco industry should be set aside specifically to reduce smoking among African Americans?) Respondents could choose the responses "No" or "Yes."

Descriptive statistical analyses included cross-tabulations and chi-square tests to assess the strength and significance of the bivariate relationships. One multivariate logistic model consisted of a binary response variable (money set aside, yes vs. no) and the logistic regression analysis was used to determine the effect of the predictor variables on the binary response. A cumulative logit model was employed to assess the effects of the predictor variables on a 4-level ordinal dependent variable (how MSA funds should be distributed) (Agresti, 1990). SAS (SAS Institute, Cary, NC) and SPSS (SPSS Inc., Chicago) were used for data analysis using sample weights. Survey data analysis programs such as SUDAAN or STATA were not needed because the clustering effect within the study congressional districts was small for the two response variables. The district-to-district variance component was only 1.0% of the total variance for "Money set aside" and 2.3% for "How should money be spent," and this is the basis for using the subject as the unit of analysis. A further description of the weighting and analysis procedures

(Lee, Forthofer, & Lorimor, 1989; Massey & Botman, 1988) for this data set has been described in greater detail in a previous publication (King, Mallett, et al., 2003). A technical appendix is available from the primary author that describes the choice of models, which were guided by methodological recommendations in Allison (1999).

► RESULTS

Descriptive Analysis

As presented in Table 1, the weighted sample results show that approximately 62.1% of the respondents were younger than 45 years of age ($M = 42.2$ years). Women constituted 54.5% of the sample. Approximately 30% of respondents reported they had completed high school only, and 52.2% stated they had attended or completed college. A slight majority of respondents indicated that they were homeowners (53.7%), and the Tobacco South made up the largest group (30.1%) of respondents.

Slightly more than two thirds of respondents stated that they disagreed with the statement that raising taxes on tobacco products was unfair to African Americans, and 46.6% felt that government taxes on tobacco products should be increased.

With respect to measures of individual and institutional racism, the results showed that 29.8% of respondents perceived low levels of racism while 39.4% perceived high levels of racism. About 40.1% of respondents indicated that none of the problem of smoking among African Americans was due to the stressful effects of racism, and others indicated that either a little bit of it (26.9%) or quite a bit/very much (33%) of the smoking problem was due to the stressful effects of racism.

The prevalence of current smokers in this sample was 20.0%. Slightly more than one half of the respondents (52.9%) indicated that they thought that cigarette smoking among African Americans was increasing, and about 29.6% stated that it remained the same.

Allocation of MSA funds. There was a significant difference in opinions about how the MSA money should be spent by age and education. Older respondents and those with higher levels of education were more likely to favor spending all money on antismoking initiatives than did those who were younger ($p < .01$) or less educated ($p < .001$). A greater proportion of residents (39.4%) in the West preferred that all MSA resources be directed to antismoking activity than other regions, especially compared to residents in the Tobacco South (23.9%) who are more likely to favor allocating funds for purposes unrelated to reducing tobacco use ($p < .01$).

Setting aside MSA money for African Americans. Almost 75% of respondents who rented their homes indicated that some of the money from the MSA should

be set aside for African Americans compared to 65.5% of homeowners. A greater proportion (74.2%) of persons who believed that government taxes on tobacco should be increased agreed that some of the MSA money should be set aside compared to respondents who stated that taxes should be decreased (68.7%, $p < .01$). Approximately 76% of respondents who believed that raising taxes on tobacco was unfair to African Americans favored setting aside some of the money compared to a smaller proportion (66.3%, $p < .001$) of individuals who did not agree with this opinion. Respondents who believed that the smoking problem is related to the stressful effects of racism were more likely to indicate support for MSA set-asides.

Multivariate Analysis

In the cumulative logistic regression model (Table 2), older respondents were significantly ($p < .01$) more likely than the youngest group (18 to 24 years of age) to support distributing MSA funds for antismoking initiatives rather than nontobacco control functions. Respondents who were high school graduates or had some college education had a greater likelihood of favoring the use of tobacco settlement funds for antismoking activities. Statistically significant regional findings revealed that compared to the Tobacco South, residents in the Midwest (Odds Ratio (OR) = 1.63, 95% Confidence Interval (CI), 1.06 to 2.48) and West (OR = 3.26, 95% CI, 1.77 to 6.02) were more likely to be in favor of directing MSA funds for tobacco control purposes compared to less specific or unrelated antismoking activity. The analysis also found that former smokers compared to nonsmokers (OR = 2.36, 95% CI, 1.48 to 3.77) were more likely to be in favor of directing MSA funds to tobacco control initiatives as opposed to more general state purposes.

