



HEALTH JUSTICE

IN TOBACCO CONTROL



THE CENTER FOR
BLACK HEALTH & EQUITY

HEALTH JUSTICE IN
TOBACCO CONTROL





INTRODUCTION

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness."

From the Preamble of the
unanimous Declaration of the thirteen
United States of America,
CONGRESS, July 4, 1776.

...except if you are African American.

TABLE OF CONTENTS

| | |
|---|----|
| Preface | 7 |
| CHAPTER 1 - SLAVERY & RACISM | 10 |
| Tobacco Addiction: The Driver of the American Antebellum Economy..... | 12 |
| Why Africans Were Chosen to be Enslaved | 14 |
| The American Institution of Slavery | 16 |
| The Birth of Big Tobacco | 24 |
| Postbellum: Emancipation, Reconstruction & Big Tobacco..... | 26 |
| Reconstruction | 28 |
| The Foundation of Health Injustice..... | 31 |
| Forced Blight and Unfixed Broken Windows | 36 |
| Racism..... | 40 |
| Chapter: Journaling Prompts (Questions for Self-Reflection)..... | 46 |
| CHAPTER 2 - AFRICAN AMERICANS, TOBACCO, & OTHER TOBACCO PRODUCTS | 48 |
| The Birth of Menthol | 50 |
| Tobacco Industry & Marketing Efforts | 51 |
| Menthol and Its Impact on Health | 57 |
| Smoking & Health..... | 60 |
| Electronic Cigarettes | 63 |
| THC, Vitamin Acetate, & Vaping - A Deadly Combination..... | 64 |
| Menthol & Policing..... | 67 |
| African Americans in Tobacco Nation..... | 72 |
| Policy Change | 73 |
| Chapter: Journaling Prompts (Questions for Self-Reflection)..... | 78 |
| CHAPTER 3 - EMPOWERING COMMUNITIES - A CONCEPTUAL MODEL OF COMMUNITY | 80 |
| Community & Health Justice | 82 |
| Community Model: Understanding the Make-Up of the Community & a Framework for Developing Competent Initiatives..... | 82 |



Understanding the Determinants of Community 82

Understanding the Components of Community Development 85

Understanding the Components of Community Competence 86

Plan-Do-Check-Act or PDCA 91

Targeting African Americans: Relationship Building & Community Outreach 93

Cessation Services for African Americans 96

Successes Utilizing the Community Model 97

Chapter: Journaling Prompts (Questions for Self-Reflection) 100

CHAPTER 4 - STRATEGIES FOR COMMUNITY EMPOWERMENT: PLANNING, IMPLEMENTATION & EVALUATION 102

Building Community Capacity 104

Strategy One: Assess 108

Strategy Two: Learn 111

Strategy Three: Plan 112

Strategy Four: Do 124

Strategy Five: Celebrate 125

Preemption 126

Flavor Bans 127

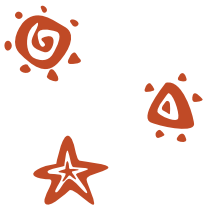
Chapter: Journaling Prompts (Questions for Self-Reflection) 128


CHAPTER 5 - IMAGING BLACK HEALTH & EQUITY 130

Imagining Black Health & Equity 132

Imagine Health & Equity 136

Chapter: Journaling Prompts (Questions for Self-Reflection) 138





The Health Justice in Tobacco Control Guide was developed by The Center for Black Health & Equity. Special acknowledgements to Sterling Fulton, director of evaluation at The Center for Black Health & Equity, for her tireless effort researching and writing the Health Justice Guide and to Dr. Robert Robinson for providing his insightful input and contributions to the guide's content.

Don't ask what the world needs. Ask what makes you come alive and go do it. Because what the world needs is people who have come alive.

– HOWARD THURMAN



PREFACE

To fully understand peoples living in the Americas with African ancestry, it is important to understand who African Americans are and how they became. It is a saga that developed over the course of centuries predating their arrival to North America in 1619. Indeed, the Portuguese were engaged in the slave trade in the 14th century, and, prior to that, Arabs had been acquiring slaves from Africa for at least 200 years before the Portuguese.

In 1619 America, not all Africans were slaves and not all slaves were Africans. Interracial marriages were allowed; thus, the fledgling colony was yet to exhibit the most egregious boundaries of racism against Africans. The driving force for racism was economic. The elite recognized reasonably quickly that the path to wealth was land and plantations. Acquiring the land meant ridding it of its Native American population, either through disease, war, murder, or religious, cultural, and educational conversion.

Functional plantations required farmland, which meant the land had to be cleared and developed. This process necessitated labor. It was obvious that the required need for labor could not be satisfied by European indentured servants or enslavement of Native Americans, who would escape at every chance or suffered population decimation because the colonizers needed their land for expansion and profit. Even though Native Americans were initially enslaved in large numbers, the need for labor could only be satisfied by a more reliable source – thus the enslavement of Africans.

Distinguishing slaves from free men became a necessity and resulted in a hierarchy dictated by race or skin color. The seeds of white privilege were planted. This ushered in a new form of perpetual lifetime bondage – chattel slavery. The subsequent practice of racism along with the dehumanization of the African took on a life of its own in colonial America. White men, regardless their economic status, could seek comfort in the fact that they were not born a darker hue. They gained a form of automatic societal and economic insurances or privileges— jobs to regulate and monitor the slave population, the right to bear arms, vote, marry freely, and the social benefit of never having to perform the least-desired labor.

Africans were valued not just for their slave labor, but also for their overall worth as a commodity. The need for labor propped up the African slave trade and built an economy in which peoples from four continents (Europe, North America, South America, and Africa) derived benefit. African men, women, and children served as the collateral that helped finance the credit arrangements which both compelled and paid for the expansion ever westward. And it was not inconsequential. In 1860, Mississippi had more millionaires (all slave holders) per capita than any state in the union with the combined worth of their human commodity exceeding the value of all industry and railroads across the burgeoning nation.

This horror was not just a southern adventure as the North invested, utilized raw materials, and sold goods to the South. Profit was universal. Slavery and the economies of slavery bonded both North and South in a devil's pact of violence and profit. Its magnitude stretched across the Atlantic as cotton fed the mercantile factories of Britain and across the western hemisphere as Virginia wheat fed the bakeries of Brazil. As an aside, Brazil also practiced this form of slavery until 1888. For well over 350 years, slavery was the heart of the Brazilian economy. According to historian Emilia Viotti da Costa, 40 percent of the over 10 million enslaved Africans brought to the Americas ended up in Brazil, substantially more than the approximately 400,000 men, women, and children who ended up being brought to the 13 British colonies that ultimately became the United States of America.

And in the midst of this greed and insanity, where rising profits due to increased production

evolved not just from advances in technology but the whip that drove labor to work faster and faster, fear was dictated by the threat of self (or wife or child) being sold. “This peculiar institution” became one of the few within the western hemisphere capable of self-propagation throughout its duration. The very moment a child was birthed, “it” was a commodity, a thing, not fully a human, possessing a monetary value.

The America that we know today would not be possible without the African slave. For it was the slaves who cleared the initial land that was not already cleared by Native Americans; and then more land as the slave economy stretched from the upper South of Virginia to the low country of South Carolina and further west to Mississippi, Louisiana, and Texas. Slaves built the railroads that transported the tobacco, cotton, rice, and sugar. Slaves provided the skills through their abilities in working iron, shaping the tools for field and kitchen. Slaves even nursed the children of the plantation owners. Indeed, industrial improvements with the invention of machinery such as the reaper to process wheat would not have been possible – or at least not as quickly developed – without the skilled assistance of slave labor.

As the nation grew, slavery as an institution was violently ended through the Civil War. Yet, slavery did not fully stop when it was outlawed. It only morphed into a new form of state-sanctioned subjugation: Jim Crow and peonage. Jim Crow created an ever-present and ingrained system of oppression caused by racism which has led to the ongoing absence of social justice. It can be found in the institutions and policies that govern much of our nation today. Peonage imposed a constant state of vulnerability enabling whites in power to manipulate prisons and related legal systems to capture vulnerable Blacks for free labor.

The story of the African American reflects centuries of exploitation within the institution of slavery in the U.S., which has been characterized as one of the most violent systems of oppression practiced in the modern world. It is an institution that evolved over the years into protocols of systemic racism, ultimately resulting in critical health, economic, and social disparities or inequities for Black Americans from shore to shore. The challenge confronting the enslaved African was not only how to survive, but how to build a community in order to survive it – not as a group of individuals, but as a collective.

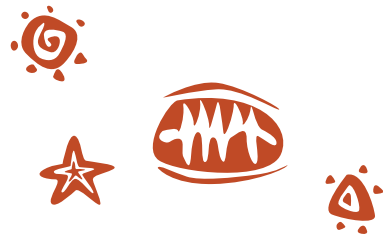
In response to this history and the importance of the collective, initiatives seeking to resolve disparities within the Community are most competent when offering solutions responsive to their history. A core assumption is that efficacy and effectiveness of problem solving are enhanced when one is able to capture the greatest degree of complexity inherent in Community, which then allows for breadth in problem definition and depth in developing solutions.

Tobacco use among African Americans is uniquely suited to illustrate this approach to problem solving and asserts that it is through an assessment of community and its determinants that we optimize our ability to comprehend and formulate solutions. This Health Justice Training Guide attempts to do that by demonstrating how:

- » Racism was used to benefit a few elite wealthy white families and how their economic benefit, along with others, serves as the foundation of our country.
- » A tobacco-addicted Europe and their colonial suppliers – aided by scientific quackery – invented racist ideology to justify slavery to support their nicotine habit, including a hierarchical categorization of humanity which consigned the humans living on the African continent to the lowest rung of the ladder.
- » African Americans in modern America were specifically targeted by Big Tobacco and continue to be targets today.
- » The health and bodies of African Americans continue to be impacted by myths and stereotypes – a product of racist ideology and baseless science that impact the quality of healthcare received - even today.

- » African Americans, public health professionals, community stakeholders, and those working in other fields of healthcare can and must take the necessary steps to overcome racism and health injustice for the betterment of us all.

For the purpose of this Health Justice Training Guide, the focus will be on the African American experience in the United States of America from colonial times to the present day.



As long as there is poverty in the world, I can never be rich, even if I have a billion dollars. As long as diseases are rampant and millions of people in this world cannot expect to live more than twenty-eight or thirty years, I can never be totally healthy even if I just got a good checkup at Mayo Clinic. I can never be what I ought to be until you are what you ought to be. This is the way our world is made. No individual or nation can stand out boasting of being independent. We are interdependent.

– MARTIN LUTHER KING, JR



CHAPTER 1

SLAVERY AND RACISM





SYMPATHY

BY PAUL LAURENCE DUNBAR

I know what the caged bird feels, alas!
When the sun is bright on the upland slopes;
When the wind stirs soft through the springing grass,
And the river flows like a stream of glass;
When the first bird sings and the first bud opens,
And the faint perfume from its chalice steals—
I know what the caged bird feels!

I know why the caged bird beats his wing
Till its blood is red on the cruel bars;
For he must fly back to his perch and cling
When he fain would be on the bough a-swing;
And a pain still throbs in the old, old scars
And they pulse again with a keener sting—
I know why he beats his wing!

I know why the caged bird sings, ah me,
When his wing is bruised and his bosom sore,—
When he beats his bars and he would be free;
It is not a carol of joy or glee,
But a prayer that he sends from his heart's deep core,
But a plea, that upward to Heaven he flings—
I know why the caged bird sings!

*Paul Laurence. Dunbar, "Sympathy."
from The Complete Poems of Paul Laurence Dunbar.
(New York: Dodd, Mead and Company,)
Source: Twentieth-Century American Poetry (2004)*

TOBACCO ADDICTION: THE DRIVER OF THE AMERICAN ANTEBELLUM ECONOMY

Slavery is fundamentally an economic phenomenon. Throughout history, slavery has existed where it has been economically worthwhile to those in power. The principal example in modern times is the U.S. South. Nearly 4 million slaves with a market value estimated to be between \$3.1 and \$3.6 billion lived in the U.S. just before the Civil War. Masters enjoyed rates of return on slaves comparable to those on other assets; cotton consumers, insurance companies, and industrial enterprises benefited from slavery as well.

– JENNY BOURNE, CARLETON COLLEGE

Tobacco (*Nicotiana tabacum*) is a plant historically used to promote physical, spiritual, emotional, and community well-being. Part of the nightshade family that also includes peppers and tomatoes, tobacco has been grown in South America as far back as 6000 B.C. Through human migration, tobacco was transported to North America. Radiocarbon methods have established the remains of cultivated and wild tobacco that existed in the High Rolls Caves of New Mexico between 1400 and 1000 B.C.

ADDICTION IN EUROPE

The plant was known by various local names, but an early Spanish historian mistakenly called it “tobacco,” a Caribbean term for a tube used with snuff – and the name stuck. The belief is that in the late 15th century, Christopher Columbus was given tobacco as a gift. It was taken back to Spain where it gained instant popularity for its supposed magical healing powers. Florida tobacco was introduced to England by John Hawkins – one of the first Europeans to observe smoking in the Americas – in the 1560s. European doctors even prescribed tobacco as a powder, ointment, gargle, or other form to cure sores, asthma, labor pains, flatulence, headaches, cancer, and epilepsy, among other diseases.


During the same time, French ambassador to Portugal, Jean Nicot, sent tobacco seeds to French Queen Catherine de Medici and told her accounts of tobacco’s medicinal powers. Sometime during the 1580s, Sir Walter Raleigh, one of the most famous courtiers during the Elizabethan era, began pipe smoking which helped to spark a fad. Pouches and purses that carried it became a fashionable accessory in Queen Elizabeth’s court. Smoking quickly became an expensive English habit and Europeans became addicted.

Yet, even as smoking increased in popularity, it was suspected early on that smoking was linked to ill health. In 1602, an anonymous English author published an essay titled *Work of Chimney Sweepers* which asserted illnesses observed in chimney sweepers could be triggered by soot, and tobacco may have a similar impact on health.

DEMANDS FOR LAND AND CHEAP LABOR FUEL THE HABIT

The implications of tobacco addiction fueled by profitable commercial interest was strong enough to change the world. Europeans took tobacco across Europe, Africa, China, and Japan.

Colonization in North America was primarily an economic venture. The European or English men who founded the colony of Jamestown, Virginia, in 1607, have been called “gentlemen adventurers,” meaning they had little experience, expertise, or inclination to perform the work associated with constructing communities, growing crops, or developing commodities for export. The English had previously attempted two settlements in North America in the 1580s, both of which failed. The third attempt, the Jamestown colony, was more successful though it still struggled economically.



The expanding nicotine habit proved to be the economic salvation of the troubled Jamestown colony. Over the course of a few years, colonists sent small amounts of tobacco to London where it competed against imported tobacco from the Spanish colonies that commanded steep prices, cutting into profits. Cheap and skilled labor was necessary to build the young colony.


In 1612, John Rolfe, a resident of the colony, Englishman, and future husband of Pocahontas, planted seeds of a West Indian variety of tobacco that produced a stronger and sweeter plant than the short, tough variety grown by the local Algonquian Indians. This variety of tobacco proved to be very successful in North America. With demand for tobacco increasing, colonialists then looked for ways to increase the yield of their crops. Cheap labor was essential for the tobacco plantations to be profitable. Since there was no machinery and only oxen and horses for power, work had to be done by hand. Landowners needed a group of people who not only understood agriculture, but also were physically strong and healthy enough to do the work.

The original workers of the North American colony were poor, indentured white servants who were not held in perpetual servitude. They signed contracts with time limitations promising to work for passage to the new colonies from Europe. While their lives were not easy and were restrictive, they could, if they survived long enough, be rewarded with a new life. Indentured servants were given land (as much as 25 acres or more), animals, other supplies such as clothing, a year's worth of corn, and firearms to start their own lives in the colony after successful completion of their contractual obligations. Some of the indentured servants, upon gaining their freedom, even became part of the elite class.

As the demands for land and labor grew due to the increased demand for tobacco in Europe, so did the cost of maintaining indentured servants. Tobacco is a challenging crop to produce and required year-round attention. Additionally, growing tobacco took its toll on the soil, draining it of its nutrients.

- » In the winter, the beds for seeds needed to be prepared.
- » In the spring, the seedlings were planted in the fields.
- » In the summer, crops were cultivated.
- » In the late summer and fall, tobacco was harvested before other crops and cured before it was packed for shipment.
- » After three years of cultivation, the land had to rest for another three years before it could be planted on.

Because of the time that was necessary between planting and rotating crops, a huge demand for additional farmland was created. Many wealthy landowners felt pressured economically and started to look for a cheaper, more profitable and renewable source of labor.



FACT: Warfare and disease eliminated about 90% percent of the Native American population in Virginia within the first 60 years of English settlement.

War and Peace with Powhatan's People, Independence Hall Association / U.S. History Online Textbook, 2021, www.ushistory.org/us/2e.asp.

WHY AFRICANS WERE CHOSEN TO BE ENSLAVED

*Don't send us any more Irish; send us some Africans,
for the Africans are civilized and the Irish are not.*

– HISTORIAN LEONARD LIGGIO, QUOTED FROM THE LETTERS OF
A 17TH CENTURY PLANTER WRITING TO THE TRUSTEES OF HIS COMPANY.

The vast majority of the African continent and its people were neither backwards nor primitive. Africa was, and still is, a very diverse continent that was not isolated nor unknown in antiquity. Pre-colonial Africa was home to great nations such as Kush, Axum, Mali, and Great Zimbabwe. These civilizations and countless others flourished for hundreds of years before the first European colonizers set foot on the continent.

Often, Christians associate the early church with Greece or Rome when, in fact, churches in North Africa became some of the first to convert, disciple and send out gospel workers. In fact, there are stories from the book of Acts that demonstrate that Christianity existed in Africa long before there was an established church in England. At Pentecost, Egyptians and Sireniens heard sermons in their own language (Acts 2). Cyrene was located in North Africa. During his travels, the apostle Philip led an Ethiopian eunuch to convert to Christianity (Acts 8:26-39). At the thriving Antioch church, men from Cyprus and Cyrene engaged in conversations about Christianity with the congregation (Acts 13). Earlier in the New Testament, the book of Matthew tells the story of Joseph and Mary fleeing Israel with the infant Jesus and going to Africa (Egypt, specifically) and is chronicled in the second chapter, verses 12–23.

FACT: Many of the early Christian church fathers were also of African descent.

- › Tertullian, born in Carthage, now found in Tunisia, was the earliest writer of Latin Christian literature and coined the term Trinity.
- › Origen, born in Alexandria, Egypt, was the first theologian to develop Christian doctrine systematically.
- › Cyprian, Bishop of Carthage, was a notable early Christian writer from a Berber family.
- › Augustine of Hippo, born in what is now Algeria, may have been the most influential scholar and philosopher of this time. His influence echoes in the work of many who followed.

Murray, Taylor. "The Early Church in North Africa - Christian History." *The Early Church in North Africa: How Some of Today's Least-Reached Places Played a Significant Role in the Early Church*, 21 Aug. 2019, pioneers.org/2019/08/19/the-early-church-in-north-africa.

African societies formed at different stages and had different levels of development. Africans developed their own economic and political systems, cultures, technologies, and philosophies. Africa did not have a single major centralized government. Instead, with every other continent, Africa consisted of nation states with each nation state having its own council of elders or other kinship institutions leading its people. The continent of Africa and its individual states governed itself by a complex system of participatory communities.

These collective communities made up tribes that also had a hand in facilitating the slave trade. Indeed, the tactics used by Europeans to enslave Native Americans in North America were the same used to enslave Africans. Tribes customarily took captured warriors and others as a consequence of inter-tribal warfare. Europeans supplied weapons and consumer products like alcohol, facilitating warfare and inter-tribal competition, reaping the benefits by purchasing the slaves that accrued from these conflicts from the tribes. Tribal identification made it easier for Africans or Native Americans to relinquish their captives as “others” to slave traders.

Early African civilizations, which covered large territories, had extensive regional and international trade networks, participating in trans-oceanic travel. African rulers and merchants didn’t just limit their explorations to travel, they also established extensive regional and international trade networks and routes with the Mediterranean and Islamic world. Additionally, the Indian Ocean region of Africa contained robust trade routes with Asia hundreds of years prior to European exploration in the 15th century as evidenced by shards of pottery from China, coins from Arabia, as well as glass beads and other non-local items excavated from the ruins of the Great Zimbabwe.

Known for being rich in resources, the African continent and its inhabitants were recognized for their technologically advanced methods of agriculture and craftsmanship. Africans were skilled at farming and animal husbandry and also boasted artisans of textiles, bronze, gold, and jewelry; craftsmen of wooden tools, furniture, and architecture; as well as pottery makers and blacksmiths. Communities solved difficult agricultural problems and came up with advanced techniques for production of food and other crops. Other Africans amassed great knowledge, some of which was stored in famous libraries such as those of Timbuktu. Advances were made in metallurgy and architecture, examples of which can be seen in the bronze masks of Benin, the ruins of the Great Zimbabwe, Mapungubwe in South Africa, and the beautiful coral and stone arched ruins of Kwila Kisiwani in Tanzania. Tragically, despite their advanced state of civilization which included proven and diverse skill sets, Africans were unappreciated and seen as an expendable workforce.

FACT: The highest concentration of pyramids in the world are found in the kingdom of Kush or what is now modern-day Sudan. Sudan has between 200 and 255 known pyramids, compared to Egypt’s 138.

Hrala, Josh. “Egypt Isn’t the Country with the Most Pyramids.” ScienceAlert, 2016, www.sciencealert.com/sorry-egypt-but-sudan-is-the-pyramid-capital-of-the-world.

THE AMERICAN INSTITUTION OF SLAVERY

Slavery in the American colonies started off as an economic institution designed to enrich a few wealthy landowners. Europe and Europeans were familiar with Africa and knew about its immense resources and wealth. Spain had been traveling to the Americas for more than 100 years before 1619 and Africans were part of those adventures – some as slaves and others as free men.