MLR analysis (Table 2) showed that renters compared to homeowners were more likely (OR = 1.65, 95% CI, 1.13 to 2.39) to favor specifically directing MSA funds to African Americans. None of the other socio-demographic predictors were related to this outcome variable.

African Americans who favored increasing taxes on tobacco products were more likely (OR = 2.07, 95% CI, 1.28 to 3.34) to agree with targeted distribution of MSA funds to African Americans compared to those who felt that taxes should be reduced. Respondents who indicated that raising taxes on cigarette products was not unfair to African Americans were less likely (OR = .45, 95% CI, .28 to .72) to indicate support for set-asides than those who felt that it was unfair to raise such taxes. The analysis also revealed that persons who felt that the effects of racism had quite a bit or very much to do with smoking among African Americans were more likely (OR = 2.11, 95% CI, 1.37 to 3.25) to support targeting MSA funds to African Americans than those who did not perceive a relationship between racism and smoking among African Americans.

TABLE 1
Social and Demographic Characteristics and Opinions About the Master Settlement Agreement

<i>Variables</i>	<i>Overall frequency (%)^a</i>	<i>Distribution of State MSA Funds</i>				<i>Set-Aside MSA Funds for African Americans</i>
		<i>All Antismoking</i>	<i>Most Antismoking</i>	<i>Evenly Divided</i>	<i>Most/All Nonsmoking</i>	<i>Yes</i>
Total		278 (27.8%)	109 (10.9%)	387 (38.7%)	141 (14.1%)	631 (63.1%)
Age						
18 to 24 years	161 (17.0)	16.3**	10.6	50.7	22.4	71.5
25 to 34 years	183 (22.8)	32.5	13.3	42.5	11.8	68.9
35 to 44 years	203 (22.2)	31.0	12.1	45.5	11.3	72.8
45 years and older	400 (37.9)	33.9	11.4	39.6	15.2	67.6
Gender						
Male	331 (45.5)	30.2	12.6	42.2	16.0	69.7
Female	669 (54.5)	30.5	11.4	43.3	14.9	69.6
Education						
Less than high school graduate	170 (17.8)	20.9***	9.4	43.0	26.7	68.8
High school graduate	294 (30.0)	26.2	12.1	48.8	12.9	73.3
Some college	298 (29.8)	35.2	8.3	41.8	14.7	65.6
Advanced degree	223 (22.4)	34.9	17.7	35.3	12.0	68.7
Region						
Tobacco south	301 (30.1)	23.9**	12.8	43.1	20.2	70.5
Midwest	202 (20.2)	34.9	13.5	36.7	14.8	66.2
Northeast	201 (20.1)	32.7	12.8	39.9	14.6	74.6
West	94 (9.4)	39.4	16.0	39.8	4.8	61.4
Nontobacco south	202 (20.2)	28.9	6.2	50.5	14.4	70.7
Do you own or rent your place of residence?						
Own	526 (53.7)	32.7	11.4	41.6	14.3	65.5**
Rent	431 (46.3)	28.6	12.1	43.5	15.8	74.3
Should taxes on tobacco						
Be reduced	277 (29.8)	26.6	14.4	41.3	17.7	68.7**
Stay the same	217 (23.6)	30.0	9.3	42.1	18.6	61.3
Be increased	434 (46.6)	33.9	11.6	42.1	12.4	74.2
Raising taxes on tobacco is unfair to African Americans						
Agree	236 (24.8)	26.2	12.3	45.5	16.0	75.8*
Neutral	73 (7.6)	23.2	16.8	49.4	10.6	75.3
Disagree	651 (67.6)	33.0	11.5	39.5	16.0	66.3
Perceived racism						
Low	297 (29.8)	32.6	10.4	38.7	18.3	66.0
Medium	310 (30.8)	26.0	13.2	46.6	14.2	68.2
High	379 (39.4)	32.0	12.3	41.6	14.1	72.8
How much of the smoking problem is related to the stressful effects of racism?						
None of it	365 (40.1)	30.0	12.8	42.7	14.6	61.0***
A little bit	252 (26.9)	26.5	14.1	45.0	14.4	68.8
Quite a bit/very much	298 (33.0)	32.4	8.7	42.5	16.4	77.8
Smoking status						
Nonsmoker	632 (62.8)	28.0*	11.3	44.7	16.0	68.1
Former smoker	172 (17.3)	41.9	10.0	34.7	13.3	74.9
Current smoker	194 (20.0)	27.8	15.6	41.3	15.3	69.8
Cigarette smoking among African Americans is						
Increasing	437 (52.9)	28.5	11.0	44.0	16.6	72.7
Staying the same	252 (29.6)	26.7	12.4	45.4	15.5	65.0
Decreasing	159 (17.6)	38.1	11.1	36.1	14.6	66.0

NOTE: a. Refers to weighted proportions.
 * $p < .05$. ** $p < .01$. *** $p < .001$.

TABLE 2
Multivariate Regression Models for Tax Variables

<i>Variables</i>	<i>Cumulative Logit Model</i>	<i>Binary Logistic Model</i>
	<i>How should the money in your state from the tobacco settlement be spent?</i>	<i>Do you feel that part of the money from the settlement with the tobacco industry should be set aside?</i>
	<i>Monies to smoking programs</i>	<i>Yes</i>
Total	N = 651	N = 647
	<i>Odds Ratio</i> <i>(95% Confidence Interval)</i>	<i>Odds Ratio</i> <i>(95% Confidence Interval)</i>
Age		
18 to 24 years	1.00*	1.00
25 to 34 years	2.28 (1.45, 3.58)	.90 (.52, 1.55)
35 to 44 years	1.98 (1.25, 3.16)	.94 (.53, 1.67)
45 years and older	2.15 (1.35, 3.43)	.77 (.44, 1.35)
Gender		
Male	1.00	1.00
Female	1.03 (.77, 1.39)	1.3 (.89, 1.81)
Education		
Less than high school graduate	1.00*	1.00
High school graduate	2.09 (1.32, 3.32)	1.12 (.64, 1.96)
Some college	2.19 (1.37, 3.48)	.82 (.47, 1.41)
College or advanced degree	1.96 (1.19, 3.22)	1.04 (.57, 1.90)
Region		
Tobacco south	1.00*	1.00
Midwest	1.63 (1.06, 2.48)	.84 (.51, 1.38)
Northeast	1.27 (.83, 1.93)	1.41 (.82, 2.43)
West	3.26 (1.77, 6.02)	.60 (.30, 1.20)
Nontobacco south	1.19 (.79, 1.79)	1.17 (.71, 1.94)
Do you own or rent your place of residence?		
Own	1.00	1.00*
Rent	1.07 (.79, 1.45)	1.65 (1.13, 2.39)
Should taxes on tobacco		
Be reduced	1.00	1.00*
Stay the same	1.02 (.67, 1.56)	1.09 (.66, 1.79)
Be increased	1.28 (.87, 1.88)	2.07 (1.28, 3.34)
Raising taxes on tobacco is unfair to African Americans		
Agree	1.00	1.00*
Neutral	1.13 (.59, 2.17)	.68 (.28, 1.63)
Disagree	1.29 (.89, 1.87)	.45 (.28, .72)
Perceived racism		
Low	1.00	1.00
Medium	.86 (.59, 1.27)	1.09 (.69, 1.74)
High	1.03 (.71, 1.50)	1.07 (.68, 1.68)
How much of the smoking problem is related to the stressful effects of racism?		
None of it	1.00	1.00*
A little bit	.83 (.57, 1.21)	1.30 (.83, 2.01)
Quite a bit/very much	.99 (.70, 1.40)	2.11 (1.37, 3.25)
Smoking status		
Nonsmoker	1.00*	1.00
Former smoker	2.36 (1.48, 3.77)	1.54 (.86, 2.75)
Current smoker	1.11 (.75, 1.66)	1.37 (.84, 2.22)
Cigarette smoking among African Americans is		
Increasing	1.00	1.00
Decreasing	1.00 (.65, 1.52)	.80 (.49, 1.32)
Staying the same	.93 (.66, 1.30)	.82 (.54, 1.25)

NOTE: * $p < .01$.

► DISCUSSION

This is the first known study to provide empirical findings from a nationally dispersed sample of African Americans about their opinions concerning the historic MSA. The current study found a wide range of opinions about how MSA state funds should be distributed. The differences in opinion were related to sociodemographic factors, perceptions of racism, and taxes on tobacco products.