FACT: The White Lion, an English ship operating under a Dutch government license or letter of marque brought enslaved Africans (most likely from Angola) to the English colony of Virginia in 1619. These Africans were the first to be brought to the English Colonies, but not the first to be brought to the Americas. Two enslaved people from the White Lion, Isabella and Anthony, later married and had a child. Born in 1624, their son, William Tucker, was the first recorded Black child born in the colonies under English rule.


Bennett, Jr., Lerone (1962). Before the Mayflower: A History of the Negro in America, 1619-1962 (2017 ed.). BN Publishing. p. 30. ISBN 978-1-68411-534-1.

Tobacco has been intricately tied to the enslaved African experience even before enslaved Africans first stepped foot on English colonial soil in Virginia off of Dutch slave ships. Africans in Africa planted the tobacco, grew it, harvested it, dried, and took it to market for whites to profit from its sale. All the while, Africans in the colonies toiled in misery and despair. Europe had a very profitable need that the colonists were struggling to meet.

In 1621, despite an attack from Native Americans that killed nearly one-third of Virginia's 1,200 colonists, the settlement sent a crop of 60,000 pounds of tobacco to Europe. This was 3 times more than the annual exports of tobacco in 1618 which equaled over 20,000 pounds as recorded in the Yearbook of the Department of Agriculture, Bureau of Crop Estimates. By 1627, shipments totaled 500,000 pounds. By 1640, London was importing nearly 1.5 million pounds of tobacco annually from Virginia.

The colonial economy depended on slavery, many well-to-do households functioned only because of slavery, early colonial legal codes were devised to justify slavery and the Pequot War and King Philip's War were fought in large measure to perpetuate slavery. ... The colonists could not survive, much less control the territory they claimed, without Indian labor and the control of Indian labor became a way to consolidate power and wealth.

– TANYA H. LEE OF INDIAN COUNTRY TODAY



FACT: Juan Garrido became the first documented black person to arrive in what would become the U.S. when he accompanied Juan Ponce de León in search of the “Fountain of Youth” in what is now present-day Florida, around St. Augustine sometime in 1513.

Waxman, Olivia B. “Slavery in America Didn’t Start in Jamestown in 1619.” *Time*, Time, 20 Aug. 2019, time.com/5653369/august-1619-jamestown-history/.

FACT: In 1526, a Spanish expedition to present-day South Carolina was thwarted when the enslaved Africans aboard resisted.

“The Misguided Focus on 1619 as the Beginning of Slavery in the U.S. Damages Our Understanding of American History.” *Smithsonian.com*, Smithsonian Institution, 13 Sept. 2017, www.smithsonianmag.com/history/misguided-focus-1619-beginning-slavery-us-damages-our-understanding-american-history-180964873/.

FACT: Esteban de Dorantes, a native African, who was also enslaved by the Spanish, and an important explorer connected to the Coronado Expedition, was the first non-indigenous person to penetrate the southwest territory in 1539. Esteban was praised for his ability to communicate with indigenous peoples and led expeditions into what is now Arizona, New Mexico, and northwest Mexico.

“Esteban De Dorantes.” National Parks Service, U.S. Department of the Interior, 2019, www.nps.gov/coro/learn/historyculture/esteban-de-dorantes.htm.

FACT: Africans were not the only peoples enslaved in the Americas. Native Americans were also enslaved. Linford D. Fisher, associate professor of history at Brown University states, “Between 1492 and 1880, between 2 and 5.5 million Native Americans were enslaved in the Americas in addition to the millions of African slaves.”

Kelley, Gillian. “Colonial Enslavement of Native Americans Included Those Who Surrendered, Too.” Brown University, 2017, www.brown.edu/news/2017-02-15/enslavement.

CHATTEL SLAVERY WAS DIFFERENT

Slavery itself was not a new concept at the time of colonial America. It had existed in various forms since the beginning of recorded history. For several centuries in Africa and in countries throughout the world, most enslaved people were captured in battle or became enslaved due to outcomes of war. These people were enslaved by law and not because of birth. Slavery was not considered a permanent state and, in some cases, the enslaved had the ability to purchase their freedom or become free after a specified period. Children of enslaved people did not automatically become slaves. Importantly, enslaved people were recognized as persons and not as property (albeit, persons with very little personal rights and freedoms).

Chattel slavery in America was different. Chattel slavery – the most common form of slavery recognized in the Americas – was a new concept. Enslaved people were considered legal property with no rights, intended to be bought, sold, and owned forever. Slavery was an institution that supported and ensured European and American economic and social structures from the 16th to 21st centuries.

THE “MIDDLE PASSAGE” - DEATH DURING TRANSPORT

The trans-Atlantic slave trade was responsible for the largest movement of people in history, not just the largest forceable placement of human beings. It is estimated that 20 million Africans were initially caught and enslaved. At least 15 to 30 percent of those Africans captured died during the march to the slave holding areas or in confinement before departure aboard ships headed to the colonies. It is estimated that between 10 and 12 million Africans were forcibly transported by ship across the Atlantic Oceans. Records show that approximately two million Africans died during the horrific Middle Passage across the Atlantic with only a little more than 10 million Africans reaching the west, according to the Atlantic Slave Trade Database (<https://www.slavevoyages.org/>) which shows the displacement of millions through interactive maps, timelines, and animations. To put this in further context – for every 100 slaves who reached the Americas, another 40 or more died either in Africa or while being transported across the ocean.

However, these figures grossly understate the actual number of Africans who were enslaved, died due to illness or disease, murdered, or displaced as a result of the slave trade. Only the strongest and healthiest Africans were able to survive. Men, women and children were confined to spaces so small (less than 5 feet high and 2 feet wide) where they could not stand or even lay down, in an effort for transporters to maximize the number of people jammed into the ships. Without facilities to use for elimination, the enslaved sat in their own waste. Malnutrition, disease (such as dysentery, measles, scurvy, and smallpox), infection, and sores from sitting in urine and diarrhea were widespread and vermin were rampant. One observer said that slaves were packed together “like books upon a shelf ... so close that the shelf would not easily contain one more.”

There were many different ways that Africans were dispersed throughout the Americas. Of the 10 million or so men, women, and children who survived the Middle Passage, most arrived between the 17th and 19th centuries, landing in South America with the majority going to Brazil which is the home of the largest Black population in the western hemisphere. Others were deposited in the Caribbean. Approximately 388,000 people were brought directly to what would be the future United States. The North American colony made forceable reproduction part of plantation living, exploiting the reproductive activities of the enslaved population to increase the numbers of enslaved for production purposes. Indeed, perhaps the most egregious circumstance was the creation of breeding farms, specifically for the purpose of reproduction. Forced reproduction became essential after Britain declared the transport of enslaved people illegal in 1808. Laws were often circumvented with many of the ships docking in the harbors of New York City, providing sources of profit in both the North and the South. Most of the enslaved came from the countries of Senegal, Gambia, Guinea-Bissau, Mali,

Angola, Congo, Democratic Republic of the Congo, the Ivory Coast, Nigeria, Cameroon, and Gabon – areas known for agriculture and metalworking.

FACT: Dated around the 9th or 10th century A.D., one of the earliest examples of bronze casting in sub-Saharan Africa was created by the people of Igbo-Ukwu, ancestors of present-day Igbo, Nigeria. The Igbo were the earliest smithers of copper and its alloys in West Africa, working the metal through hammering, bending, twisting, and incising. Their intricate and beautiful work can be found in museums in Nigeria.

Ajayi, J.F. Ade. "History of Nigeria." Encyclopædia Britannica, Encyclopædia Britannica, Inc., 2021, www.britannica.com/place/Nigeria/History#ref517335.

FROM AFRICAN TO ENSLAVED – FROM EUROPEAN TO WHITE

Initially, Africans were treated as indentured servants and given the same opportunities for freedom as whites. This practice lasted roughly through the mid 1670s. That changed after an uprising of Virginia's white and African indentured servants in 1675–1676, led by landowner and colonist Nathaniel Bacon against the rule of Governor William Berkeley. Referred to as Bacon's Rebellion, the insurrection united poor whites and Africans causing alarm throughout the ruling class.

FACT: An indentured servant of African descent, John Punch, was considered to be the first individual declared a slave for life in the United States. In 1640, Punch ran away to Maryland accompanied by two white indentured servants. All three were caught. The two white men were sentenced to have their terms of indenture extended by another four years each. Punch was sentenced to "serve his said master or his assigns for the time of his natural life". Interestingly, Punch was married a white woman, likely also an indentured servant and gave birth to son sometime between 1630 and 1637.

Coates, Rodney. "Law and the Cultural Production of Race and Racialized Systems of Oppression: Early American Court Cases." *American Behavioral Scientist*, pp. 329–351, web.pdx.edu/~ingham/syllabi/Perspectives/LawHistRacism.pdf.

Peralta, Eyder. "Genealogists Say Obama Likely A Descendant of First American Slave." NPR, NPR, 30 July 2012, www.npr.org/sections/thetwo-way/2012/07/30/157597233/genealogists-say-obama-likely-a-descendant-of-first-american-slave.

Historians believe Bacon's Rebellion was a key factor in accelerating the hardening of racial lines associated with slavery as a way for landowners and the colony at large to enact more control over the poor white and African indentured servants. These new laws introduced rights and status to the indentured white servants. By creating this class strata, the two groups were uncoupled from the commonalities they had against their masters, making it less likely that they would unite again. The shift marked the beginning of the legalized concept of racism and racially based or chattel slavery. This created a permanent underclass for Africans and planted the seeds for white supremacy and privilege.

Bacon's Rebellion also marked the ending of indentured servitude as a common practice, virtually eliminating the pathway for poor whites to own land in the colonies. Ironically, although Black-white unity evolved through the course of this rebellion, Bacon initiated this rebellion because of anti-Native American impulses and anger that whites had made accommodations with the indigenous Community.

Soon after Bacon's Rebellion they increasingly distinguish between people of African descent and people of European descent. They enact laws which say that people of African descent are hereditary slaves. And they increasingly give some power to independent white farmers and land holders. Now what is interesting about this is that we normally say that slavery and freedom are opposite things - that they are diametrically opposed. But what we see here in Virginia in the late 17th century, around Bacon's Rebellion, is that freedom and slavery are created at the same moment.

– IRA BERLIN, HISTORIAN

SLAVE CODES

To prevent further rebellions, colonies began enacting a series of laws or slave codes to limit the rights, movement, and freedoms of the enslaved. These codes, which made it illegal to teach an enslaved person to read or write, had devastating effects. Families could be forcibly broken up and sold to another owner. No testimony could be made by an enslaved person against a white person. Enslaved people could be, and were, murdered with impunity. Slave codes set the foundation for making Africans and their decedents permanent second-class citizens, living in a nightmare perpetuated by colonial governments for profits.

They made us into a race. We made ourselves into a people.

– TA-NEHISI COATES

WHEN LESS MELANIN BECAME WHITE

In addition to inventing slave codes, wealthy colonists did something else. They invented a new classification of people and provided them with "created" privileges. According to the Oxford English Dictionary, the first appearance in print of the adjective "white" was in 1671, defining as "a white man, a person of a race distinguished by a light complexion." Before then, the concept of race was tied to nationality. Colonial charters and other official documents written in the 1600s and early 1700s rarely refer to European colonists as white. However, it is not a simple dichotomy. The association of dark skin with servitude or inferiority occurred throughout antiquity. The contribution of colonial America institutionalized the concept of race in practice and embedded it in culture.

Historian Robin D. G. Kelley explains, "Many of the European-descended poor whites began to identify themselves, if not directly with the rich whites, certainly with being white. And here you get the emergence of this idea of a white race as a way to distinguish themselves from those dark-skinned people who they associate with perpetual slavery." The legalization of the concept of race through colonial courts and governments proved to be useful. Race,

racism, and the concept of racial superiority – as well as its inverse, racial inferiority – are social constructs that allowed the few to justify the brutal treatment of millions while amassing massive profits from their uncompensated labor.

FACT: Fort Mose, located just two miles north of the center of St. Augustine, Florida, was the nation's first community of free African Americans. Established in 1738 and called Gracia Real de Santa Teresa de Mose, the community included soldiers and their families, plus artisans and craftsmen.


Wimmer Schwarb, Amy. "Fort Mose: America's First Community of Free Blacks." Visit Florida, 2021, www.visitflorida.com/en-us/things-to-do/arts-history/fort-mose.html.

THE SLAVE ECONOMY

Slavery was incredibly profitable. Past the initial requirement of purchasing a human for enslavement, little ongoing expenditures were required. With successive generations of slaves born on plantations – a phenomenon primarily unique to North America that enabled the institution's maintenance – masters gained additional labor at no cost. The inhumanity of slavery produced an economy built on misery.

In 1808, the importation of people from Africa and the West Indies to the United States for slavery was banned. Since it was illegal to acquire new people to further the institution, enslaved people were forced to breed with one another. Breeding emerged as a critical component of the slave economy. Some enslaved people were born and worked on plantations while others had their reproduction industrialized and commercialized. Seldom mentioned in the history books, breeding farms were places where women were forced into having children. A woman's reproductive capacity was a factor in determining their worth and it proved to be a significant determinant in slavery's evolution. The subsequent children born on these farms would then be sold into slavery like cattle. Two of the largest breeding farms were located in Richmond, Virginia, and along the eastern shore of Maryland. And as such, Virginia, with the largest population of enslaved Africans at that time, served as a source for the emergent demand for slave labor in the low country. Enslaved people were chained and marched to the environs of South Carolina and onward to Mississippi and Louisiana. Those slaves too weak to walk were often killed.


Wealth in the slave economy among whites was unequally distributed. Slavery ended the practice of indentured servitude, leaving those whites that could not afford the trip from Europe to the colonies few options. It also made it more difficult for those who found themselves without land ownership to escape poverty. Owning land and slaves provided one of the very few opportunities for upward social and economic mobility for poor whites. Most southern whites were extremely poor and landless with 75 percent of them unable to afford slaves. In fact, less than 25 percent of white southerners held slaves, and of those that did, half of those held fewer than five. It was only the top one percent who were wealthy enough to own more than one hundred enslaved persons and to operate these large plantations. Most plantations were concentrated primarily in areas where farmland was most valuable.



FACT: The Underground Railroad was code for the coordination of people and places used to help enslaved people escape the horrors of slavery from 1820 to 1861. The system was comprised of dozens of secret routes and safe houses that extended to the Canadian border. Other routes led south, from Florida to Cuba or from Texas to Mexico.

Walls, Bryan. "Underground Railroad Terminology." PBS, Public Broadcasting Service, 2021, www.pbs.org/black-culture/shows/list/underground-railroad/stories-freedom/underground-railroad-terminology/.

Slavery not only enriched the wealthy, but it also served as a mechanism to defuse class tensions among the wealthy and the poor. No matter how poor white southerners were, they had race in common with the elite plantation owners. Non-slaveholders internalized white privilege and accepted white supremacy and the rule of the planters to protect and defend their shared interest in maintaining a racial hierarchy. Keeping the system in place kept money concentrated at the top. Predictably, not much has changed in the 21st century.



FACT: Despite incredible odds, a few African Americans achieved wealth in 18th and 19th century America. Notable examples include James Forten, a successful businessman who made his fortune as a sailmaker after the Revolutionary War; William Alexander Leidesdorff, a leading businessman (often considered one of the founders of San Francisco) whose estate was valued at \$1.5 million upon his death (equivalent of at least \$30 million today); and Bridget "Biddy" Mason, one of the first prominent citizens and landowners in Los Angeles in the 1850s and 1860s and a founder of the First African Methodist Episcopal Church in Los Angeles in 1872.

Smith, Jessie Carney, editor. Greenwood Press, 2006, Encyclopedia of African American Business, ia600707. us.archive.org/cors_get.php?path=/35/items/encyclopediaafri00smit/encyclopediaafri00smit.pdf.

As the enslaved continued to significantly enrich the coffers of the elite plantation owners, their forced labor continued to supply Europeans with their fix – tobacco.

...I was kept busy every minute from sunrise to sunset, without being allowed to speak a word to anyone. I was too young then to be kept in such close confinement. It was so prison-like to be compelled to sit during the entire year under a large bench or table

filled with tobacco, and tie lugs all day long except during the thirty minutes allowed for breakfast and the same time allowed for dinner. I often fell asleep. I could not keep awake even by putting tobacco in my eyes.

– HENRY CLAY BRUCE, ENSLAVED ON A TOBACCO PLANTATION IN KEYTESVILLE, MISSOURI. HE IS BEST KNOWN FOR HIS AUTOBIOGRAPHY *THE NEW MAN: TWENTY-NINE YEARS A SLAVE*, PUBLISHED IN 1895.

Slavery supported an economy in which people from four continents (North America, South America, Europe, and Africa) derived benefits. The benefits did not just come to the plantation owner and/or grower but to everyone who participated in the economy, including:

- » Bankers who loaned money or developed slave securities to fund the expansion of plantations
- » Insurance companies insuring commodities
- » African Chieftains who benefited from receiving arms and money
- » Slave ship captains and crews
- » Shop owners who made profits from the sale of goods
- » Accountants who maintained records
- » Ordinary people who purchased tobacco products, rice, sugar, wheat/flour, and manufactured goods such as clothing made possible by slave labor.

FACT: Thomas Jefferson used slaves as collateral for a very large loan he had taken out in 1796 from a Dutch banking house in order to rebuild his Virginia plantation, called Monticello. Additionally, Thomas Jefferson also owned one of America's first celebrity chef's, the older brother of Salley Hemmings and half-brother of his wife Martha. James Hemmings was trained in France where he mastered French cooking before returning to Monticello to serve as the chef for the Jefferson family. As a master chef, Hemings would prepare dinners for heads of states including the president, European diplomats, Jefferson's fellow cabinet members, congressmen, and many national and international visitors.

"Monticello." James Hemings, Thomas Jefferson Foundation, Inc., 2021, www.monticello.org/site/research-and-collections/james-hemings.

Research conducted by economists Alfred Conrad and John Meyer calculated the rate of return on investing in slaves (13%) to be at least equal to the returns of those from other forms of capital investment, such as railroad bonds (6–8%). Slavery, tobacco, and the resulting capital that was derived from it built America both in the North and South, and, eventually, fueled the westward expansion.

FACT: By some estimates, New York City received 40% of U.S. cotton revenue through earnings from its financial firms, shipping businesses, and insurance companies.

Thomas, Zoe. "The Hidden Links between Slavery and Wall Street." BBC News, BBC, 29 Aug. 2019, www.bbc.com/news/business-49476247.

Without slave labor, the great plantations could never have existed. ... A humble planter could aspire to the gentry if he could purchase a few slaves, put more land into tobacco, then reinvest his earnings in still more slaves and even greater production.

– T.H. BREEN, AUTHOR OF TOBACCO CULTURE

THE BIRTH OF BIG TOBACCO

The modern success of the tobacco industry, benefitting from the rise of industrialization, is rooted in the inhumane trafficking and treatment of African slaves in America. For almost 200 years, from 1617 to 1793, tobacco (later replaced by cotton) was the most valuable export from the colonies. The city of Seville in Spain held a monopoly on tobacco commerce with the Americas. It was the home to the first large-scale tobacco product manufacturing company, producing around 75% of the cigarettes consumed in Europe until 1760 when Lorillard Tobacco Company launched in the colonies by Pierre Abraham Lorillard, a French American tobacconist. Within a few years, the American colonies declared war on the British. Colonist did not have enough funds to pay for the war effort and used tobacco as collateral for French loans for arms and ammunition and for debt relief. It was the money earned from the sale of

FACT: The infamous Dred Scott v. Sandford decision indicated that all people of African descent, free or enslaved, were not United States citizens and therefore had no right to sue in federal court. The decision, written by the fifth Chief Justice of the U.S. Supreme Court Roger Taney, also stated that the Fifth Amendment protected slave owner rights because enslaved workers were their legal property. Taney would later swear in Abraham Lincoln as president of the United States in 1861.

History.com Editors. "Dred Scott Case." History.com, A&E Television Networks, 27 Oct. 2009, www.history.com/topics/black-history/dred-scott-case.

tobacco, grown by African slaves that financed the efforts of the thirteen colonies to win their freedom from Britain.

THE TRUE COST OF SLAVERY

The economic cost of slavery had a direct impact on every facet of the broader economies in the South and in the North. Economist Ralph V. Anderson and Robert E. Gallman in the *Journal of American History* argue, “slavery inhibited trade within the South—and, consequently, the development of towns and villages. Slaveowners found it easier to produce something themselves, rather than buy it. And the South found it difficult to develop a manufacturing industry—instead, it depended on imports from the North. As a result, economic growth was stifled.”

FACT: Inventions made by enslaved people couldn’t be patented because laws prevented them from applying for or holding property. Many African American inventors did not get the benefits associated with their inventions since they could not receive patent protections. Here are just a few of the numerous inventions developed by African Americans:

- » Henry Boyd invented a corded bed created with wooden rails connected to the headboard and footboard.
- » Benjamin Montgomery invented a steamboat propeller designed for shallow waters.
- » Thomas Jennings, the first black patent holder, invented dry cleaning in 1821.
- » Norbert Rillieux, a free Black man, invented a revolutionary sugar-refining process in the 1840s.
- » Elijah McCoy obtained 57 patents over his lifetime.
- » Sarah E. Goode, the first African American woman to be granted a patent in 1885, invented a fold-away or folding cabinet bed (similar to what is commonly recognized as a Murphy bed today). Interestingly, the patent for the Murphy bed, invented by William Lawrence Murphy, wasn’t issued until almost 30 years later in 1911.

“Home.” The Black Inventor Online Museum, <https://blackinventor.com/Wp-Content/Uploads/2013/04/biomlogo350.Png>, 27 Nov. 2019, blackinventor.com/.

The institution of slavery and, relatedly, systemic racism deprived whites of economic and social opportunities as well. Wages became depressed due to slave labor. With the enslaved filling the labor pool, poor whites were not able to compete, maintaining the class system in the south. Instead of joining forces with the enslaved to improve the economic lot for all, some poor whites enforced the very system that oppressed them. This narrative of protecting the elite class by serving as a buffer is something that will be repeated over and over again, binding both African Americans and poor whites to a vicious cycle of poverty, fear of economic loss, oppression, degradation, and a false consciousness of self and values. In modernity it became a refrain: Why do poor whites continue to vote against their own interests?

...there was in 1863 a real meaning to slavery different from that we may apply to the laborer today. It was in part psychological, the enforced personal feeling of inferiority, the calling of another 'Master,' the standing with hat in hand. It was the helplessness. It was the defenselessness of family life. It was the submergence below the arbitrary will of any sort of individual. It was without doubt worse in these vital respects than that which exists today in Europe or America. No matter how degraded the factory hand, he is not real estate.

– W.E.B. DU BOIS

POSTBELLUM: EMANCIPATION, RECONSTRUCTION & BIG TOBACCO

FACT: By 1790, approximately 18 percent of the total population or almost 700,000 people were slaves of African descent. In 1860, of the 4.4 million African Americans in the US before the war, almost four million of these people were held as slaves. Of those remaining, less than half were free. The following shows the percent of African Americans living in Slavery in the US, according to the US Census:



O'Neill, Aaron. "United States: Black and Slave Population 1790-1880." Statista, 19 Mar. 2021, www.statista.com/statistics/1010169/black-and-slave-population-us-1790-1880/.

By 1860, there were more millionaires (all of them slaveholders) living in the lower Mississippi Valley than anywhere else in the United States. In the same year, the nearly four million enslaved Americans were valued at some \$3.5 billion, making enslaved people the single largest financial asset of the entire US economy at the time. Slaves were worth more than all manufacturing and railroads combined. America's wealth was built on the backs of enslaved Africans.

On April 16, 1862, President Abraham Lincoln signed a bill to ease the economic pain of slaveholders who were loyal to the Union. The District of Columbia Emancipation Act paid slaveholders up to \$300 for every enslaved person freed. The federal government paid

slaveholders for the freedom of 2,989 formerly enslaved people. To date, no funds were ever paid to former slaves or their decedents. Reparations was a white-only affair. Ironically, after the Civil War, the only slaveholders forced to give up land in response to the call for reparations were Native American slaveholders.

In 1863, The Emancipation Proclamation set the stage for freeing African Americans from over 244 years of bondage and forced servitude. The 13th Amendment to the United States Constitution abolished slavery and involuntary servitude, except as punishment for a crime. It passed the Senate on April 8, 1864, and the House on January 31, 1865. On February 1, 1865, President Abraham Lincoln approved the Joint Resolution of Congress, submitting the proposed amendment to the state legislatures.

WHEN DID SLAVERY END IN THE UNITED STATES?

In reality, the transcontinental slave trade did not end until several years after the Civil War when the incentives for slave traders in New York and Rhode Island and other parts of New England and Baltimore (responsible for 40% of the slave ships built in the US) finally lessened and ultimately discontinued. It was only then, that the post-1808 triangle (Cuba-US-Africa) of shipbuilding, slave cargo, and exports stopped.

In 1863, The Emancipation Proclamation set the stage for freeing African Americans from over 244 years of bondage and forced servitude. The 13th Amendment to the United States Constitution abolished slavery and involuntary servitude, except as punishment for a crime. It passed the Senate on April 8, 1864, and the House on January 31, 1865. On February 1, 1865, President Abraham Lincoln approved the Joint Resolution of Congress, submitting the proposed amendment to the state legislatures.

Slavery in the United States officially ended with the adoption of The 13th Amendment, on December 18, 1865. However, slavery was still allowed in the Native American tribal territories. Although Juneteenth (June 19, 1865) is celebrated as the day that freedom finally came to those enslaved, when some 2,000 Union troops arrived in Galveston Bay, Texas, the real date is actually 1 year later. Because of the sovereign nature of the Indian Territory, slavery was still allowed by some Native American tribes (Cherokee, Chickasaw, Choctaw, Creek, and Seminole) on their tribal lands even after the Emancipation Proclamation. In fact, African American slaves made up 14% of the population of the lands occupied by these tribes. It wasn't until June 14, 1866, when the Creek Tribe, the last tribe signed on to the treaty, agreed to abandon African American slavery that slavery in the continental United States came to an end as a legal institution.

In 1890, the American Tobacco Company was founded by J. B. Duke in Durham, North Carolina. In 1881, James Bonsack invented the automated cigarette-making machine that ushered in the mass production of tobacco. The device made 200 cigarettes per minute (about 60 times faster than a skilled hand roller) displacing more than 700 jobs at the American Tobacco Company. The American Tobacco Company acquired the machine and soon gave itself a monopoly on cigarette industry.

JUST ANOTHER NAME FOR SLAVERY

After the Civil War ended in 1865, many African Americans became sharecroppers and paid harvesters of tobacco crops. Southern states formally adopted laws called Black Codes – rules and regulations similar to Slave Codes. These laws were intended to restrict the movement of newly freed African Americans and forced them into a labor economy built upon low wages and debt. Vagrancy laws allowed African Americans to be arrested for minor infractions, thus allowing those convicted to be used as unpaid laborers, effectively being re-enslaved. This type of peonage existed well into the 20th century.

This enraged many citizens in the North. Relying on the remnants of a radical abolition movement, the Civil Rights Act of 1866 was passed by Congress which outlined a number of civil liberties for newly freed slaves, including the right to make contracts, own and sell property, and receive equal treatment under the law. Congress then passed the 14th Amendment in 1867. This amendment was designed to provide citizenship and civil liberties to the recently freed slaves.

RECONSTRUCTION

The first Reconstruction Act was passed by Congress on March 2, 1867 and was aimed at reorganizing the southern states after the Civil War. Reconstruction provided readmission into the Union. It also defined the means by which whites and Blacks could live together after slavery. The Reconstruction Act marks the period known as Radical Reconstruction and included the following measures:

- » The South was divided into five military districts and governed by military governors until acceptable state constitutions could be written and approved by Congress.
- » All males, regardless of race, but excluding former Confederate leaders, were permitted to participate in the constitutional conventions that formed the new governments in each state.
- » New state constitutions were required to provide for universal manhood suffrage (voting rights for all men) without regard to race.
- » Confederate States were required to ratify the 14th Amendment in order to be readmitted to the Union (Kentucky, a border State, was alone in not passing the 13th, 14th and 15th Amendments). Newly freed African Americans enjoyed a very short period of less than 10 years when they were allowed to vote, actively participate in the political process, acquire the land of former owners, seek their own employment, and use public accommodations.
- » After the Civil War, there was a general migration of African Americans from the South. These migrants became known as "Exodusters," and the migration became known as the Exoduster Movement. Some applied to be part of colonization projects to Liberia and other locations outside the United States; most moved north or west.
- » Prior to the Civil War, slave states had laws forbidding literacy for the enslaved. Thus, at emancipation, only a small percentage of African Americans knew how to read and write. There was such motivation in the African American community, that by the turn of the 20th century, the majority of African Americans could read and write.
- » Of the 105 historically black colleges and universities, 29 were founded between 1867 and 1877.
- » In South Carolina, African Americans greatly outnumbered whites. So much so that African

FACT: Two African Americans served as U.S. Senators in the 19th century: Blanche K. Bruce and Hiram Revels, both of Mississippi.

Black Americans in Congress: 1870-2007. US Gov. Print. Off, 2008.

American representatives to the state assembly outnumbered white representation. Many legislators worked to rewrite the state constitution and pass laws ensuring aid to public education, universal male voting rights, and civil rights for all.

- » The Bureau of Refugees, Freedmen, and Abandoned Lands (or The Freedmen's Bureau) was established under the War Department by an act on March 3, 1865 and was intended to provide relief, educational activities, food, clothing, and medicine to the newly freed. The Freedmen's Bureau was America's first federal healthcare program which ran hospitals and healthcare facilities and oversaw some 3,000 schools across the South.

FACT: The first black person to vote after the passage of the 15th Amendment was Thomas Mundy Peterson of Perth Amboy, New Jersey.

Greene, Larry A. "Thomas Mundy Peterson's Historic Vote." *Thomas Mundy Peterson's Historic Vote*, 2016, discoverjhistory.org/thomas-mundy-petersons-historic-vote-2/.

Incremental progress was slowly being made. The 15th Amendment, granting African American men the right to vote, was adopted into the U.S. Constitution in 1870. The 15th Amendment states: "The right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of race, color, or previous condition of servitude."

However, attitudes and beliefs that were birthed by slavery and the creation of the concepts of racial supremacy and inferiority were difficult to abandon and did not come to an end. The U.S. was not ready to address the supremacy and inferiority mythologies, and the South was certainly not ready to relinquish its primary source of cheap labor. To preserve the racial hierarchical systems, opponents of this progress began to rally against the former slaves' freedom and actively sought out means of eroding their gains.

In essence, rather than establishing the old South as territories and maintaining federal control until such time as educational, economic, and social institutions could be established to secure freedom for the formerly enslaved, northern politicians were content with providing freed men the right to vote and reinstating States back into the Union. In doing this, those in power ignored and dismissed the plight which befell an essentially powerless population of African Americans, leaving them unable to recover from the centuries of enslavement.

After a little more than a decade, the rights given to African Americans under the 14th and 15th Amendments were essentially stripped away by the removal of federal troops from the South, paving the way for Jim Crow. Reconstruction was formally ended, made possible by the Hayes-Tilden compromise. Tilden, a Democrat, had won the majority of the Presidential vote but it was considered the result of corruption. Hayes, a Republican, was given the Presidency after agreeing that Federal troops would be removed from the South, with the consequential outcome being the immediate disempowerment of African Americans.

FACT: During Reconstruction, over 700 African American men were elected to public office, among them two United States Senators, and 14 members of the U.S. House of Representatives, and scores of others holding local offices. Another 1,300 African American men and women held appointed government jobs.

"The Reconstruction Era (1865-1877)." The Reconstruction Era (1865-1877) | Your Vote Your Voice, The Continuous Struggle, 2021, www.yourvoteyourvoicemn.org/past/communities/african-americans-past/reconstruction-era-1865-1877.

JIM CROW

1890 – ironically the same year in which the American Tobacco Company was established – serves as the initiation into the Jim Crow era and the institutionalization of segregation. Jim Crow laws legalized segregation in an effort to prevent any contact between Blacks and whites. Reconstruction had ended and Jim Crow was now the law of the land. These laws meant African Americans were denied the same rights and facilities as whites. This impacted every aspect of life and can still be felt today. Segregation was enforced for public pools, phone booths, hospitals, schools, parks, buses, stores, restaurants, jails, neighborhoods, and residential homes for the elderly and handicapped.

The term "Jim Crow" originated from the caricature depiction of a bungling simpleton slave. It was popularized in the 1820s when white comedian Thomas Rice created the stereotypical character for his performances in minstrel shows.

Jim Crow laws included the following:

- » Public parks were forbidden for African Americans to enter and theaters and restaurants were segregated.
- » Segregated waiting rooms in bus and train stations were required, as well as water fountains, restrooms, building entrances, elevators, cemeteries, and even amusement park cashier windows.
- » Laws forbade African Americans from living in white neighborhoods.
- » Some states required separate textbooks for Black and white students. New Orleans mandated the segregation of prostitutes according to race.
- » In Atlanta, African Americans in court were given a different Bible from white people to swear on.
- » Marriage and cohabitation between white and Black people were forbidden in most Southern states.
- » It was not uncommon to see signs posted at town and city limits warning African Americans that they were not welcome.

THE FOUNDATION OF HEALTH INJUSTICE

Since hospitals and doctors could not be relied on to provide adequate health care for freedmen, individual bureau agents on occasion responded innovatively to black distress.

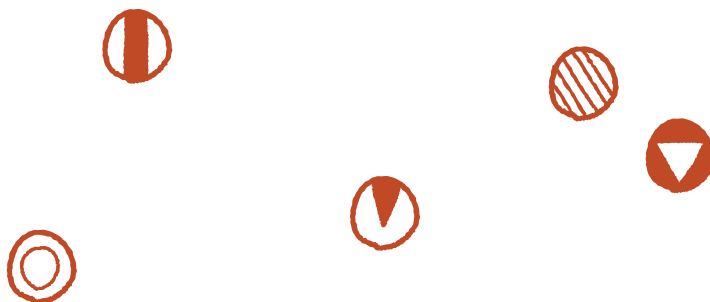
During epidemics, Pine Bluff and Little Rock agents relocated freed persons to less contagion-ridden places. When blacks could not be moved, agents imposed quarantines to prevent the spread of disease. General Order Number 8...prohibited new residents from congregating in towns. The order also mandated weekly inspections of freedmen's homes to check for filth and overcrowding.

Understanding the health and wellness of African Americans, means understanding the history of institutional injustice in healthcare, labor, and in housing in African American communities. With the rise of Jim Crow laws, African Americans experienced a new form of horror, driven by poverty, a lack of trust in healthcare providers, stereotyping, prejudice, and trauma – all caused by racism and bigotry. The history of those experiences embodies our collective pain.

Most freed African Americans lacked the money to purchase private healthcare services. If they did have funds, they were often denied care because of race. In the late 1860s, even though doctors hadn't yet discovered viruses, they were aware of the social determinants of health. The health and life conditions of many freed slaves at the conclusion of the Civil War was horrendous. Newly freed African Americans were dying in large numbers from smallpox and other communicable diseases such as cholera. Doctors knew that poor nutrition made people more susceptible to disease and poor sanitation contributed to the spread of illness.

African Americans relied on the Freedman's Bureau to prevent and contain outbreaks and to engage more directly in health care. Under jurisdiction of the War Department, The Freedmen's Bureau assumed operations of hospitals that had been established by the Army during the Civil War. Observing that the former enslaved were not receiving adequate quality health services, the Bureau established dispensaries providing basic medical care and drugs either free of charge or at a nominal cost. The Bureau "managed in the early years of Reconstruction to treat an estimated half million suffering African Americans, as well as a smaller but significant number of whites."

However, the actual delivery of services under the Freedmen's Bureau was something different. African Americans experienced less than optimal care, lived in extreme poverty, and had little opportunity to improve their circumstance because of social injustice and discrimination.



FACT: Rebecca Lee Crumpler – the nation’s first Black female doctor to earn a medical degree in the U.S. and a doctor working with the Freedmen’s Bureau – wrote one of the first treatises addressing the burden of diseases on Black people, *“They seem to forget there is a cause for every ailment...and that it may be in their power to remove it.”*

“Changing the Face of Medicine | Rebecca Lee Crumpler.” U.S. National Library of Medicine, National Institutes of Health, 3 June 2015, cfmedicine.nlm.nih.gov/physicians/biography_73.html.

THE GREAT MIGRATION

Without adequate healthcare, housing, educational opportunities, or the ability to find work, many African Americans left the deep south following the Civil War and immigrated north to seek better opportunities, reshaping the social and political geographic landscape of America. Many African American families fled from the oppression and cruelty of the South, being limited to the most menial of jobs, underpaid if paid at all, and frequently being barred from voting.

During World War I, when slowing immigration from Europe created a labor shortage in the North, to fill the assembly lines, companies began recruiting black Southerners to work the steel mills, railroads and factories. Resistance in the South to the loss of its cheap black labor meant that recruiters often had to act in secret or face fines and imprisonment. In Macon, Georgia, for example, a recruiter’s license required a \$25,000 fee plus the unlikely recommendations of 25 local businessmen, ten ministers and ten manufacturers. But word soon spread among black Southerners that the North had opened up, and people began devising ways to get out on their own.

– ISABEL WILKERSON, SMITHSONIAN MAGAZINE

FACT: Between 1880 and 1950, at least one African American man, woman or child was lynched each week. The numbers are most likely undercounted and could be much higher.

“History of Lynching in America.” NAACP, 9 May 2021, naacp.org/find-resources/history-explained/history-lynching-america.

The turn of the 20th century was contradictory regarding the overall well-being of African Americans. There were examples on both ends of the spectrum. African American communities such as Greenwood in Tulsa, Oklahoma (also known as “Black Wall Street”) thrived. Because of these successful African American communities (despite the institutionalization of segregation in the face of Jim Crow) the U.S. witnessed a resurgence of the Ku Klux Klan and other white supremacist groups that wanted to keep African Americans in subordinate positions, maintaining the status quo. Often, poor whites viewed African Americans as competition for jobs, homes, and political power. While many African Americans were tied to the incongruities of sharecropping and victims of peonage, the few signs of Black progress that did exist proved unbearable for the white racist.

The years between 1917 and 1923 are referred to as the Red Summer. During that period, over 200 lynchings were recorded, thousands of African Americans were killed, and thousands of Black-owned homes and businesses were burned. Groups of armed white men conducted massacres in at least 26 cities including Washington, D.C.; Chicago, Illinois; Omaha, Nebraska; Charleston, South Carolina; Columbia, Tennessee; Houston, Texas; and Tulsa, Oklahoma. Over 800 African Americans, women, men, and children were slaughtered in Elaine, Arkansas, between September 30 and October 1, 1919 alone.

FACT: By the time the Great Migration ended in the 1970s, 47 percent of African Americans called the northern and western United States home. Famed Black artist and prolific cubist Jacob Lawrence chronicled the great migration in his 60-panel art series title *The Migration Series*. In addition to the movement of African Americans from the south to the north, *The Migration Series* also depicted the racial violence that occurred in parallel.

Wilkerson, Isabel. “The Long-Lasting Legacy of the Great Migration.” *Smithsonian.com*, Smithsonian Institution, 1 Sept. 2016, www.smithsonianmag.com/history/long-lasting-legacy-great-migration-180960118/.

THE THEORY OF BLACK EXTINCTION AND THE IMPLICATIONS OF MYTHS

Some white lawmakers (many with an economic interest in maintaining the status quo) argued free assistance of any kind would breed dependence and when it came to Black infirmity, hard labor was a better salve than white medicine. As the death toll rose, they developed a new theory: Blacks were so ill suited to freedom that the entire race was going extinct.

No charitable black scheme can wash out the color of the Negro, change his inferior nature or save him from his inevitable fate,

AN OHIO CONGRESSMAN SAID.

The theory of Black extinction conveniently gave cover to law makers intent on providing inadequate federal assistance and allowed them to shape laws to preserve racial segregation. The legacy of those discriminatory laws is evident in contemporary racial disparities in health and health status. Healthcare providers believed myths about the biological differences between African Americans and whites. African Americans were believed to be immune from pain, have thicker skin, faster coagulating or thickening blood, and weakened lung function.

To underscore the fact that these harmful ideas continue to show up in modern-day medical practices, half of medical trainees surveyed held one or more such false beliefs according to a 2016 study published in the Proceedings of the National Academies of Science. In fact, the spirometer, which is used to diagnose and manage many respiratory diseases, has settings that include “race correction” or “ethnic adjustment.”

These beliefs have real-life implications on quality of care and reinforce patterns of mistrust for health care institutions among African Americans. Researchers examined data from 14 previously published studies of pain management in U.S. emergency rooms. It found that, compared to white patients, African American patients were 40% less likely to receive medication to ease acute pain. Even when patients suffered from long bone fractures or other types of traumatic injuries, African Americans were 41% less likely to get pain medication than white people. This applies to adult African American patients as well as children. It is well-established that African Americans and other people of color experience more illness, more severe outcomes, and premature death compared to whites.

HORRORS MASKED AS SCIENCE

With the rise of Jim Crow and racial segregation, stereotypes that dehumanized African Americans as animals or inferior humans were common and even used in advertisements.

African Americans were viewed as a different breed of the human species, possessing lower IQs and an array of other lesser physical and mental traits. Prior to 1890, much of racism was underpinned by phenotypes or differences in physical appearance such as the size and shape of the head, nose, and body. With the rise in the popularity of Darwinism, junk science made inferiority a fact and was used to justify racial stereotypes.

Enslaved Africans were considered property and a commodity just like wheat, soybeans, corn, or meat. Considered three-fifths of a human, African Americans were seen as a different species, resulting in being “loaned out” to medical schools and doctors for experimentation during life, and having their bodies desecrated after death.

Here are some well-known and not so well-known examples of African Americans being subjected to experimentation without consent:

- » James Marion Sims, credited as the “father of modern gynecology,” developed his tools and surgical techniques experimenting on enslaved women and poor white women without their consent. One of the tools he developed is the vaginal speculum. He also developed a surgical technique to repair vesicovaginal fistula, a common complication of childbirth in which a tear between the uterus and bladder caused constant pain and urine leakage.
- » He also unsuccessfully tested surgical treatments on enslaved Black children in an effort to treat “trismus nascentium,” a form of lockjaw found only in newborn infants that develops from a deadly bacterial infection caused by cutting the umbilical cord using unsterilized instruments. The disease was commonly found on plantations. Sims, who also believed that African Americans were less intelligent than white people, would operate on African American children using a shoemaker’s tool to pry their bones apart and loosen their skulls. His surgical technique resulted in 100% fatality.
- » Sims believed that Africans and African Americans do not experience pain and often conducted his experiments and surgeries without anesthesia. The mythology of people of African descent not experiencing pain at the same levels as whites is something that is still believed and practiced in the health care field today.
- » Tuskegee Syphilis Study took place from 1932 to 1972 during which time African American males were misled to believe they were being offered free healthcare. However, they were not informed if they had syphilis, rather it was “bad blood.” They were never offered treatment, even when Penicillin became available in the 1940s.

FACT: The great migration gave birth to the Harlem Renaissance, named after the neighborhood in New York City that was recognized as a Black cultural mecca in the early 20th century. The Harlem Renaissance is considered a golden age in African American culture, resulting in timeless works of literature, music, stage performance, and art. It lasted from roughly the 1910s through the mid-1930s.

History.com Editors. "Harlem Renaissance." History.com, A&E Television Networks, 29 Oct. 2009, www.history.com/topics/roaring-twenties/harlem-renaissance.