Our analysis found that older respondents were more likely to indicate a preference to direct MSA funds to antismoking initiatives. This finding may suggest a greater understanding of the long-term detrimental effects of tobacco consumption by older respondents. It may also reflect the specific interests of older respondents who are more likely to make quit attempts and have a greater need for government resources for health care.

African Americans residing in the West and Midwest regions indicated greater support for restricting MSA monies to antismoking programs. This finding is especially interesting in light of the severe economic crisis that was occurring in California and in many Midwestern states at the time of the survey. We speculate that the progressive nature of tobacco control and health promotion in California has influenced broad segments of its citizenry including African Americans. For example, data from the 1999 California state survey show that African Americans were more likely than Whites to favor prohibiting tobacco logo clothing in schools, barring coupon exchanges on cigarette packages, and banning advertising of tobacco products (Gilpin et al., 2001).

As for the Midwest, there is less of a basis for speculating about their support for disbursing MSA monies for antismoking activities. More interesting, our findings reveal that former smokers also supported restricting MSA funding to antismoking initiatives. This result may indicate the strong opinions about a role for states in promoting prevention and cessation as well as the perceived health benefits of a tobacco-free lifestyle.

With respect to directing (e.g., set-asides) some MSA funds specifically for tobacco control activities targeting African Americans, 63% of respondents indicated that they were in favor of this policy. This question was directly linked to targeted marketing of African Americans by the tobacco industry, and some respondents may have been influenced by this point. The multiple logistic regression revealed a socioeconomic status or social class effect as home ownership was significantly associated with opinions about MSA set-asides. Renters are more likely to be in favor of MSA set-asides than homeowners.

Our findings of an association between support for an increase in taxes on tobacco products and support for MSA set-asides may be explained by different factors. Speculatively, respondents who stated that taxes on tobacco products should be increased may be in favor of supporting the idea of set-asides because they believe

that increased costs of cigarettes would not only help to reduce smoking but may also provide targeted set-asides for prevention and cessation.

Some support for this viewpoint was also found in the question measuring institutional racism and set-asides. Specifically, African Americans who felt that the stressful effects of racism was related strongly (i.e., very much of it) to smoking in American society were more likely to support set-asides. Interestingly, there was no association with the measures of individual racism (i.e., Perceived Racism scale) and support for MSA set-asides. This finding may suggest that African Americans are more inclined to support systemic resolution (i.e., set-asides) if they believe that there is a systematic, historic pattern or institutional reason for the problem (King, 1996, 1997), rather than their own personal experiences with racism. Moreover, it demonstrates the importance of distinguishing between these two forms of discriminatory experiences in health research on African Americans.

Perhaps one reason underlying support for MSA set-asides within African American communities is related to the perception of institutional discrimination and equitable treatment of African Americans in the larger society. African Americans who do not trust that "the system" will treat their group fairly might believe that set-asides are necessary to ensure fair treatment. There is some support for this idea from the current data in that a higher percentage of those who thought that raising taxes on tobacco products was unfair to African Americans, compared to those who thought such taxation was fair, believed that there should be MSA set-asides for African Americans. These individuals may share core ideas about fairness or equity that encompass the domains of unfair taxation (e.g., increased taxation puts an unnecessary additional burden on their community) and the fairness of set-asides (e.g., setting aside money from the MSA will redress previous tobacco industry exploitation). Specifically, they might perceive that, because African Americans have endured past negative treatment, future policies should make amends by either reducing taxation or increasing funds that would improve the quality of life of their social group (Barkan, 2000; Son Hing, Bobocel, & Zanna, 2002; Walster & Walster, 1975).

With respect to study limitations, some caution must be exercised in interpreting these results as nationally representative of all African American adults because 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 sample was randomly selected. As has been noted in other telephone surveys, certain households will be missed because of the lack of telephones. Proportionally, these residences are more likely to be of lower socioeconomic status and include more smokers and probably fewer smoking bans. As other studies have shown, questions on opinions or attitudes are

always subject to some additional bias as question wording may be interpreted differently by different respondents (Sudman & Bradburn, 1982).

► CONCLUSION

This article presents empirical evidence from a nationally dispersed sample of African Americans about one of the most important developments in the history of public health. These data show that African Americans maintain varied and strong opinions about how MSA funds should be used and the need to specifically direct funds to their communities. The viewpoints of African Americans about the MSA presented in this article could be useful in assessing how this group and other minority populations have fared under state MSA programs and provide a means by which to serve and promote the specific needs and interests of this population for tobacco control programs.

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