- » Henrietta Lacks was a Black woman whose cells (HeLa cells) and cervical tissue were taken and used without her permission or the permission of her family. HeLa cells are used to study the effects of toxins, drugs, and hormones, test the effects of radiation and poisons, study the human genome, used to learn how viruses work, and played a crucial role in the development of the polio vaccine. Companies and universities made billions of dollars from the use of Lack's genetic material. Her family were poor tobacco farmers and were not informed of the existence of HeLa cells until 25 years after her death. They never received any of the profits from any of the discoveries made using Henrietta's cells. Yet, despite HeLa cells, even today, African genomes have long been understudied. The overwhelming majority of genetics research continues to be conducted on people of European descent – a bias that scientifically ignores vast swaths of the worldwide human population.
- » From 1960 until 1971, Dr. Eugene Saenger, a radiologist at the University of Cincinnati, experimented on 88 cancer patients who were poor and mostly African American (60% of subjects). Saenger led a study to find out how much radiation exposure the human body could take. In the study, funded by the Pentagon, he exposed patients to whole-body radiation of varying degrees, resulting in the patients experiencing nausea, vomiting, severe stomach pain, loss of appetite, mental confusion, and for some, death. Patients were not asked to sign consent forms. A report released in 1972 indicated that up to 25% of the patients died of radiation poisoning. At the time the experiments were conducted, whole-body radiation had already been mostly discredited for the types of cancer these patients had.

Attitudinal studies suggest that mistrust of clinical investigators is strongly influenced by sustained racial disparities in health, limited access to health care, and negative encounters with health care providers. Beliefs about physician mistrust among African American patients are reinforced through differential treatment in comparison with Whites. Moreover, previous research indicates that a lack of cultural diversity and competence among physicians is a major contributor to African American mistrust of physicians. Ethnic minority patients receive less information, empathy, and attention from their physicians regarding their medical care than their White counterparts. Lack of information results in limited awareness, knowledge or understanding of the availability or value of medical research. Further, studies have illustrated that African American patients are less likely to receive medical services than White patients with similar complaints and symptoms.

EXCERPT FROM MORE THAN TUSKEGEE: UNDERSTANDING MISTRUST ABOUT RESEARCH PARTICIPATION BY DR. DARCELL P. SCHARFF, ET. AL.

FORCED BLIGHT & UNFIXED BROKEN WINDOWS

Let food be thy medicine, and let medicine be thy food.

HIPPOCRATES OF KOS (CIRCA 460–370 BC)

We are what we repeatedly do. Excellence then is not an act, but a habit.

ARISTOTLE (CIRCA 384–322 BCE)

Buying real estate is not only the best way, the quickest way, the safest way, but the only way to become wealthy.

MARSHALL FIELD (1834–1906)

In the U.S., socioeconomic status is one of the greatest predictors of smoking. Low-income neighborhoods are purposefully targeted by the tobacco industry. Those with lower socioeconomic status who use tobacco suffer higher incidences of disease, use lower smoking cessation rates, and poorer health outcomes. Smokers say that they use tobacco for many different reasons such as stress relief, pleasure, or in social situations, according to Smokefree.gov. Whether it is due to stress, lack of economic capacity, educational, and/or political opportunities, living in a low-income environment has negative health outcomes for individuals and the communities in which they live.

Housing, tobacco, and health (physical, social, mental, and economic) are linked to the social determinants of health and set the contextual and geographical conditions in which people are born, grow, live, work, play, learn, and age. Doctors, entrepreneurs, scientists, and philosophers have known for millennia that where you live, what you eat, and what you do for a living impacts your health and wellness. Housing is one of the best-researched social determinants of health, and selected housing interventions for low-income people have been found to improve health outcomes and decrease health care costs. Improving the conditions in which we live, learn, work, and play and the quality of our relationships creates healthier people and communities.

A safe, decent, affordable home is like a vaccine. It literally prevents disease. A safe home can prevent mental health and developmental problems, a decent home may prevent asthma or lead poisoning, and an affordable home can prevent stunted growth and unnecessary hospitalizations.

DR. MEGAN SANDEL, BOSTON UNIVERSITY SCHOOL OF MEDICINE, EXCERPT FROM 2007 CONGRESSIONAL TESTIMONY.

OWNING A HOME IMPROVES HEALTH

Migration opened the door to what would hopefully be a better chance at life for African American families. However, the blight of racism was firmly entrenched throughout America. State-sponsored rules and regulations enforcing segregationist policies served as an anchor leaving few choices for where African American families could escape. For example, “sundown towns” around the country banned African Americans from being outside after dark. The state constitution of Oregon explicitly prohibited Black people from entering the state until 1926 and whites-only signs could still be seen in store windows well into the 1950s.

Poor housing conditions contributed to asthma, lead poisoning, and other illnesses. Many African Americans were limited to the most dilapidated housing in the least desirable sections of the cities to which they fled. In densely populated cities like Pittsburgh, Cleveland, and Harlem, housing was so scarce that some black workers had to share the same single bed in shifts. By the 1920s, the use of restrictive covenants was widespread and kept as much as 85

percent of the city of Chicago off limits to African Americans.

COURT SANCTIONED SEGREGATION

The Supreme Court codified racial segregation in 1896 in *Plessy v. Ferguson* – the first major inquiry into the meaning of the 14th Amendment’s equal protection clause. The clause prohibits states from denying “equal protection of the laws” to any person within their jurisdictions. The case stemmed from an 1892 incident in which Homer A. Plessy, who was 1/8th black and 7/8th white, refused to sit in a car. This purposeful action was aimed at testing the constitutionality of Louisiana’s Separate Car Act.

The Supreme Court ruled that a law that “implies merely a legal distinction” between whites and Blacks was not unconstitutional. For the majority, Justice Henry Brown wrote, “to consist in the assumption that the enforced separation of the two races stamps the colored race with a badge of inferiority. If this be so, it is not by reason of anything found in the act, but solely because the colored race chooses to put that construction upon it.”

FACT: Macon Bolling Allen (1816–1894) was the first African American licensed to practice law in the U.S. and the first to hold a judicial post.

Manos, Nick. “Macon Bolling Allen (1816-1894) •.” •, 30 July 2020, www.blackpast.org/african-american-history/allen-macon-bolling-1816-1894/.

The lone dissenter, Justice John Marshall Harlan, a former Kentucky slave owner, indicated “The arbitrary separation of citizens on the basis of race while they are on a public highway is a badge of servitude wholly inconsistent with the civil freedom and the equality before the law established by the Constitution,” he wrote. “It cannot be justified upon any legal grounds.”

The *Plessy v. Ferguson* ruling gave permission for the restrictive Jim Crow legislation and separate public accommodations based on race to be considered commonplace. It wasn’t until the landmark decision in *Brown v. Board of Education of Topeka, Kansas* in 1954, that the U.S. Supreme Court ruled unanimously (9–0) that racial segregation in public schools violated the 14th Amendment of the Constitution. The landmark decision served as a major catalyst for the Civil Rights movement. Ironically, Justice Harlan’s dissent became the law of the land.

KEEPING AFRICAN AMERICANS FROM BUILDING WEALTH

Addressing the social determinants of health, such as one’s physical work environment, is important for improving health and reducing longstanding disparities in health, finances, and health care. Wealth and financial stability are inextricably linked to housing opportunities. Jim Crow didn’t just keep African Americans at the back of the bus, Jim Crow laws kept African Americans from gaining wealth through property ownership, setting the stage for the racial wealth gap. Jim Crow kept African Americans poor and unhealthy, contributing to disparities in health. Homeownership and home equity as a result of that ownership makes up the largest

FACT: As of 2016 (the most recent data available) you would have to combine the net worth of 11.5 Black households to get the net worth of a single typical white U.S. household.

Heather Long, Andrew Van Dam. "Analysis | The Black-White Economic Divide Is as Wide as It Was in 1968." The Washington Post, WP Company, 5 June 2020, www.washingtonpost.com/business/2020/06/04/economic-divide-black-households/.

share of the wealth in most American families. The laws that prevented African Americans from buying, leasing, or living in properties in white neighborhoods officially ended in 1977.

The Homeowners Refinancing Act established the Homeowners Loan Corporation which helped save homes hurt financially by the Great Depression. The Act allowed mortgages to be refinanced to help prevent foreclosures and by 1935 one million homes, or 20 percent of all urban mortgages, were refinanced. Due to discriminatory practices, minority neighborhoods were given low ratings, thusly prevented residents from being able to take advantage of the financing programs.

In the 1930s, surveyors with the federal Homeowners Loan Corporation drew lines on maps and colored some neighborhoods red (hence the term "redlining") deeming them "hazardous" for bank lending because of the presence of African Americans or European immigrants, especially Jews. Between 1934 and 1962, 98 percent of home loans went to white families. Remarkably, 50 years after the federal Fair Housing Act of 1968 banned racial discrimination in lending, modern-day redlining persisted in 61 U.S. metro areas, even when controlling for applicants' income, loan amount, and neighborhood.

FACT: 82 Representatives and 19 Senators representing all of the states that had once comprised the Confederacy signed on to the Southern Manifesto or formally titled Declaration of Constitutional Principle. The Manifesto was developed as an attack on *Brown v. The Board of Education* and stated the decision was an abuse of judicial power that trespassed upon states' rights. It urged southerners to exhaust all "lawful means" to resist the "chaos and confusion" that would result from school desegregation. As a result of the Manifesto, some states indicated they would punish school systems through the withholding of funds if they integrated, and instead opened whites-only academies. On May 1, 1959, officials in Prince Edward County, Virginia were ordered to integrate their schools. They refused and closed the entire public school system instead. The system remained closed for the next five years.

History, Art & Archives, U.S. House of Representatives, Office of the Historian, *Black Americans in Congress, 1870–2007*. Washington, D.C.: U.S. Government Printing Office, 2008. "The Civil Rights Movement And The Second Reconstruction, 1945—1968," <https://history.house.gov/Exhibitions-and-Publications/BAIC/Historical-Essays/Keeping-the-Faith/Civil-Rights-Movement/> (July 13, 2021)

This pattern of troubling denials for people of color occurring across the country demonstrates a pattern of systemic discrimination by banks that keeps people of color from building wealth. Major metropolitan areas such as Atlanta, Detroit, Philadelphia, Rockford, Ill., St. Louis, San Antonio, as well as the most challenging Southern cities – Mobile, Alabama; Greenville, North Carolina; and Gainesville, Florida – and Latinos in Iowa City, Iowa were impacted.

Even the GI Bill excluded African Americans. In the years following World War II, mortgages taken out by veterans made up more than 40 percent of all home loans. Between 1944 and 1971, the Veterans Administration spent \$95 billion on benefits. VA used FHA (Federal Housing Authority) standards in dispensing loans and states were given free reign to administer the program. Over 1.2 million African Americans served in WWII yet African American veterans in the South were denied access. For example, only two of the more than 3,200 eligible veterans that lived in 13 Mississippi cities received benefits. It was not much better up north. Of the 67,000 insured GI mortgages, only 100 went to non-whites.

Without home ownership, African Americans have not been able to capitalize on utilizing home equity to help pay for their children’s college education or self-financing businesses with significantly limited economic mobility. When African Americans did find housing, it was often in poor neighborhoods with little to no public services. When homeowners went to borrow money for repairs, banks refused to lend money, homes became dilapidated, further syphoning wealth, as well as the potential for wealth accumulation, out of the African American community.

According to a report by the Center for Housing Policy, modest and reasonably priced housing helps children with asthma address their health needs. Additionally, a national survey of Habitat for Humanity homeowners overwhelmingly found their families’ overall health had improved since moving into their home. Health justice without adequate housing, food, education, health care, employment, and safety are not possible.

Over 50 years after the passage of the Fair Housing Act, there are still reported cases of the practice of redlining. A 2020 article that appeared on the CBSNews.com website indicated, The National Consumer Law Center in 2018 joined the Connecticut Fair Housing Center in a lawsuit against Liberty Bank, alleging the company was redlining black and Latino neighborhoods in Hartford and New Haven.

FACT: Famed artist, Jean Michael Basquiat (SAMO), stated, “...It looked like a war zone, like we dropped a bomb on ourselves” referring to housing conditions in New York City in the late 1970s and early 80s.

Fretz, Eric. Jean-Michel Basquiat: A Biography. Greenwood, an Imprint of ABC-CLIO, LLC, 2010.

RACISM

To maintain the mythology of Black inferiority, stereotypes continued to emerge to justify the mistreatment of African Americans. The mythos of white superiority cannot exist without the inverse belief of Black inferiority.

INDIVIDUAL OVERT RACISM

When most people think about racism, their thoughts go to KKK members burning crosses, people yelling derogatory names, flying Confederate flags, or other acts of overt discrimination and hostility. It conjures up images of the segregated south where prejudice, ignorance, or negative stereotypes are commonplace. Most people know that it is socially unacceptable to conduct acts of individual overt racism.

However, individual acts of racism, although horrid are not the only way racism shows up and impacts lives. It is important to keep in mind that individual acts of racism do not happen in a vacuum but are typically manifestations of a society's foundational beliefs and ways of seeing and doing things.

*Racism shows up in four different ways:
Individual Overt, Internalized, Systemic, and Structural.*

INTERNALIZED RACISM

Racism has impacted the way African Americans and other people of color think about themselves, further harming their health and well-being. According to Psychology Today, "Internalized racism is defined as 'the acceptance, by marginalized racial populations, of the negative societal beliefs and stereotypes about themselves.'" The end result of stereotyping is internalized racism and, as multiple studies have repeatedly shown, ranges from reduced cognitive test scores, lower self-esteem, depression, chronic disease, psychological and social distress, and even reduced life expectancy.

Beliefs in stereotypes are so powerful that stigmatized individuals unconsciously adopt the beliefs, resulting in damaging effects on actual performance, confirming the negative stereotypes. Researchers have identified interrelated mechanisms or stereotype threats responsible for this effect. Internalized racism is another offshoot of systemic racism and shows up in several ways such as colorism, discrimination based on hair texture, and "the white man's ice is colder" syndrome (reference to the historical demonstration that "African Americans will buy anything put out there by white people," regardless if it is the same quality, because it appears more credible or more legitimate). The internalization of racism is the personification of white superiority and black inferiority myth and has consequences through self-devaluation.

- » It shows up as colorism, directly related to the larger system of racism. Many darker skinned people that suffer from internalized racism and have more pronounced facial features often engage in skin bleaching to change their natural complexion, plastic surgery to reduce their noses, or use caustic products to relax their natural curl pattern and straighten their hair.
- » It shapes how African Americans live their lives and how they must find ways of coping with life's stressors.
- » It serves as a barrier to academic achievement, limiting educational attainment thus reducing economic earning potential.

SYSTEMIC AND STRUCTURAL RACISM

Although harmful, solely focusing on individual racism reduces the significance of the destruction that racism at large has had on everyday life for African Americans. As a practice, systemic racism maintains the disparities that create inequality. It inflicts immense harm on the lives of millions. Structural factors such as employment and access to health insurance, healthy foods, medical care, and clean air and water in neighborhoods are drivers of disease and death and are not based on the individual action or bad decisions of the few. These conditions are based upon systems, policies, and laws. Health justice cannot be truly achieved until the impact of systemic and structural racism is understood and addressed.

Racism is a state of being that was birthed from a stew of greed in the quest for the desire for massive and immoral profit-making at any expense and turned into a tool to keep people from unifying from seeing their common plight. The cancerous sickness of racism does not just rear itself as singular unconnected events (although it does that as well). It runs deep throughout the veins of American society. Focusing on individual acts of racism obscures the realities of racial inequity.

Racism is a collection of racist policies that lead to racial inequities that are substantiated by racists ideas.

– DR. IBRAM X. KENDI

Racism, through mutually reinforcing inequitable systems and structures, impacts almost every part of American life, with the greatest impacts felt by African Americans and other people of color. This is evidenced not just in housing, employment, health care, education, and criminal justice, but just about every facet of American life. Racism was created to keep power in the hands of people who are the ruling class or the white elite. Examples of the manifestation of it in the everyday experiences of African Americans include:

- » Healthcare: According to a study by the New York City Department of Health and Mental Hygiene Bureau of Maternal, Infant, and Reproductive Health, “The mortality rate for babies born to African American mothers with a master’s or doctorate degree is far worse than the mortality rate for babies born to white mothers with less than an eighth-grade education.” Similar studies found consistencies in other areas of the United States.
- » Education: “African American students are much more likely to be suspended from preschool than white students. They make up 18% of all preschoolers but represent almost 50% of all preschool suspensions. Compare that to white kids, who make up 43% of all preschool enrollment, yet represent 26% of those receiving suspensions.” When African American students and white students commit similar infractions, African American students are suspended and expelled three times more often than white students. On average, 5% of white students are suspended, compared to 16% of African American students.
- » Policing: According to a Washington Post article: “A study published in May 2020 of 95 million traffic stops by 56 police agencies between 2011 and 2018 found that while black people were much more likely to be pulled over than whites, the disparity lessens at night, when police are less able to distinguish the race of the driver. The study also found that blacks were more likely to be searched after a stop, though whites were more likely to be found with illicit drugs.”
- » Sentencing: According to a study by the US Bureau of Justice Statistics, in 2016, African Americans were incarcerated in local jails at a rate 3.5 times that of non-Hispanic whites. Although African Americans and Latinos only comprised 29% of the US population, in 2010, they made up 57% of the US prison population.

- » Housing: Between 1970 and 2015, the Black resident population of Washington, D.C. declined from 71 percent of the city's population to just 48 percent, while the white population increased by 25 percent. From 2000 to 2013, the city endured the nation's highest rate of gentrification, resulting in the displacement of more than 20,000 African American residents. The result: almost 1 in 4, or 23%, of African American residents who live in Washington, D.C., live in poverty.
- » Paying Property Taxes: Research has shown that African Americans and other people of color pay higher property tax. According to a July 2, 2020 article in the Washington Post that references a new working paper by economists Troup Howard of the University of Utah and Carlos Avenancio-León of Indiana University, African American-owned homes are consistently assessed at higher values, relative to their actual sale price, than white homes.
- » Wealth: 2014 data reported by the Pew Research Center indicate that the wealth of white households was 13 times the median wealth of African American households.
- » Food Insecurity: Research looking at trends in food insecurity from 2001 to 2016 uncovered that food insecurity rates for African American households were at least twice that of white households.
- » Shopping: According to a Case Western Reserve Study of African American shoppers, 80 percent of participants reported they have experienced racial stigmas and stereotypes while shopping. Fifty-nine percent recall being targeted as a potential shoplifter, while 52 percent reported at least one experience in which a salesperson assumed he or she was "too poor or could not afford to be able to make a purchase."
- » Media: Research shows that the media depicts African Americans overwhelmingly as poor, reliant on welfare, dysfunctional families with absentee fathers, and as criminals, despite what the actual data show. Dr. Travis L. Dixon, professor of communications at the University of Illinois at Urbana-Champaign, conducted a study that showed that African American families represent approximately two-thirds (59%) of the poor portrayed in the media. In reality, African American families account for less than one-third (27%) of Americans in poverty. White families represented only 17 percent of the poor portrayed in the media. In reality, whites account for two-thirds (66%) of Americans in poverty. African Americans depict over one-third, or 37 percent, of criminals shown in the news but constitute approximately a quarter or 26 percent of those arrested on criminal charges. Whites depict a little more than one-quarter (28%) of criminals shown in the news, when FBI crime reports show they make up more than two-thirds (70%) of crime suspects.
- » Poverty: Despite red lining, most African Americans do not live in concentrated areas in inner cities with high poverty and crime. Most African Americans live above the poverty line with 27 percent living in poverty. However, it is important to note that structural poverty remains a critical factor of well-being that exist within African American communities, which has never fallen below a 20% rate of poverty.
- » Geography: The vast majority of African Americans live in suburban, rural, or small metropolitan areas. During her research, Elizabeth Kneebone, a fellow at the Metropolitan Policy Program at the Brookings Institution, found the following in the 2010 to 2014 American Community Survey:
 - » 39 percent of African Americans lived in the suburbs
 - » 36 percent lived in cities
 - » 15 percent lived in small metropolitan areas
 - » 10 percent lived in rural communities

Of the African Americans who lived in cities, a small subset, or roughly 8 percent, of African Americans lived in an area of concentrated poverty located in a big city.

- » Economic power: African American buying power was \$1.4 trillion in 2019, according to the Selig Center for Economic Growth. Of the top 20 GDPs in the world, the economic buying power of the African American population would be between #13 and #14, ranking higher than Mexico. It is projected to grow to \$1.8 trillion by 2024 and is outpacing white buying power. African Americans also skew younger than the rest of Americans. About 54% of African Americans are age 34 and younger, according to Nielsen, with the median age being 32 compared to the median age of 38 for all Americans. Also, according to Nielsen, between 2000 and 2018, Black buying power rose 114%, compared to an 89% increase in white buying power.
- » The Mythology of Fatherhood Involvement: The family has been the foundation of African American culture from times of slavery through the difficult days of mandated racial segregation. A critically important part of the African American family is the father. It is a pervasive myth that most African American children are fatherless. Most may be born into a family where the mother and father are not married, but that does not mean that the father is not involved or in the picture.

Maintaining this myth has negative implications for all African Americans – specifically the ways in which society perceives African American males – often making them into the scapegoat for society’s ills. According to the CDC, whether living in the same home or not, African American fathers are the most involved of all racial and ethnic groups. In fact, the majority of African American fathers live with their children.

The above examples just scratch the surface. The cost of health injustice and inequalities remains high. African American communities suffer from poverty, unemployment and illness. Chronic illness for heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide at rates disproportionately higher than whites.

As a cumulative state of being, African Americans experience higher levels of stress, reducing health and happiness. But even more importantly, racism reduces important contributions to society. This hurts everyone within society, reinforcing the fact that racism is a public health issue for all Americans, not just African Americans.

We do know that health inequities at their very core are due to racism,

SAID DR. GEORGES BENJAMIN, EXECUTIVE DIRECTOR OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

There’s no doubt about that.

The ultimate example of discrimination is the gap that exist in life expectancy, or the average span that a person or group is expected to live. According to 2015 Census Bureau projections, average life expectancies at birth for African Americans was 76.1 years, with 78.9 years for women, and 72.9 years for men. For whites, the projected average life expectancies were 79.8 years, with 82.0 years for women, and 77.5 years for men.


| DISPARITY IN AVERAGE AGE LIFE EXPECTANCY IN THE U.S. 2015 U.S. CENSUS BUREAU | | | |
|---|-------|------|------------|
| | White | AA | Difference |
| Men | 77.5 | 72.9 | 4.6 |
| Women | 82 | 78.9 | 3.1 |

Sadly, this difference in life span means that African Americans have less time to be economically productive, to spend with their families, and contribute their knowledge base to society. Families and communities are missing the economic and financial contributions accrued from shortened pensions and social security. How many people might have created masterpieces of art or literature or made significant scientific discoveries but haven't because of racism? How many families were cut short or would never exist due to lives prematurely ending?

FACT: *Clotel; or, The President's Daughter*, was the first novel published by an African American, in 1853. It is the fictionalized story of Thomas Jefferson's illegitimate mulatto daughter, Clotel, who had been sold into slavery and conceived with a slave whose name only appears as Curren, the supposed mistress of Thomas Jefferson. First published in December 1853, the novel, *Clotel*, was written a time when the relationship of Jefferson and Hemmings were unconfirmed rumors.

"William Wells Brown, 'Clotel; or, The President's Daughter: A Narrative of Slave Life in the United States.'" *The American Yawp Reader*, www.americanyawp.com/reader/the-cotton-revolution/william-wells-brown-clotel-or-the-presidents-daughter-a-narrative-of-slave-life-in-the-united-states-1853/.





FACT: African Americans have been contributing to all aspects of culture around the world, including classical music composition and orchestration – fields that are thought to be exclusively white.

Chevalier de Saint-Georges is remembered as the first classical composer of African origin to gain notoriety. Born to a wealthy plantation owner and his African slave, Saint-Georges was a prolific composer who wrote string quartets, symphonies, and concertos in the late 18th century. He also led one of the best orchestras in Europe – Le Concert des Amateurs. former U.S. President John Adams judged him “the most accomplished man in Europe.”

Florence Price, in 1933, was the first African American woman to have her music performed by a major symphony orchestra. A music critic from the Chicago Daily News heard the work, performed by the Chicago Symphony Orchestra, and declared it “a faultless work, a work that speaks its own message with restraint and yet with passion... worthy of a place in the regular symphonic repertoire.”

William Grant Still was the first African American to conduct a major American symphony orchestra, the first to have an opera produced by a major opera company (the New York City Opera), the first to have a symphony (the first he wrote) performed by a leading orchestra, and the first to have an opera performed on national TV.

George Walker was the first African American to win the Pulitzer Prize for music. He received it for his work *Lilacs* in 1996.

George Bridgetower was an Afro-European virtuoso violinist and composer whose name you might recognize from *Immortal Beloved*. *Violin Sonata No. 9* was both written and formally dedicated to Bridgetower.

Harry Lawrence Freeman was a U.S. opera composer, conductor, impresario, and teacher. He was the first African American to write an opera (*Epthalia*, 1891) that was successfully produced.

Roberts, Maddy Shaw. “9 Black Composers Who Changed the Course of Classical Music History.” *Classic FM*, *Classic FM*, 4 June 2020, www.classicfm.com/discover-music/black-composers-who-made-classical-music-history/.

CHAPTER: JOURNALING PROMPTS (QUESTIONS FOR SELF-REFLECTION)

CHAPTER ONE

1. Why were Africans selected to be slaves in the Americas? How does the relationship between labor and profits underpin racism? Who benefits from it? Does that dynamic still exist today?
2. How did Jim Crow reinforce a fear-based culture within America? How did Jim Crow impact the lives of African Americans? How did Jim Crow impact the lives of whites?
3. Think about the toll that the institution of racism has had on the lives of all Americans from the perspectives of our collective society, economy, health and education systems. Use the space below to imagine where America could be without racism.
4. What have you newly learned that will inform your future conversations about race and racism? What are some of your preconceived notions about why African Americans live in poverty? How has this guide helped to adjust your thoughts and outlook?
5. What can you do in your own life to reduce racism?

NOTES



CHAPTER 2

AFRICAN AMERICANS,
TOBACCO, AND OTHER TOBACCO
PRODUCTS





WE REAL COOL

BY GWENDOLYN BROOKS

The Pool Players.
Seven at the Golden Shovel.

We real cool. We
Left school. We

Lurk late. We
Strike straight. We

Sing sin. We
Thin gin. We

Jazz June. We
Die soon.

Gwendolyn Brooks, "We Real Cool" from Selected Poems. Copyright © 1963 by Gwendolyn Brooks. Reprinted with the permission of the Estate of Gwendolyn Brooks.

THE BIRTH OF MENTHOL

Tobacco smoking over the centuries has varied greatly between Blacks and whites. African Americans and whites smoked tobacco differently, as evidenced by the number of tobacco pipes uncovered in slave quarters during archaeology digs. Thirty-six National Health Interview Surveys (NHIS) between 1890 and 2012 showed that, on average, whites begin smoking at an earlier age than African Americans, and African Americans tend to quit in fewer numbers. Related to lower cessation rates, African Americans smoke at higher rates than whites, contributing to them leading the nation in tobacco-related disease and death. Most striking is their preference for menthol brands. Today, four out of five African American tobacco users smoke menthol.

FACT: In 1900, most people only smoked a few cigarettes – about 54 cigarettes per person per year. By 1963, that number increased almost exponentially, when an estimated 4,345 cigarettes were consumed per adult in that year alone.

Bonnie, Richard J., et al. *Ending the Tobacco Problem: a Blueprint for the Nation*. National Academies Press, 2007, www.nap.edu/read/11795/chapter/4.

The increase in cigarette smoking consumption occurred for many reasons but was driven largely by the mass production of cigarettes; menthol or an additive flavor to enhance the mildness, packaging, addictiveness, and convenience of the product; glamorization of smoking in movies and on television; and persuasive advertising campaigns.

Lloyd “Spud” Hughes, an Ohio man, is credited with introducing American smokers to menthol flavored cigarettes, making smoking less harsh and giving it the feeling of a “cool” sensation. Spud cigarettes were introduced to the market in 1925 and quickly became popular. They are considered to be the first widely sold menthol cigarette and the fifth most popular brand in the country by 1932.

The success of the product is aided by the fact that adding menthol flavoring makes smoking cigarettes less harsh, making it easier for youth to start smoking and develop their addiction.

TOBACCO, RACE AND LABOR

The tobacco industry was unique in the early industrialization of manufacturing infrastructure and progressive in being one of the first employers of Black men and women in significant numbers. In the 1930s, about half of all persons employed in manufacturing positions in the tobacco industry were African American. The R.J. Reynolds (RJR) company embraced what is today referenced as racial capitalism, in which almost all Black employees classified as “unskilled” were confined to the lowest-paid jobs and most deplorable working conditions while higher-paying skilled jobs were reserved for whites. This structure set up a system of race-based dual wages and reinforced divisions between Black and white workers, ensuring entrenched poverty in the Black community. It also reinforced the centuries-long pattern of differentiating whites from Blacks and encouraging the growth of white privilege and racism. Regarding the structuralizing of the workforce, the tobacco industry was not unique, but it could be considered the first when it comes to embracing employment of the Black worker. It is a history that complicates today’s efforts to compose anti-tobacco messages and initiatives

because through the lens of employment, the tobacco industry in the late 20th century was considered “pro Black.” Eventually, whether to expand its markets or set the state for the appearance of community philanthropy, tobacco companies began hiring African Americans for management positions in the 1950s.

Employment patterns mirrored the nation’s racism and provided fertile ground for the development of civil rights unionism. In this way, the early 20th century was hardly different than the antebellum South. African Americans always resisted their oppression, whether through rebellion, manipulation of the workplace, or seeking out the Underground Railroad. Civil rights unionism benefitted from the skills learned in social clubs, churches, and speakeasies where there were opportunities for developing organizational and leadership skills.

In 1942, the Congress on Industrial Organizations (CIO) and organizers from the United Cannery, Agricultural, Packing, and Affiliated Workers of America (UCAPAWA, later the Food, Tobacco, Agricultural, and Allied Workers or FTA) arrived in Winston-Salem, North Carolina at the R.J. Reynolds headquarters. The process of unionization led by Black women, fought for equal pay and equal rights for Black workers and women. Marking the beginning of a labor-based civil rights movement, the process of organization also led to voter registration drives and membership campaigns for the NAACP (National Association for the Advancement of Colored People). Tobacco companies comprised some of the first industries to hire African Americans in sales and eventually management. Other companies, following the lead of the tobacco industry, began seeing African Americans not just as workers, but as a potential market. Philip Morris started advertising in African American publications in the late 1940s.

FACT: Velma Hopkins helped mobilize 10,000 workers into the streets of Winston-Salem, North Carolina as part of an attempt to bring better working conditions to the R.J. Reynolds tobacco company. The union, called Local 22 of the Food, Tobacco, Agricultural and Allied Workers of America–CIO, was integrated and led primarily by African American women. Hopkins’ efforts helped establish Winston-Salem’s African American middle-class community and opened the door to an emerging civil rights movement.

“Women’s History Month 2021.” The LA Fed, 1 Apr. 2021, thelafed.org/news/whm-2021/#:~:text=Velma%20Hopkins%20helped%20mobilize%2010%2C000,Reynolds%20Tobacco%20Company.&text=She%20joined%20the%20United%20Farm,became%20its%20first%20woman%20recruiter

TOBACCO INDUSTRY & MARKETING EFFORTS

BURGEONING MARKETS

Marketing and advertising promotional expenditures are used to drive sales for products across all industries. The marketing strategies employed by the tobacco industry are critical in understanding tobacco use and patterns among diverse populations. For example, prior to WWII, when African Americans were not particularly high consumers, the tobacco industry used Black caricatures in tobacco advertising to attract white smokers. Of course, this was only successful because of the nature of racism endemic in the white population.

After WWII, the tobacco industry looked for ways to expand its business. Many African Americans were coming home from the war, others were expanding economically into the middle class, meaning more African Americans had disposable income to spend. It was an economic phenomenon reinforced by tobacco companies as they started to hire African Americans into middle management positions. As a result, advertising began to change.

More doctors smoke Camel, than any other brand.

**1946 CAMEL CIGARETTE ADVERTISEMENT LAUNCHED
BY R.J. REYNOLD TOBACCO COMPANY**

To increase market share in the African American community, it was necessary that more African Americans pick up the habit. The industry became one of the first to use middle-class imagery of African Americans in their advertising.

The relationship between marketing and consumer behavior could not have been more well-crafted. Once considered low-end consumers, African Americans were denigrated in marketing strategies and used as caricatures to market to white smokers. However, when the economic position changed and African American money meant increased consumerism, they transitioned from objectified one-dimensional characters to subjects with families and friends celebrating the good life. Tobacco advertising treated African Americans as human. When African Americans were only workers, they were fodder for white advertising, but as consumers and targets for sales, they were elevated and humanized. It is a contradiction we should never fail to acknowledge.

FACT: Due to the increase in smoking preference, many other cigarette companies launched their own brand of menthol cigarettes for the next 30 years between 1932 and 1960. Brown & Williamson launched Kool cigarettes in 1932. In 1956, R. J. Reynolds launched its menthol brand, Salem, and in 1957 Lorillard introduced Newport. Philip Morris produced its first menthol brand, Alpine, in 1959. The Newport brand is currently owned and manufactured by the R. J. Reynolds Tobacco Company and is the best-selling brand of menthols in the world.

May 07, 2021 Vol. 47 No. 18, et al. "The UnKOOL, Unfiltered History of Menthol Cigarettes." The Cancer Letter, 8 May 2021, cancerletter.com/guest-editorial/20210507_2/.

USING VULNERABILITIES TO PROFIT

At a time when sponsorships from businesses and corporations outside of the African American community were rare, positive images of African Americans in the media were even rarer. There were little to no African American voices being heard in the advertising world. With little to no African Americans working in meaningful positions at advertising agencies and a lack of interest in marketing to African American consumers at the time, seeing African Americans positively in major advertisements and media venues was non-existent. Tobacco and alcohol companies saw opportunities to fill the void, and as an insidious result, increase their product sales. These targeted efforts had the impact of building social capital within communities, a move that was only made possible with a change in how the industry marketed to African Americans, and a change in hiring practices resulting in more African Americans in management.

MODERN-DAY MARKETING EFFORTS

Most tobacco companies have bought each other out and formed large conglomerates. British American (owner of Newport, Kool, Natural American Spirit, and Camel brands) and Altria (holder of Philip Morris, John Middleton, and Nat Sherman operating companies) are two of the largest companies that hold the most popular tobacco brands. These companies in 2019 had a combined annual revenue of \$52 billion dollars.

MARKETING

Although cigarette companies have been barred from advertising on the airwaves since 1971, tobacco companies poured their marketing dollars on promotional allowances paid to retailers (such as displays in gas stations and convenience stores), customer discounts, and promotional allowances paid to wholesalers. In 2018, these three marketing strategies accounted for over 92 percent of all cigarette company marketing expenditures according to the Federal Trade Commission and break down as the following:

- » Price discounts paid to retailers and wholesalers to reduce the price of cigarettes to consumers – about \$7.2 billion
- » Promotional allowances paid to cigarette retailers, such as payments for stocking, shelving, displaying, and merchandising particular brands – \$180.3 million
- » Promotional allowances paid to cigarette wholesalers, such as payments for volume rebates, incentive payments, value-added services, and promotions –\$337.5 million

ADS AND PRODUCT PLACEMENT

Brown & Williamson:

Clearly the sole reason for B&W's interest in the black and Hispanic communities is the actual and potential sales of B&W products within these communities and the profitability of these sales ... this relatively small and often tightly knit [minority] community can work to B&W's marketing advantage, if exploited properly.

Lorillard:

Tie-in with any company who helps black[s] – 'we help them, they help us.'
Target group age 16+.

Advertising is powerful. In urban neighborhoods, the frequency of ads is greater in locations with higher concentrations of people with lower incomes. Storefront tobacco advertisements (i.e., ads that are commonly placed on the windows of convenience stores, bodegas, and gas stations) are far more prevalent in predominantly low-income communities than in high-income communities.

Tobacco companies, through their marketing efforts, were one of the first to support African American communities through sponsorships. By providing scholarships to historically Black colleges and universities (HBCUs), sponsoring golf outings, bowling/softball, and other sports tournaments, donations to local and African American elected officials, street festivals and major music concerts in cities across the nation, and fellowships to emerging journalists, the tobacco industry has maintained a visible presence in the Black community.

African American print media became a mainstay in African American households. Big Tobacco ran hundreds of targeted ads in the top three Black publications for decades. The three most popular publications in the African American community from the 1950s through the 2000s were:

- » Ebony magazine, founded in 1945 by John H. Johnson. The monthly publication focused on news, culture, and entertainment in the African American community. Marketers estimate that Ebony reached over 40% of Black adults in the United States at its height.
- » The news and entertainment weekly digest, Jet magazine, was first published by John H.

Johnson on November 1, 1951.

- » Essence magazine was first published in May of 1970. Essence is a lifestyle magazine targeted towards African American women, aged 18–49.

All of these publications played a vital role in redefining how corporate America (not just Big Tobacco) viewed Blackness and how African Americans saw themselves in relation to business, the arts, the civil rights movement, and history itself.

Similar to the nullification of anti-tobacco advocacy, articles critical of tobacco were rare or non-existent. Ebony included an article listing the ten most critical health issues for African Americans, and despite Black people leading the nation in tobacco-related disease and death, tobacco was not listed.

The first concerted minority advertising push took place during the early 1970s. In addition to ads placed in publications, tobacco companies placed brand names like Kool and Newport on cars, clothing, placards, movies, billboards, television shows, and in popular magazines, such as Ebony, Jet, and Essence (magazines found in most African American households). Big Tobacco made donations to African American elected officials and funded major entertainment events, street festivals, and major music concerts in cities across the nation to maintain a visible presence in the Black community. Big Tobacco has even given grants and scholarships to historically black colleges and universities, hired lobbyist to influence politicians, and even donated money to campaigns.

By 2007, a study found that there were close to three times more tobacco advertisements per person in areas with an African American majority compared to majority-white areas.

FACT: Between 1998 and 2002, Ebony was almost 10 times more likely than People to contain ads for menthols.

Rising, Joshua, and Lori Alexander. "Marketing of menthol cigarettes and consumer perceptions." Tobacco induced diseases vol. 9 Suppl 1,Suppl 1 S2. 23 May. 2011, doi:10.1186/1617-9625-9-S1-S2.

FACT: The largest cigarette and smokeless tobacco companies spent over \$8.2 billion on cigarette advertising and promotion in 2019.

"Tobacco Industry Marketing." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 14 May 2021, www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/marketing/index.htm.

THE INVESTMENT PAID OFF

Research findings show that African American consumers are more likely to connect favorably to positive targeted ads. In this same study, the authors found that African Americans responded more favorably to messages that communicate values such as fun and enjoyment, strong family values, or featured Black models that depicted high achievement, high occupational status, and or otherwise communicating power and prestige as a central part of the ad.

Tobacco largesse, albeit laden with self-interest, also silenced voices that may have arisen disclaiming the benefits of tobacco use and advocating against tobacco-related death and disease. Anti-tobacco advocacy in African American communities was nullified.

To the tobacco industry, the investment into the promotion of African American culture and depicting images of African Americans as a normal people paid off. The strategy, contrary to the health and well-being of the African American community, developed a legion of loyal supporters, not just consumers. This underscores the social justice imperative to counter smoking and menthol use in the African American community.

GUESS WHO SMOKES MENTHOL CIGARETTES?

Based upon the heavy investment in targeted advertising and marketing by the tobacco industry, the African American loyal love affair with menthol cigarettes is no surprise. Evidence from tobacco industry documents shows that the industry carefully studied smokers' preferences. From their studies, they found out that African Americans smoke menthol flavored cigarettes approximately three times the rate of whites.

Specifically, Big Tobacco developed marketing campaigns that target menthol-flavored products to the African American community. The industry used excessive targeted marketing to increase sales and profits for decades.

FACT: There are more tobacco retailers in the United States – about 27 times more than McDonald's and 28 times more than Starbucks. These retailers are disproportionately located in low-income neighborhoods, which means the more retailers, the more ad and product exposure.

The Truth about Tobacco Industry Retail Practices, truthinitiative.org/sites/default/files/media/files/2019/03/Point-of-Sale-10-2017.pdf.

FACT: Today, the average youth in the United States is exposed annually to 559 tobacco ads while every African American adult is exposed to 892 ads annually.

Boonn, Ann. Tobacco Company Marketing to African Americans, Campaign for Tobacco Free Kids, Aug. 2009, www.famu.edu/alliedHealth/Tobacco%20company%20marketing%20to%20African%20Americans.pdf.

- » Almost 20 million people in the U.S. are current smokers of menthol cigarettes.
 - » More than half of smokers ages 12–17 smoke menthols.
 - » Youth who smoke are more likely to smoke menthol cigarettes than older smokers.

- » Around 3 million, or 18.3%, of African American adults currently smoke.
 - » According to the FDA, African Americans make up 88.5 percent of menthol smokers, followed by:
 - » 46 percent of Hispanic smokers
 - » 9 percent of Asian smokers
 - » 28.7 percent of White smokers
 - » Of those adults, smoking among African American men is higher than among African American women – 21.8% vs. 15.4%, respectively.

Today, (just about) over 88% of African American smokers prefer menthol cigarettes, compared with (approximately) 30% of white smokers. This unique social phenomenon was principally occasioned by the tobacco industry’s masterful manipulation of the burgeoning Black, urban, segregated, consumer market in the 1960s. Through the use of television and other advertising media, coupled with culturally tailored images and messages, the tobacco industry “African Americanized” menthol cigarettes. The tobacco industry successfully positioned mentholated products, especially Kool, as young, hip, new, and healthy. During the time that menthols were gaining a large market share in the African American community, the tobacco industry donated funds to African American organizations hoping to blunt the attack on their products.

– DR. PHILLIP S. GARDINER, PUBLIC HEALTH ACTIVIST, ADMINISTRATOR, EVALUATOR, RESEARCHER AND CO-CHAIR OF THE AFRICAN AMERICAN TOBACCO CONTROL LEADERSHIP COUNCIL (AATCLC), A GROUP OF BLACK PROFESSIONALS DEDICATED TO FIGHTING THE SCOURGE OF TOBACCO STILL IMPACTING THE AFRICAN AMERICAN COMMUNITY TODAY.

FACT: Menthol cigarettes account for 33% of cigarettes sold in the United States. R.J. Reynolds’ cigarette brands constitute about one third of cigarette sales in the United States. With a 14% overall market share, Newport, a mentholated cigarette produced by R.J. Reynolds, is the #2 cigarette in the U.S. According to 2017 sales data, Marlboro is the most popular cigarette brand in the United States controlling 40% of the market and with sales greater than the next seven leading competitors combined.

“Tobacco Brand Preferences.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 14 May 2021, www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/brand_preference/index.htm.

MENTHOL & ITS IMPACT ON HEALTH

Menthol is the chemical compound found naturally in the peppermint plant that triggers the cold-sensitive nerves in the skin and provides a cooling sensation. It is often used to relieve minor pain and irritation and prevent infection. Menthol is added to many products such as throat lozenges, syrups, creams and ointments, nasal sprays, powders, and candy. The difference between these products and menthol-flavored tobacco products like cigarettes and cigarillos is that none of these products are lighted by fire or smoked.

Menthol is not just a harmless additive that can cause eye and skin irritation, it gives the sensation of reducing congestion when it can actually worsen congestion by increasing inflammation. When used on the skin, menthol is typically diluted with a carrier oil to help reduce the intensity of concentration. Products with a high percentage of menthol applied to the skin have been reported to cause irritation and chemical burns.

...you know, you just knew Newport 'cause you'd have access to what you heard more often or that's what people had, and I was—and I knew what the box looked like, so I'd, like, 'Oh, can I have Newport? and those were just what I smoked. It wasn't even menthol, not menthol. It was just 'I know Newport'.

QUOTE BY BLACK YOUNG ADULT GROUP, FEMALE, 19, FROM STUDY IN NICOTINE & TOBACCO RESEARCH WHEN ASKED FOR REASONS FOR INITIATING AND PREFERRING MENTHOL CIGARETTES.

Many believe menthol flavoring makes tobacco healthier or makes smoking them safer. It does not. According to a study in *Nicotine & Tobacco Research*, "As evidenced by young people's own descriptions, menthol cigarettes appear to facilitate smoking initiation and continued smoking because they are easier to smoke and because they taste and smell substantially better than non-menthol cigarettes, sentiments echoed across both the black and non-black participant group." As a matter of fact, there is no evidence that cigarettes, cigars, or smokeless tobacco products that have menthol are safer than other cigarettes. Like other cigarettes, menthol cigarettes harm nearly every organ in the body and cause many diseases. When used in cigarettes, menthol may reduce the irritation and harshness of smoking. In addition, studies show that amounts of tar, nicotine, and other ingredients poisonous to humans are 30–70% higher in menthol cigarettes than in non-mentholated cigarettes.

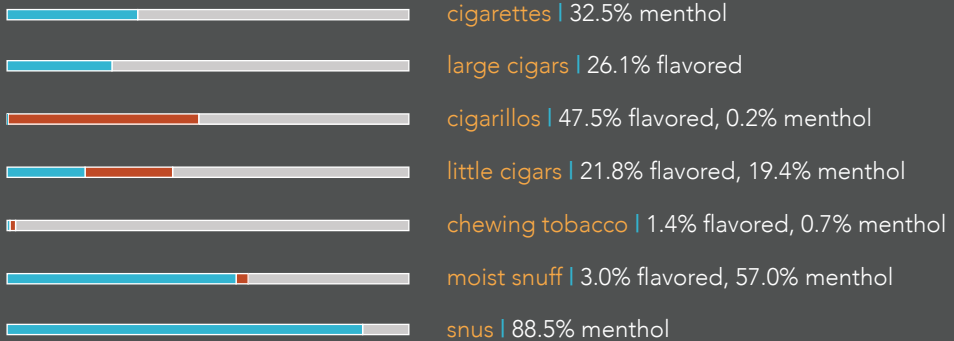
FACT: People who smoke menthols show significantly higher levels of nicotine addiction compared with non-menthol smokers in the same age group.

"Menthol and Cigarettes." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 18 May 2020, www.cdc.gov/tobacco/basic_information/tobacco_industry/menthol-cigarettes/index.html.

People who smoke menthols, actually want to quit and have more quit attempts than those that do not smoke menthols. Menthol may help to cover the actual strength of cigarette smoke, making it more pleasurable. However, smoking mentholated flavored tobacco has been linked to less successful attempts at cessation.

Menthol is also used in other tobacco products such as cigars, hookah (water pipe) tobacco, smokeless tobacco (dip, chew, snuff, and snus), and e-cigarettes and other electronic nicotine delivery systems (ENDS). Even though many brands of cigarettes are intentionally marketed as menthol cigarettes, all tobacco products sold in the U.S. contain at least some natural or lab-created menthol.

FACT: Nationally, the proportion of flavored and menthol tobacco sales in 2015 was as follows:



Kuiper, Nicole M et al. "Trends in Sales of Flavored and Menthol Tobacco Products in the United States During 2011-2015." *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco* vol. 20,6 (2018): 698-706. doi:10.1093/ntr/ntx123

LITTLE CIGARS AND CIGARILLOS

Cigarettes and Cigars are different. According to the CDC, a cigar is defined as a roll of tobacco wrapped in leaf tobacco or in a substance that contains tobacco. Cigarettes are tobacco wrapped in paper. The three major types of cigars sold in the United States are large cigars, cigarillos, and little cigars.

After smoking cigarettes, cigar smoking is the second most common form of smoking. The American Cancer Society says, "Many people perceive cigar smoking as being 'more civilized' and less dangerous than cigarette smoking. Yet, a single large cigar can contain as much tobacco as an entire pack of cigarettes." U.S. cigar use doubled between 1997 and 2007, from 5 to 10.6 billion cigars smoked annually. Some of the increased sales of cigars are driven by cigarette-sized little cigars and narrow, mid-sized cigarillos.

Tobacco companies developed targeted advertising and marketing campaigns of cigars in locations with a greater proportion of Black residents. These campaigns often consist of offering lower prices and ensuring the availability of cigars for purchased as a single unit sale. This might contribute to higher cigar smoking among African Americans.

Smoking little cigars is not safer than smoking cigarettes. Cigars, too, increase the risk of mouth, throat, voice box, and lung cancers. Some believe removing the liner paper of the cigarillos (also called "hying" or "freaking") will reduce the harm of smoking it. Whether the cigar is empty and filled with another substance, such as cannabis, the smoker is inhaling tobacco toxins. Common cigarillo brands used by African Americans are Swisher Sweets, Philly


Blunts, and Black and Mild. Little cigars, cigarillos, and large cigars are offered in a variety of flavors including candy and fruit flavors such as sour apple, cherry, grape, chocolate, and menthol and are not subject to the same laws as cigarettes.

In the 2014 National Survey on Drug Use and Health, young adults aged 18–25 had the highest prevalence of past 30-day cigar use (9.7%) compared to youth aged 12–17 (2.1%) and adults ages 26 or older (3.9%). A survey of 684 students at a historically Black university in the southeast U.S. found that 18.5% had smoked cigarillos in the past month. The numbers may be underestimated as recent studies have shown that many adolescents refer to cigarillos by their brand name and do not consider them cigars.

LOOSIES

In some African American communities, the price of cigarettes and cigarillos are made affordable by breaking the pack of cigarettes and selling individual cigarettes or “loosies.” These could be sold for as little as 25 cents per cigarette or cigarillo. This illegal practice targets youth, who are not likely to be able to afford a pack of cigarettes daily. Selling individual cigarettes or cigars allows youth to be able to afford the addictive behavior. According to the 2009 Tobacco Family and Protection Act, it is illegal to break a pack of cigarettes for the purpose of selling individual cigarettes.

Due to a lack of consistent enforcement, the practice of selling “loosies” by convenience store owners and gas stations is supported by the tobacco industry and is not consistently monitored by state and local enforcement agencies. National surveys on youth smoking note that youth that self-report indicate that the one way they obtain tobacco products is by purchasing them from convenience stores or gas stations.



FACT: Born Anna Pauline Murray, Pauli chose the gender non-specific Pauli. A graduate of Howard law school, Pauli Murray’s legal arguments were used as part of the winning strategies used by Justice Thurgood Marshall for public school desegregation in *Brown vs The Board of Education*, women’s rights in the workplace, and an extension of rights to LGBTQ+ people based on Title VII of the 1964 Civil Rights Act. In 1965, Pauli Murray became the first African-American to receive a JSD (Doctor of the Science of Law) degree from Yale Law School. Justice Ruth Bader Ginsberg used Pauli’s legal writing in her Supreme Court arguments in the famous case *Reed vs Reed*. Pauli was a co-founder of the National Organization for Women, a vice-president of Benedict College in South Carolina, and the first person to teach African-American Studies and Women’s Studies at Brandeis University. Rev. Dr. Murray, a friend of Eleanor Roosevelt, James Baldwin, and Langston Hughes, became the first African-American woman ordained as an Episcopal priest, and received an honorary degree from the Yale Divinity School in 1979. In 2017, Yale University honored Pauli Murray, by naming one of the first new residential colleges to open at Yale University since 1961, after this remarkable human being, Pauli Murray College. Pauli Murray conceptualized many of the legal civil rights precedents we now take for granted. The Pauli Murray Center is located in Durham, NC.

Schulz, Kathryn, et al. “The Civil-Rights Luminary You’ve Never Heard Of.” *The New Yorker*, 10 Apr. 2017, www.newyorker.com/magazine/2017/04/17/the-many-lives-of-pauli-murray.

SMOKING & HEALTH

Smoking causes serious diseases and premature death. Cardiovascular disease and cancer are the leading cause of death among African Americans. Many of these deaths are related to the use of tobacco. Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually, or 1,300 deaths every day. The economic toll of smoking is staggering, with the total economic cost of smoking being more than \$300 billion a year. The estimated number of deaths (and years of potential life lost) among whites and African Americans who smoke differ. The negative consequences of smoking and tobacco use have shown up in the reduced number of years that African Americans live. The average annual mortality or death rate that can be attributed to smoking is 18% higher for African Americans (338 deaths per 100,000) than for whites (286 deaths per 100,000).

Smoking harms nearly every organ of the body.

CANCER

Lung cancer kills more African Americans than any other type of cancer. However, smoking does not only cause lung cancer. Smoking can increase the risk for developing cancer almost anywhere in the body. Approximately 45,000 African Americans die from smoking-related diseases each year. Lung cancer is not the only type of cancer that tobacco has on the body.

Examples of other cancers smoking can cause include:

- » Bladder
- » Blood (acute myeloid leukemia)
- » Cervix
- » Colon and rectum (colorectal)
- » Esophagus
- » Kidney and ureter
- » Larynx
- » Liver
- » Oropharynx (includes parts of the throat, tongue, soft palate, and the tonsils)
- » Pancreas
- » Stomach
- » Trachea, bronchus, and lung

In addition to increased cancer risks, smoking can cause or increase the risk of a host of other health ailments such as:

- » Age-related macular degeneration
- » Cataracts
- » Decreased bone health
- » Erectile dysfunction
- » Inflammation and decreased immune function
- » Rheumatoid arthritis
- » Tooth loss
- » Type 2 diabetes mellitus

Smoking can make it harder for a woman to become pregnant and maintain a pregnancy.

It can also cause:

- » Preterm (early) delivery
- » Stillbirth (death of the baby before birth)
- » Low birth weight
- » Sudden infant death syndrome (known as SIDS or crib death)
- » Ectopic pregnancy
- » Orofacial clefts in infants

FACT: Smoking can also affect the vitality of a man's sperm. Men who smoke have decreased sperm concentration, decreased motility or how sperm swim, fewer normally shaped sperm, and increased sperm DNA damage, all factors which can reduce fertility.

Dai, Jing-Bo et al. "The hazardous effects of tobacco smoking on male fertility." *Asian journal of andrology* vol. 17,6 (2015): 954-60. doi:10.4103/1008-682X.150847

CORONAVIRUS AND SMOKING

The lungs are an important organ in your body, delivering oxygen to the bloodstream and processing carbon dioxide from the body in a complex exchange of gases called respiration. Smoking harms the lungs. It reduces the natural defense mechanisms of the lungs making it harder for people to breathe and for the lungs to properly function.


This is especially important as of the publication of this guide. The 2019 Novel Coronavirus pandemic spread rapidly, causing severe illness and even death to those who have poorly functioning lungs and immune systems. It causes a disease called COVID-19, which is highly infectious and primarily attacks the lungs. Smoking harms lung function making it harder for the body's natural immune system to fight off disease, including COVID-19. Those who smoke are at risk of developing more severe cases of COVID-19 and other respiratory illnesses than nonsmokers.

Death and disease from COVID-19 disproportionately impacts African Americans.

SECONDHAND SMOKE WORK EXPOSURE

Smoking is the number one preventable cause of death and illness. However, secondhand smoke causes disease as well. Smoke from a cigarette, pipe, cigar, or cigarillo is considered secondhand smoke. Once the smoke is exhaled by the smoker, it can stay in the air for a long period of time.

According to Cancer.gov, many of the harmful chemicals that are in the smoke inhaled by smokers are also found in secondhand smoke including some that cause cancer. These include: Benzene, Tobacco-specific nitrosamines, Benzo[*a*]pyrene, 1,3-butadiene (a hazardous gas), Cadmium (a toxic metal), Formaldehyde, and Acetaldehyde. Many factors affect which



FACT: According to the CDC, secondhand smoke contains more than 7,000 chemicals and is considered a Class A carcinogen by the EPA and American Cancer Society.

“What Are the Risk Factors for Lung Cancer?” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 22 Sept. 2020, www.cdc.gov/cancer/lung/basic_info/risk_factors.htm.

chemicals and how much of them are found in secondhand smoke. These factors include the type of tobacco used in manufacturing a specific product, the chemicals (including flavorings such as menthol) added to the tobacco, the way the tobacco product is smoked, and – for cigarettes, cigars, little cigars, and cigarillos – the material in which the tobacco is wrapped.

The U.S. Environmental Protection Agency, the U.S. National Toxicology Program, the U.S. Surgeon General, and the International Agency for Research on Cancer have all classified secondhand smoke as a known human carcinogen, a cancer-causing agent. In addition, the National Institute for Occupational Safety and Health (NIOSH) has concluded that secondhand smoke is an occupational carcinogen. The U.S. Surgeon General estimates that, during 2005–2009, secondhand smoke exposure caused more than 7,300 lung cancer deaths among adult nonsmokers.

Some research also suggests that secondhand smoke may increase the risk of breast cancer, nasal sinus cavity cancer, and nasopharyngeal cancer in adults as well as the risk of leukemia, lymphoma, and brain tumors in children. Additional research is needed to determine whether a link exists between secondhand smoke exposure and these cancers.

According to a study by the CDC, there was a drastic difference in exposure to tobacco smoke among youth from families both above and below the federal poverty level. Almost 55% of children from families below the federal poverty level were exposed to secondhand smoke, versus 16% from families making 400% above the poverty level. Black youth had the highest level of exposure to secondhand smoke at 61.8%, while white youth rated at 34.3%, Asian youth measured 18.3%, and Hispanic youth ranked 24.9%. Black youth below the age of 5 who are impoverished are especially victimized by secondhand smoke in their homes.

Youth and non-smoking adults are often exposed to secondhand smoke through their homes or places of employment. Bartenders, construction workers, transportation workers, waitresses and waiters, cook staff, or any job where workers are in a smoke-filled worksite can be at increased risk for exposure. Studies have shown that those exposed to secondhand smoke have higher rates of respiratory/breathing problems, increased heart rates, chronic coughs, and experience more sick days than similar workers in non-smoking worksites.

Often a non-smoker would prefer to work in a non-smoking worksite but may find it difficult to find employment in a non-smoking worksite. Studies have also shown that if workers in smoke-filled worksites complain about the poor air quality, they may be at risk of losing their jobs. Exposure to secondhand smoke occurs mainly in “blue-collar” worksites.

Strong policies restricting smoking and overall tobacco use in worksites with these occupations have been effective in eliminating exposure to secondhand smoke, increased the likelihood of workers making quit attempts, and improving the health of all employees, thereby fostering health justice in the workplace – where all persons are protected by the dangers of exposure to secondhand smoke.

FACT: Secondhand tobacco smoke (SHS) exposure contributes to diseases including heart disease, lung cancer, and stroke. Higher smoking prevalences among workers employed in industries where more people smoke might lead to exposure of their nonsmoking coworkers to SHS. Passing smoke-free laws have reduced SHS exposure. Below are a few occupations where workers are historically exposed to secondhand smoke in the workplace:

- » Construction
- » Mining
- » Installation, Repair, and Maintenance
- » Food Preparation and Serving Related Occupations
- » Casino workers
- » Building and Grounds Cleaning and Maintenance
- » Personal Care and Service Occupations
- » Farming, Forestry, and Fishing

Casino workers are more frequently exposed to high levels of secondhand tobacco smoke. According to a study conducted by the National Institute for Occupational Safety and Health (NIOSH), NIOSH investigators evaluated environmental tobacco smoke exposure at Bally's, Paris, and Caesars Palace casinos in Las Vegas, Nevada, at the request of casino employees. They measured exposures and surveyed employees about health symptoms. NIOSH investigators found evidence of workplace exposure to a tobacco-specific carcinogen among nonpoker casino dealers. These components include nicotine, 4-vinyl pyridine, respirable dust, solanesol, benzene, toluene, p-dichloromethane, naphthalene, formaldehyde, and acetaldehyde. Researchers measured increased urinary levels of environmental tobacco smoke biomarkers during their 8-hour work shift, demonstrating that these components were absorbed into the workers' bodies. This study supports the best means of eliminating workplace exposure to environmental tobacco smoke is to ban all smoking in the casinos.

NIOSH [2009]. Health hazard evaluation report: environmental and biological assessment of environmental tobacco smoke exposure among casino dealers, Las Vegas, NV. By Achutan C, West C, Mueller C, Boudreau Y, Mead K. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, NIOSH HETA No. 2005-0076 and 2005-0201-3080.

ELECTRONIC CIGARETTES

The tobacco industry continues to introduce new products that change how nicotine is delivered into the body. Vaping devices, also known as e-cigarettes, e-vaporizers, or electronic nicotine delivery systems, are battery-operated smoking gadgets that resemble conventional cigarettes, cigars, or pipes, or commonly used items such as pens, lipsticks, or USB memory sticks. There is even an all-in-one clothing line called VapeRware, which contains a small vape pen hidden within the ties of a hoodie or sweatshirt.

These devices are normally powered by batteries. They contain some sort of element which is used to heat liquids containing nicotine (although not necessarily), flavorings, and other chemicals. The liquids turn into an aerosol vapor, which users inhale into their lungs.

For me it wasn't about it being easier to get, it was more cost effective. I'd have to save up \$30 to buy a pack of Juul pods. Puff came out as the new popular thing that every single kid was doing, and I hopped on that fad. They have flavors (just) like the Juul flavors. It's basically like smoking a Juul.

DANIELLA ROTH, A HIGH SCHOOL JUNIOR IN NEWPORT BEACH, CALIF.

CARTRIDGE-BASED VERSUS DISPOSABLE PRODUCTS

There are two categories of e-cigarettes:

- » Refillable pods or cartridge systems utilize empty pods that are manually filled by the user offering a wider range of flavors.
- » Pre-filled pod or cartridge systems, or closed system vapes, are systems that are disposable and pre-filled with e-liquid.

Flavored e-liquids used in refillable cartridge-based e-cigarettes like Juul, are banned. The flavor ban opened the door to an array of competing brands that produce disposable cartridges, like Puff Bars, blu, Posh and Stig. Some pre-filled and pre-charged devices have a higher nicotine level than Juul, cost less overall, and are made by companies both in the United States and imported from China. The 2019 National Youth Tobacco Survey (NYTS) results on e-cigarette use show that more than 5 million U.S. middle and high school students are current e-cigarette users (having used within the last 30 days) – with a majority reporting cartridge-based products as their brand of choice.

THC, VITAMIN E ACETATE, AND VAPING - A DEADLY COMBINATION

E-cigarettes work by heating a liquid to produce an aerosol that users inhale into their lungs. Some e-cigarettes have been modified to include THC, the ingredient that causes the psychoactive mind-altering compound in cannabis that produces the “high.” Those cigarettes also include Vitamin E acetate which is used as an additive.

Evidence is mounting that vitamin E acetate is the culprit in the outbreak of vaping-related illnesses that has sickened more than 2,500 people and killed at least 54 as of December 2019. Vitamin E acetate is a vitamin additive found in foods such as vegetable oils and cereals. Vitamin E naturally occurs in meat, fruits, and vegetables. Synthetically made Vitamin E can be a petroleum derivative. It is also available as a dietary supplement and in many cosmetic products like skin creams.

The industry never considered Vitamin e use for inhalation. “Lipids [i.e. oils] in the lung are highly toxic and have been associated with lung injury for years,” retired California pulmonologist Dr. Howard Mintz told Leafly. “They are most commonly seen in persons using ointments in their noses,” which can lead to a condition known as lipoid pneumonia, a rare type of infection caused by lipids that enter the lungs. “No vitamin E should be vaped regardless of its chemical structure,” said Eliana Golberstein Rubashkyn, a New Zealand-based pharmaceutical chemist and the chief scientist of Myriad Pharmaceuticals.

Additionally, there is a link between patients with vaping-related lung illness being re-hospitalized shortly after discharge. The illness must be closely monitored and may worsen in older patients with chronic conditions.

NICOTINE SALT OR SALT NIC

Nicotine Salt or salt nic is a type of nicotine that forms naturally in leaf tobacco. Salt Nic is thought to offer e-cigarette users a smoother hit, fast absorption rate, and higher nicotine levels, making the experience closest to that of an actual cigarette. Those that can vape 3mg freebase nicotine or nicotine is in its purest form compared to the other nicotine derivatives, are able to comfortably vape 25mg–50mg Nicotine Salts because of an added ingredient called Benzoic Acid. Benzoic Acid helps make Salt Nic palatable in higher strengths. Simply put, this means that the user is getting more of the kick or effects of nicotine with each inhalation.

E-CIGARETTE HISTORY IN A TIMELINE

The first commercially successful electronic cigarette or “e-cig” was created in Beijing, China by Hon Lik, a 52-year-old pharmacist, inventor, and smoker. Lik created the device as an alternative to cigarette smoking after his father died of lung cancer. Before that, many inventors developed similar e-cig devices, but the devices did not make it to market.

2006

By 2006, e-cigs were introduced in Europe. They rapidly spread to the United States and Asia.

2008

By 2008, Turkey became one of the first countries to ban the sale of them in stores. The World Health Organization (WHO) asserts it does not consider the electronic cigarette to be a legitimate smoking cessation aid and demands that marketers immediately remove from their materials any suggestions that the WHO considers electronic cigarettes safe and effective.

2009

The next year, 2009, Australia bans the possession and sale of electronic cigarettes which contain nicotine, citing “every form of nicotine except for replacement therapies and cigarettes are classified as a form of poison.”

2010

By 2010, the American Medical Association House of Delegates passed a policy recommending the FDA to regulate e-cigarettes as drug delivery devices.

2011

In 2011, the Obama administration proposes banning the use of electronic cigarettes on airline flights, saying the “new rule would enhance passenger comfort and reduce any confusion.” The Department of Transportation says that although it considers electronic cigarettes to be covered under the existing law banning smoking on airplanes, it intends to adopt a rule specifically banning them in the summer of 2012.



2012

In April 2012, Lorillard Inc. purchased blu eCigs for \$135 million.

October 2012, American E-Liquid Manufacturing Standards Association (AEMSA) launched. The existence is as a trade association specifically dedicated to creating/maintaining self-regulating standards for the manufacturing of its members' liquids used in e-cigarettes.

2014

Two years later, in October 2014, E-Research Foundation, a nonprofit 501(c)(3) organization, is established to further advance the scientific study of e-vapor products (an umbrella term for electronic cigarettes), related products, and their use.

2016

March 2016, U.S. Department of Transportation bans e-cigarette use on planes.

On October 1, 2016, Pennsylvania's 40% wholesale tax on "other tobacco products" (smokeless tobacco, roll-your-own tobacco, pipe tobacco, and e-cigarettes) went into effect.

December 2016, the U.S. Surgeon General releases a report entitled, "E-Cigarette Use Among Youth and Young Adults."

2020

January 2020, the U.S. Food and Drug Administration issued a policy prioritizing enforcement against certain unauthorized flavored e-cigarette products that appeal to kids, including fruit and mint flavors. The policy expressly excluded menthol. Under this policy, companies that do not cease manufacture, distribution and sale of unauthorized flavored cartridge-based e-cigarettes risk FDA enforcement actions.

February 2020, CEOs from five leading e-cigarette makers came before an Oversight and Investigation Subcommittee of the House Committee on Energy and Commerce asking them to allow the Food and Drug Administration to regulate e-cigarettes and vaping. The majority of underage smokers vape with JUUL devices, according to the research.

"History of Vaping - Historical Timeline of Events." CASAA, 21 Apr. 2021, casaa.org/education/vaping/historical-timeline-of-electronic-cigarettes/.

MARKETING OF E-CIGS

Marketing of e-cigs differs from traditional cigarette advertising. Commercials for e-cigarettes can air on television, online, and in magazines. Nearly seven in 10 youths were exposed to e-cigarette advertising in retail stores, while approximately two in five were exposed on the Internet or on television, and nearly one in four were exposed through newspapers and magazines.

In 2019, one e-cigarette manufacturer, Juul, decided to remove ads from Facebook and Instagram accounts and limited Twitter communications to non-promotional tweets. Ultimately, their youth customers were doing all the marketing for them. According to Time, a January 2020 study found that pro-vaping posts on Instagram outnumber anti-vaping posts tagged with the FDA's sponsored hashtag, #TheRealCost, 10,000 to 1.

Over one in four (27.5%) high school students reported using e-cigarettes in the previous 30 days, according to a 2019 analysis of National Youth Tobacco Survey data published by the CDC. The number of high school students smoking e-cigarettes is substantially larger than the number of students who are using other forms of combustible tobacco products (cigarette, cigar, hookah, pipe tobacco, and/or bidis). In 2019, 12 percent of high school students reported using combustible tobacco products or cigarettes. That same year, 27.5 percent of high school students reported using e-cigarettes. This means that twice as many students were e-cigarette users than cigarette users.

E-CIG USERS

Nationwide, according to the Youth Risk Behavior Surveillance System, 19.5% of students smoked cigarettes or cigars, used smokeless tobacco, or an electronic vapor product at least once within the prior 30 days of taking the survey. Of the African American children who took the survey, 14.9 percent of them answered that question affirmatively. E-cigarette use is increasing especially among youth, but not equally across racial and ethnic lines. African Americans were more likely to use e-cigarettes as a cessation aid compared to both whites and Hispanics.

According to Grand View Research, a firm that conducts market-based research, "The market is driven by growing awareness among the young population owing to various medical studies that term e-cigarettes as a safer alternative to traditional cigarettes. Moreover, the customization options offered by vendors and continuous improvement toward new product development is expected to drive the market growth over the forecast period. Technological advancements have led to the development of high-capacity e-cigarettes that produce large quantities of vapor, which is witnessing increased preference among vapor enthusiasts..."

MENTHOL & POLICING

***We can never be satisfied as long as the Negro is the victim
of the unspeakable horrors of police brutality..***

MARTIN LUTHER KING, JR.

"I HAVE A DREAM" SPEECH, 1963

Health Justice is intrinsically linked to social justice. These words have been spoken multiple times for far too long. "I can't breathe." The last words of too many men and women as their lives have been cut short at the hands of overzealous, inept, and possibly racist law enforcement agents.

FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT

In 2009, Congress passed the Family Smoking Prevention and Tobacco Control Act, banning all flavorings from cigarettes except menthol, but granting the Food and Drug Administration (FDA) the authority to extend that ban to include menthol. In 2011, the Tobacco Products Scientific Advisory Committee was given the task to investigate the logic and reasoning for banning menthol and for making recommendations to FDA on how to regulate it.

The Scientific Advisory Committee reached the conclusion that it would be in the best interest of public health and would benefit citizens to ban menthol cigarettes from the market. In 2013, the FDA released its own report, drawing similar conclusions. According to researchers, if menthol was eliminated as an ingredient in cigarettes, approximately 340,000 deaths could have been and could be prevented between 2011 and 2050, of which a third of this population consists of African Americans.

“I believe that we have a mass incarceration problem in our country. We also have a public health crisis,” Rep. Lisa Blunt Rochester of Delaware told POLITICO. “While we don’t know the consequences of this ban, we do know the impact that menthol and cigarette smoking has had on our community.”

So, why haven’t politicians and other groups within the African American community called the government to task?

The answer is complex. African American Democratic politicians are 19 times more likely to receive money from Big Tobacco than white Democratic politicians. Big Tobacco donates millions to African American causes such as the Congressional Black Caucus Foundation, the United Negro College Fund, National Black Chamber of Commerce, National Organization of Black Law Enforcement Officials, National Black Police Association, and other well-known organizations. When the issue of flavor bans was in political negotiations, menthol was passed over.

The reasons that menthol was not been banned by the FDA can essentially be grouped into three categories: economic harm to retailers through increased regulation, community push back, and racial injustice.

ECONOMIC HARM THROUGH INCREASED REGULATION

The following are some of the economic impact concerns raised by the Convenience Store Industry regarding a proposed menthol ban:

- » “This ban would take the ability to choose away from our adult customers,” said Reilly Musser, Vice President of Marketing and Merchandising for Robinson Oil Corp.
- » Not only do convenience stores represent an overwhelming majority of cigarette purchases, tobacco accounted for approximately 28% of inside convenience stores sales, per the National Association of Convenience Stores (NACS) 2018 State of the Industry Report.
- » “Menthol represents about 25–30% of our cigarette business,” said Todd Badgley, President of FKG Oil Co., which runs 79 Moto and MotoMart retail sites in six states. “We are a victim of the menthol ban in Minneapolis [that went into effect last August] and all categories are suffering. Cigarettes and other tobacco categories will take the biggest hit, but other categories also will feel the effects.”

COMMUNITY PUSHBACK

Not everyone in the African American community wants menthol banned. Some in the community feel that because menthol is a product almost exclusively used by African Americans, and that by banning it, the federal government is being too paternalistic and overstepping its bounds. Others feel banning menthol flavoring could result in harmful

unintended consequences for African American communities. Then, there are some that feel a well-earned sense of loyalty since the tobacco industry supported the African American community, when other companies would not.

Yet, when asked if they want to quit smoking, among African Americans who currently smoke cigarettes daily and are 18 years and older:

- » 72.8% report that they want to quit compared to 67.5% of Whites
- » 69.6% of Asian Americans
- » 67.4% of Hispanics
- » 55.6% of American Indians/Alaska Natives

Each year over 58% of African Americans attempt to quit.

INJUSTICE WITHIN THE CRIMINAL JUSTICE SYSTEM

Tobacco is used as an excuse to enact terror and injustice.

Freddie Grey, a Baltimore man killed by police in 2015, was suspected of selling loose cigarettes. Eric Garner, also suspected of selling loose cigarettes in New York City, was killed by choke hold in 2014. Sandra Bland, who insulted a police officer by blowing smoke in his direction, was taken into custody and died in police custody in 2015. In April 2020, a police officer was filmed beating a 14-year-old child possessing a Swisher tobacco cigarette. In May of 2020, a police officer knelt on the neck of George Floyd for 8 minutes and 49 seconds as bystanders recorded the incident on their cellphones, screaming for the killing to stop. Mr. Floyd was accused of using a counterfeit \$20 bill to purchase menthol cigarettes at a local convenient store. He was a regular customer at the store.

The common thread that connects the above cases is racism. The people listed above were stopped, detained, or arrested using the excuse of tobacco to enact racist behavior. These are just a few of the known examples of excessive policing. There are many others that are unknown. Justice in the United States can only be achieved when social justice and health justice are aligned, for which overzealous policing in America serves as a barrier. These cases had the benefit of multiple videos and eyewitness accounts showing out of control officers acting in a manner that was disproportionate to the suspects of minor infractions. None of the people killed were tried, convicted, or sentenced for their infraction in a court of law, and in most cases, no crime was committed. Yet, each infraction unjustly cost lives.

Does banning menthol create yet another reason for police to over-police African American communities as some politicians proclaim? No. Racism existed before menthol tobacco was invented. The history of policing is riddled with incidents of racism, inequity, classism, and economic elites seeking to create political unrest for their own interest. Before there were formal police departments, there were slave patrols or gangs of men who were “deputized” to capture enslaved people who had escaped. In 1838, the first centralized municipal police department emerged in the United States in Boston. It was established as a mechanism to protect the economic interest of the business elite.



According to The History of Policing in the United States, "Defining social control as crime control was accomplished by raising the specter of the 'dangerous classes.' The suggestion was that public drunkenness, crime, hooliganism, political protests and worker 'riots' were the products of a biologically inferior, morally intemperate, unskilled and uneducated underclass. The irony, of course, is that public drunkenness didn't exist until mercantile and commercial interests created venues for and encouraged the commercial sale of alcohol in public places. This underclass was easily identifiable because it consisted primarily of the poor, foreign immigrants and free blacks.

**DR. GARY POTTER, EASTERN KENTUCKY UNIVERSITY,
THE HISTORY OF POLICING IN THE UNITED STATES.**

As of the printing of this guide, more than 83 communities have enacted menthol bans. All of the current bans and proposed bans do not criminalize possession of menthols by individuals – they only prohibit the sale of these products. There has been no documented proof of any underground markets occurring. Implying that African Americans would engage in purchasing cigarettes from an underground market plays into the racial stereotype that African Americans are criminals.

According to Counter Tobacco, "R.J. Reynolds (manufacturer of Newport – the #1 selling menthol cigarette in the world) is strategizing against all regulation of their products so that they can continue marketing to Black communities. More than 80% of Black smokers prefer menthol. According to the TPSAC report, 47% of Black smokers would quit if menthol were banned. This market loss would be a hit that R.J. Reynolds wants to avoid. R.J. Reynolds' strategic reaching out to the Black community and exploiting historical distrust of police is a preemptive move with ulterior motives.

The Center for Black Health & Equity is urging communities to develop carefully constructed policies that explicitly place the legal burden upon retailers rather than consumers. Possession, use, or purchase (PUP) laws unjustly place the legal burden upon community members who have been victims of tobacco addiction through the tobacco industry's marketing. PUP laws have the consequence of criminalizing people who otherwise may not have had reason for police interaction and are not proven to be effective. It is important that tobacco policies be written to avoid any potential for inequitable enforcement that may lead to further cruelty, unfair sentencing, and imprisonment.

Again, any legal ramifications for selling menthol tobacco products should be shouldered by the retailer and manufacturer.

It is a false argument to tie the banning of menthol to the rise in criminal elements as a result of the ban or the fact that the ban will mean more police activities due to enforcement within communities. African Americans are being killed by the effects of tobacco use without a menthol ban (over 45,000 African American die of tobacco-related illness per year). African Americans do not seek to establish criminal enterprises any more than any other group of people. The same argument does not come up when the discussion of flavor bans involves tobacco products primarily used by white youth or whites in general.

When vaping became a health epidemic and many young people became ill, the FDA acted quickly. The FDA moved to ban flavored e-cigarette fruit and mint disposable cartridges filled with liquid nicotine. The rationale being these products appeal primarily to kids. Menthol was not included in the ban.

As reported in *The Root*, an online news aggregate,

When a health threat arises for young white people, then action is taken really quickly. When it's African Americans, it just seems that people are slow to move.

LATROYA HESTER, THE CENTER FOR BLACK HEALTH & EQUITY

Valerie B. Yerger, ND, licensed naturopathic doctor and Associate Professor in Health Policy at the University of California, San Francisco writes, "Among all racial and ethnic groups in the USA, African Americans bear the greatest burden from tobacco related disease. The tobacco industry has been highly influential in the African American community for decades, providing funding and other resources to community leaders and emphasizing publicly its support for civil rights causes and groups, while ignoring the negative health effects of its products on those it claims to support. The apparent generosity, inclusion, and friendship proffered by the industry extract a price from groups in the health of their members."

Menthol cigarettes are unequal-opportunity killers that disproportionately hook young people, African Americans and other people of color, harming their health and reducing their life expectancy. We urge the FDA to ban menthol in cigarettes and help reduce the vast, avoidable differences in health that continue to separate Americans according to race and wealth.

– DR. PHILLIP GARDINER, CO-CHAIR OF THE AFRICAN AMERICAN TOBACCO CONTROL LEADERSHIP COUNCIL AND NICOTINE DEPENDENCE AND NEUROSCIENCES PROGRAM OFFICER AT THE TOBACCO RELATED DISEASE RESEARCH PROGRAM, UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT.

MAJOR STEPS TOWARD VICTORY IN THE FIGHT

In June of 2020, the African American Tobacco Control Leadership Council and Action on Smoking and Health as co-plaintiffs filed a lawsuit against the Food and Drug Administration (FDA). Represented by Pollock Cohen, LLP, the complaint, requested that the court compel the FDA to respond to the citizens petition that was filed in 2013 as the FDA to rule on menthol. The American Medical Association joined the lawsuit to further strengthens this case in September. The National Medical Association joined the suit in December.

On April 29, 2021, the U.S. Food and Drug Administration announced it will be working toward issuing proposed product standards within the next year to ban menthol as a characterizing flavor in cigarettes and ban all characterizing flavors (including menthol) in cigars.

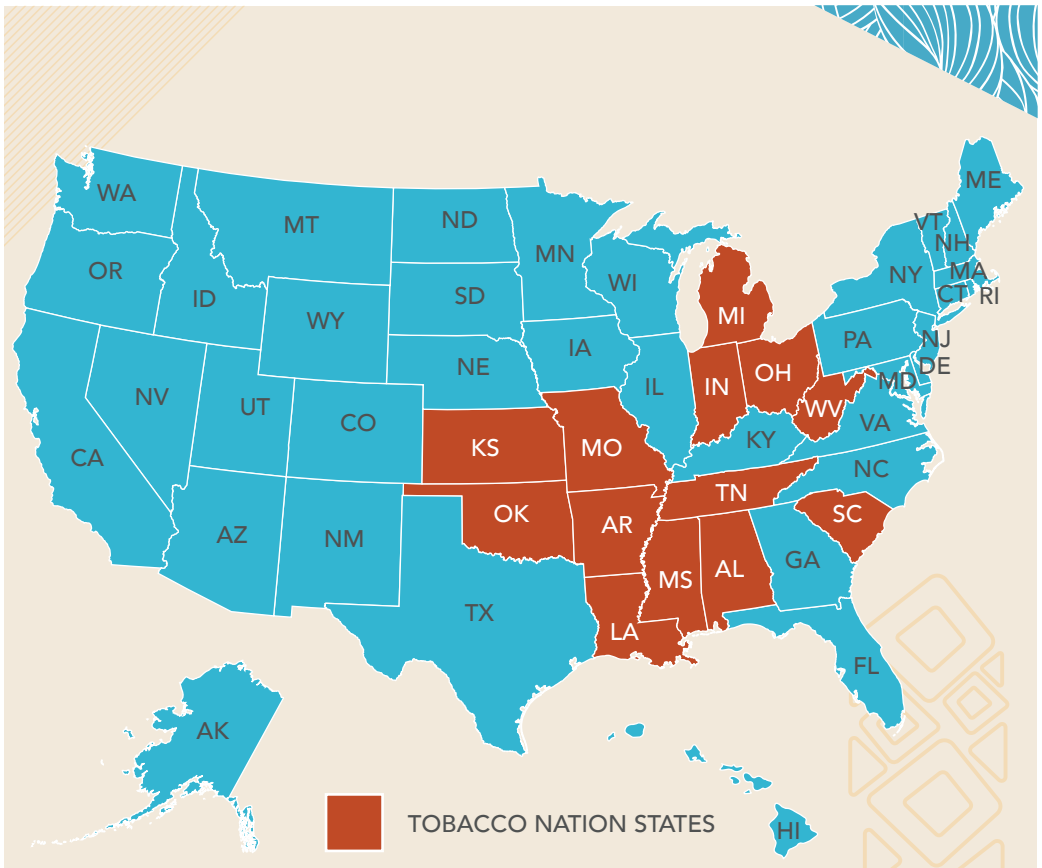
"Banning menthol—the last allowable flavor—in cigarettes and banning all flavors in cigars will help save lives, particularly among those disproportionately affected by these deadly products. With these actions, the FDA will help significantly reduce youth initiation, increase the chances of smoking cessation among current smokers, and address health disparities experienced by communities of color, low-income populations, and LGBTQ+ individuals, all of whom are far more likely to use these tobacco products," said Acting FDA Commissioner Janet Woodcock, M.D. "Together, these actions represent powerful, science-based approaches that will have an extraordinary public health impact. Armed with strong scientific evidence, and with full support from the Biden Administration, we believe these actions will launch us on a trajectory toward ending tobacco-related disease and death in the U.S."

This ruling will be challenged in the courts and could be years from being fully realized. However, eventually, menthol flavoring will be removed from tobacco products. Until that time comes, it is important to continue taking local action the fight to ban mentholated tobacco products.

AFRICAN AMERICANS IN TOBACCO NATION

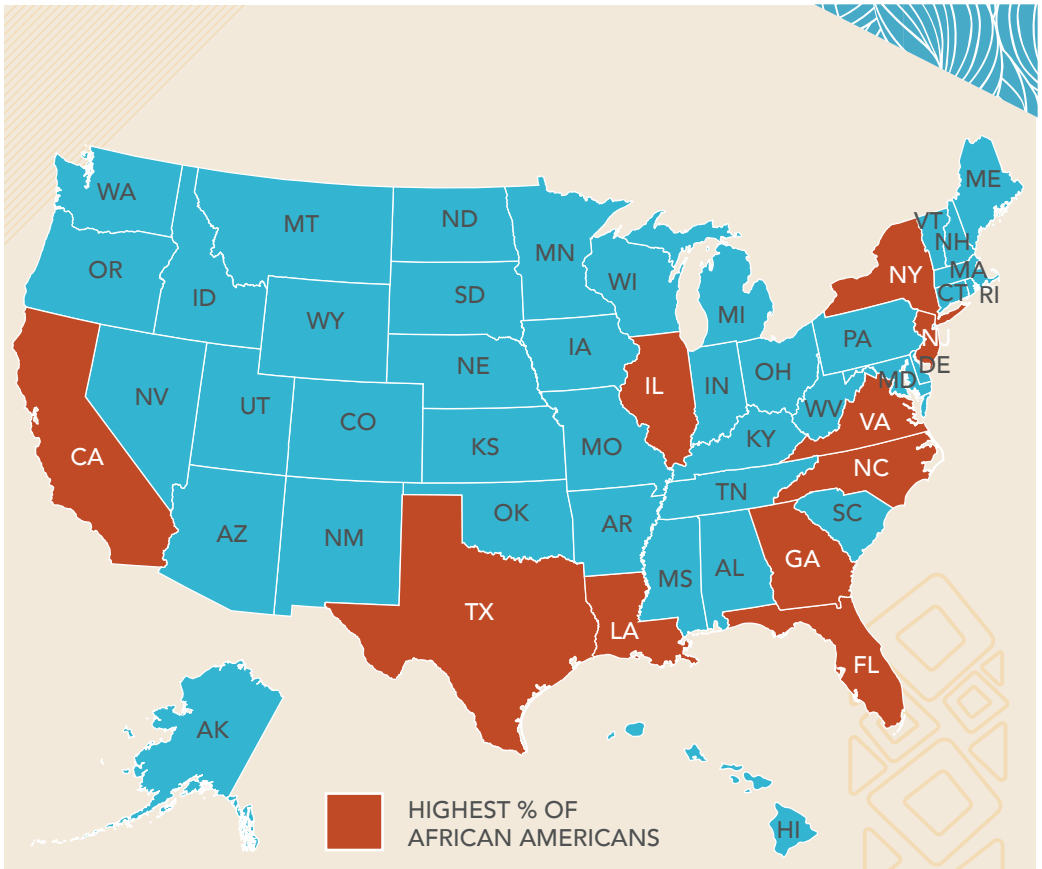
The collection of states that consistently exceed the adult smoking rate are referred to as Tobacco Nation. Tobacco Nation is home to more than 71 million Americans, or roughly 22% of the U.S. population.

The 13 states in Tobacco Nation include: Alabama, Arkansas, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Oklahoma, South Carolina, Tennessee, and West Virginia. In these states, 21% of adults smoke, compared to just 15% of adults in the rest of the nation, and are consistently ranked in the top 25% of U.S. adult smoking since 2011.



The name Tobacco Nation was created by The Truth Initiative, which released a series of reports that examine the health and wellness of the U.S. states with the highest smoking rates. In July of 2019, they released "Tobacco Nation: An Ongoing Crisis – Examining the Health and Policy Disparities of U.S. States with the Highest Smoking Rates." The report highlights the story of two nations when it comes to tobacco use – one with declining smoking rates, and one that has been left behind due to systemic economic and health disparities and tobacco industry interference.

Although African Americans left the South during the Great Migration, many have moved back. African Americans live in every state and territory of the United States. Most (or 58% of African Americans) live in the following 10 states: Texas, Georgia, Florida, New York, North



Carolina, California, Illinois, New Jersey, Virginia, Louisiana.

The 13 states with the highest percentage of African American residences are **Mississippi**, **Louisiana**, Georgia, Maryland, **South Carolina**, **Alabama**, North Carolina, Delaware, Virginia, **Tennessee**, Florida, **Arkansas**, and New York. The states in bold are also Tobacco Nation states.

Those living in Tobacco Nation smoke more, live shorter lives, are more likely to get and die from cancer. Tobacco Nation residents live with 5% fewer physicians in their area, a major deficit of smoke-free laws in public places and cheaper tobacco products, making tobacco more accessible than in other parts of the country. Additionally, the income of people living in Tobacco Nation is less than those living outside.

POLICY CHANGE

The United States does not have a national indoor smoking ban. Each state or local jurisdiction must pass its own policies, including criminal laws and occupational safety and health regulations, prohibiting smoking in workplaces and/or other public spaces. Policy bans are an important first step for responsible tobacco regulation to protect the public from the dangers of cigarette and/or secondhand smoke.

The number of smoke-free policies has increased exponentially over the past 10 years. As of July 1, 2017, according to the American Nonsmokers' Rights Foundation (the smoke-free policy experts and a national partner to the CDC Office on Smoking and Health), 81.5% of the U.S. population lives under a smoking ban in "workplaces, and/or restaurants, and/or bars, by either a state, commonwealth, or local law" while 58.6% live under a ban covering all workplaces and restaurants and bars. As of July 1, 2016, more than 1,260 municipalities have passed tobacco-free park ordinances. By February 25, 2020, there are 1,597 smoke-free ordinances in the United States protecting the public in restaurants, bars and worksites, 782 casinos and gambling smoke-free venues, and 2,044 one hundred percent tobacco-free colleges. As of April 2021, there are over 1,631 cities and counties have a 100% smokefree provision in effect protecting the public in restaurants, bars and worksites, and 1000 casinos and gambling smoke-free venues. Additionally, there are now at least 2,537 one hundred percent smokefree campus sites. Of these, 2,102 are 100% tobacco-free, 2,171 prohibit e-cigarette use, 1,182 prohibit hookah use, 539 prohibit smoking/vaping marijuana, and 609 explicitly include tobacco use in personal vehicles on campus in the policy protections. Many more states and localities are looking to enact these bans.

To achieve important policy change milestones, groups of like-minded individuals have joined forces, pooled resources, and worked together in order to protect the public's health and to move the community toward health justice. Across the country, municipal governments have passed ordinances banning smoking in public parks and on public beaches.

Nearly 41,000 deaths annually are caused by cancer and heart disease nationwide that can be attributed to secondhand smoke. According to the *Tobacco Atlas* (6th edition), there are multiple ways tobacco control policies and regulations can be enacted on the community level. Existing research strongly indicates that smoke-free laws are good for businesses, workers, and customers, and have no adverse effects on the hospitality industry. However, they do reduce disease, decrease healthcare spending, and improve employee productivity. Smoke-free laws prevent premature deaths in smokers and in people who are exposed to secondhand smoke.

Smoke-free laws increase sales inside restaurants. A 2012 study of restaurants and bars in 11 Missouri cities found that eight of the cities experienced increased taxable sales for eating and drinking establishments after the ban was passed. The remaining three experienced no change. Resale values of smoke-free restaurants in California and Utah increased by an average of 16%, or \$15,300 in sale price, compared to restaurants in communities where smoking was allowed.

Support for smoke-free laws by the public is strong. Surveys conducted in Montana and Nebraska between 2009 and 2011 found that a majority of respondents planned to visit bars, restaurants, bowling alleys, and other service industries as much or more than they did before smoke-free laws took effect. A 2010 Ohio poll also found that nearly three in four voters believed that bar employees should be protected from secondhand smoke in their workplaces.

Policy is the means by which the governing bodies affect change in everyday life. It is a system of laws, regulatory measures, courses of action (or inaction), and funding priorities implemented by a government entity or its representatives. Knowing this and understanding how policy change works in local communities is important to tobacco control work. Communities can enact bans or restrictions on tobacco products and flavors through the use of passing policies.

RECOMMENDED POLICIES AND PROMISING PRACTICES

The following are recommended policies that can lead to health justice within the tobacco control movement:

- » Increasing the number of people covered by comprehensive smoke-free laws
- » Increasing the price of tobacco products
- » Reducing exposure to targeted tobacco industry advertising, promotions, and sponsorships
- » Promote health system changes
- » Expand insurance coverage and utilization of approved cessation treatments

There are a few promising practices that could assist in populations reaching health justice within the tobacco control movement. Those practices are:

- » Increasing the price of tobacco products
- » Banning the density of the sale of tobacco products near schools
- » Banning the sale of menthol products at the city, county, and state levels
- » Increasing the number of hospitality workers and environments adopting a tobacco control policy, system, and environmental changes
- » Increasing the number of musicians participating and entertainment venues adopting tobacco control policy, system, and environmental changes

INCREASING THE PRICE OF TOBACCO PRODUCTS

Decreasing the cost of smoking to make starting (initiation) or even maintaining the habit is one tactic that Big Tobacco encourages. This can be done through coupons, which may increase the likelihood that nonsmokers will start smoking. Despite restrictions on marketing to youth, youth are still being exposed to tobacco promotions such as coupons, a common tobacco marketing tactic. Coupon distribution targeted toward youth is a legally restricted practice; however, because of the nature of the distribution channels, it is likely that youth have received or been exposed to tobacco product coupons.

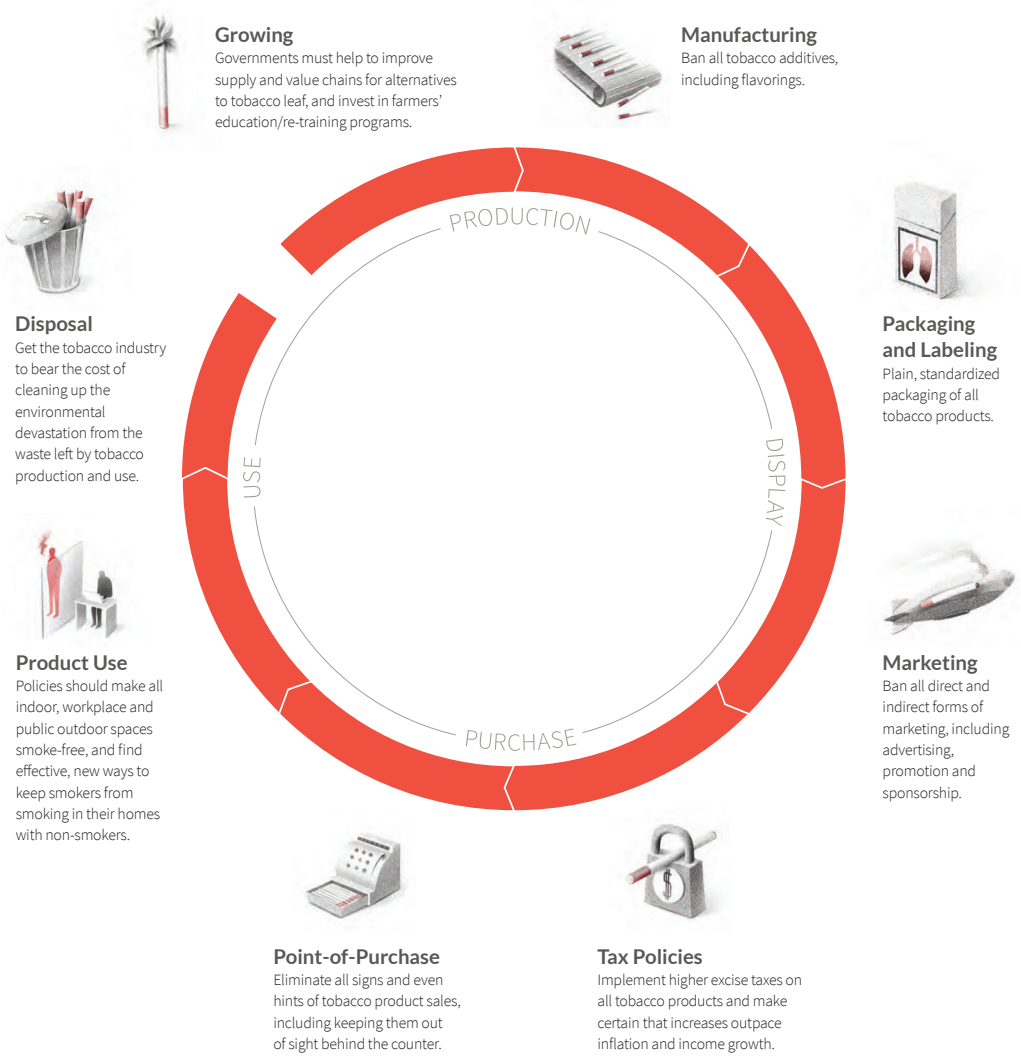
LIMITING YOUTH EXPOSURE

Addressing social determinants of health, such as the physical work environment, is important for improving health and reducing longstanding disparities in health and health care. According to a study by the CDC, there was a drastic difference in exposure among youth from families above and below the federal poverty level. Almost 55% of children from families below the federal poverty level were exposed to secondhand smoke, versus 16% from families making 400% above the poverty level.

FACT: While secondhand smoke exposure among US youths in homes and vehicles significantly declined during 2011 through 2018, secondhand smoke exposure in homes among African American students did not change. African American middle and high school students have a higher prevalence of secondhand smoke exposure in the home (28.4%) and in vehicles (26.4%) than Hispanic (17.6%) and non-Hispanic other (14.0%) students.

"Secondhand Smoke (SHS) Facts." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 5 Jan. 2021, www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm.

Wheel of Tobacco Regulation:



Tobacco Atlas – wheel of tobacco regulation - https://tobaccoatlas.org/wp-content/uploads/2018/03/TobaccoAtlas_6thEdition_LoRes_Rev0318.pdf

Efforts to limit youth exposure may be valuable in reducing curiosity, susceptibility, and initiation. The recommended best practice to reverse the negative effects of tobacco use is to increase the price of tobacco products. Numerous studies have found that obtaining cigarettes as inconvenient, difficult, and expensive as possible to obtain reduces both the number of kids who initiate, or regularly smoke cigarettes, and the number of cigarettes consumed by kids who continue to smoke. Because youth purchases are a source of cigarettes smoked by kids, increasing cigarette prices and minimizing the number of retailers willing to illegally sell cigarettes to kids will reduce youth smoking.

PASSING RESTRICTIONS

The best practice intervention to reverse excessive tobacco advertisement is to pass city or county ordinances to restrict all tobacco advertising in public places. In some cities and counties that have restricted tobacco use in public places, pro-tobacco advertising has been replaced with pro-health advertising. The increase in pro-health advertising has contributed to an increase in the number of people quitting tobacco use and as a result experiencing improved health outcomes.

DEVELOPING EFFECTIVE BANS

In the process of developing a ban on menthol, multiple factors should be considered. Remember that smoking doesn't just impact individuals, but it has devastating community consequences as well. Make sure to include data, statistics, and any relevant epidemiological information that supports the purposes of this legislation. Do not forget to include information explaining the health justice issues, such as the fact that poor health affects everyone, and especially the poor, leading to negative economic and employment impacts, decreased home values, increased healthcare costs, and other destructive consequences that the ordinance would help to address.

Make sure your ordinance uses the same terminology as already defined in the jurisdiction's municipal code. Aligning definitions is necessary and ensures consistency. For example, the definition of "Tobacco Product" found in the model ordinance language covers a broad range of tobacco products, including electronic smoking devices, and may be more expansive than an existing definition found within the municipal code. In restricting the sale of flavored tobacco products, jurisdictions with an existing definition of "Tobacco Product" may need to decide whether to use the definition found within the model ordinance or the current definition found within the code. Additionally, the municipal code within the jurisdiction may want to use different definitions of "Tobacco Product" in separate sections. However, to avoid confusion, make clear which sections of the municipal code are governed by which particular definition.

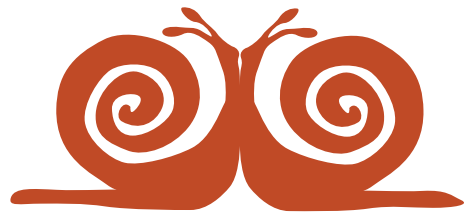
Use the Model Menthol Language that can be found on The Center for Black Health & Equity website to construct the ordinance.





CHAPTER 3

EMPOWERING COMMUNITIES - A
CONCEPTUAL MODEL OF COMMUNITY





I, TOO

BY LANGSTON HUGHES

I, too, sing America.

I am the darker brother.
They send me to eat in the kitchen
When company comes,
But I laugh,
And eat well,
And grow strong.

Tomorrow,
I'll be at the table
When company comes.
Nobody'll dare
Say to me,
"Eat in the kitchen,"
Then.

Besides,
They'll see how beautiful I am
And be ashamed—

I, too, am America.

COMMUNITY & HEALTH JUSTICE

According to the World Health Organization, tobacco kills up to half of those who regularly use it. It is an addictive product that traps its users in a cycle of poverty, illness, and in many cases, death. The tobacco industry spends billions of dollars each year advertising products, creating consumer demand, and spreading messaging rebranding themselves as making positive contributors to society through “corporate social responsibility” campaigns. These attempts essentially hide the fact that their products cause disease and kill its user. Tobacco prevention and control aims at counteracting these efforts through a variety of practices, both evidenced based and promising.

Affecting change requires a multipronged approach since these problems or issues are often too large and complex for any one individual, agency, or organization to tackle. The elimination of disparities will require a systematic methodology. The approach must address both the collective community and the individual people that live within through either change and/or eliminating existing systems. There are many methods that look at individuals or even groups of people. However, very few address the Community and even fewer achieve successful outcomes. A more expansive conceptual framework is needed to encompass the breadth and depth of a Community. To reduce or to eliminate disparities, the Community Development Model takes into consideration four critical determinants of a community: history, culture, context, and geography.


The Model makes explicit that a community is both complex and diverse. Initiatives that effectively address community-related problems successfully incorporate an understanding of the complexity, are inclusive, and glean relevant information from the underlying determinants to shape programs and increase their effectiveness. A related principle, germane to public health best practices, is the necessity to establish a programmatic foundation that is comprehensive and focused. Ideally, and of course this reflects both the presence of capacity and infrastructure, strategies include initiatives that reach both individuals and the entire community and include efforts to change behavior and norms, create policies that address the external forces impinging on the community, sustain communications that reflect advocacy and health promotion, and, finally, and perhaps most important of all, address the requisite needs for community development and enhanced competency of the full array of initiatives reflecting the overarching strategy whose purpose is to solve problems, eliminate disparities, and achieve social justice. The ultimate outcome is a community enabled and capable of defending itself against the ongoing assaults that initiate death and disease. It is a challenge; but the goal of health justice requires nothing less.

COMMUNITY MODEL: UNDERSTANDING THE MAKE-UP OF THE COMMUNITY & A FRAMEWORK FOR DEVELOPING COMPETENT INITIATIVES

The Community Model encompasses a framework to understand the community and strategies to address and resolve problems; including initiatives that are responsive to the community they seek to serve. The Community Model utilizes two overarching components: Community Development and Community Competence. It is an asset-based model that builds on existing community assets, strengths and primarily enables the community to possess the capacity and infrastructure, as well as competency, to assess problems and implement solutions.

UNDERSTANDING THE DETERMINANTS OF COMMUNITY

The first task is to understand the determinants of a community, or its history, culture,



geography, and context. Each determinant is not more important than the other. They work together to weave a tapestry in which solutions to complex problems can be devised. Additionally, the core determinants of community cannot be siloed. They are intersectional, reflecting, again, the underlying complexity.

History, in essence, is the long journey taken by a community to reach its present state of being. This guide discusses the historical roots of the African American community within North America with regards to slavery and, relatedly, the evolution of racism. The very foundation of the system of racism has institutionalized a system of servitude and white privilege that, to this day, works to aid and maintain the existing hierarchies of social status.

Culture are the norms, customs, and values that shape the lifestyle of a community and its residents. Since the founding of the United States, African American have excelled in every facet of life, including music, poetry, literature, science, mathematics, engineering, philosophy, theology, education, art, and more. As such, African American culture is multifaceted and nuanced. It can show up in many different ways, but it is culture that binds each person together within and outside of the community.

Because African American communities are typically diverse, they will be comprised of people who have multiple lifestyles. It is important to identify those norms and values that will be best utilized in solving the problem at hand while remaining ever aware of the inherent diversity of the community. This means keeping a watchful eye not to silo or limit a community to a single ideal of “culture” which can often be based on stereotypes. Despite that, it is important to remember that African American culture is firmly established in family and familial ties, with deep roots in the African and slave experience in colonial America. And members of a community carry the culture with them, which is why membership is not solely defined by living within particular boundaries. African Americans living in the suburb remain members of the community precisely because they are cognizant of both their history and culture.

FAMILY

Examples of culture include the strengths of the African American family (whether biological or created), or the norm for love of family, and the role of being supportive to that unit, representing the traits necessary for survival. African Americans historically thrive within expansive and often complex familial spaces – as evidenced by the number of “aunties, uncles, and cousins” that exist within many families. Ask about families and familial relationships. These relationships are critical and often serve as the foundation that makes up the network of many communities.

For many families, their faith provides the ties that bind to community.

FAITH

Religious faith and spirituality are a profound part of the African American community, which is why the church (or other spiritual institutions) is so often significant in the development and maintenance of coalitions and programs. Although there may be similarities in the religious experience of many living communities, there are differences.

African Americans are a highly spiritual and/or religious people. Yet not everyone in the African American community is Christian. To assume so would be missing out on establishing key relationships with Muslim, Buddhist, and people of other faiths who may be very influential in the community. Even some Christian denominations differ from church to church based upon their congregational makeup. Indeed, Islam has a long history among African Americans. Islam was present in many African societies; thus, there were slaves who were Muslim. They were often literate because of their familiarity with the “book” and quietly served as leaders and educators for other slaves.

ELDER RESPECT

Respect for elders and leadership are core cultural components for most African Americans. However, folkways, or the learned behavior that exist within a group, or the presence of the “trickster in our midst,” is yet another attribute that has African roots and can be found throughout the African American community. It is why, perhaps, the Black barbershop emerges so often in outreach efforts, targeting efforts made toward reaching Black men, or the scenes emphasizing comradery that can be found in favorite plays or movies.

THE ARTS

African Americans are typically fiercely attuned to the arts, whether music or dance or painting or literature or the spoken word. The type of art is defined uniquely based upon the community, or even the family unit, and may often express itself in a variety of different genres.

Context is our lived experience. It is the material reality, both social and psychological, which shapes daily life and profoundly impacts wellbeing. Context is where one pinpoints the social determinants of health. Income or poverty, wealth, employment, access to housing or education or health care – all have been described in the review of disparities. Context is where systemic racism expresses itself by way of the institutionalization of inequity. To further provide examples which further illustrate how context serves as the backdrop to the collective experience, it is when:

- » You go shopping and are followed
- » Your opinion is devalued at work; or you are passed over for a deserved promotion
- » Your child returns home late because of “stop and frisk,” or worse, never comes home at all
- » Your community fails to get its share of resources for schools, housing, healthcare, economic development, etc., because system racism allocates according to race, not need.

Context is where environmental injustice (pollution, toxins) manifests. It is the rats and the roaches, the absence of clean running water, and the distance between home and public transportation. It is the lack of healthy foods and good schools. Yet not all context is bad. It is also the location of strengths and assets: the church, choirs, coalitions, service programs, tutors, health care clinics, or theater groups.


Geography is the determinant that may best capture the overarching diversity existing within the African American Community when viewed from a national perspective. It underscores a public health axiom that, “one shoe does not fit all feet.” Think about geography when considering that:

- » Communities in inner cities differ from rural area communities
- » Mountain communities differ from coastal ones
- » Wealthy communities differ from those with less

Geography essentially explains the range of living circumstances based upon place that has been covered earlier in the guide. Music and the food choices differ from region to region. Dialect and clothing choices differ, too.

Environmental justice provides another graphic expression of geography, coupled with how it shows up in the plight of the residents suffering from the conditions of where they live. Examples of place matters include residents of Flint, MI dealing with rotten pipes and lead in their water and poison in the body of their children; or neighborhoods juxtaposed against waste dumps; or residents suffering from increased exposure to air pollution by living near congested highways and buses which are parked in Harlem, NY. All are environmental factors that are underpinned by poverty and historic redlining policies.

The increased prevalence of tobacco ads in low income black and brown communities



provides an excellent example of geography. Geography can determine the focus of a particular health initiative as well as provide the imagery included in health promotion materials.

History, culture, context, and geography provide a substantive foundation upon which to assess problems and determine solutions. Critical is the principle of identifying assets and not getting lost in the “problem.” We discern assets, build assets, and create assets, and then we solve the problem.

The Community Development approach helps to foster a greater understanding of the resources and strengths that exists within a community while providing a framework necessary to solve those problems within the existing shortfalls of the community. To do this, it is important to first understand the community being targeted. This means assessing or defining the problems to be addressed using the filters of history, culture, context, and geography. Only after the community is understood, then and only then, should strategies (including competent research protocols, materials, and programs) that aim to enable problem solving be developed. Using the model to lay the groundwork when determining next steps will ultimately result in a better understanding of the community being served.

UNDERSTANDING THE COMPONENTS OF COMMUNITY DEVELOPMENT

The second task to understand the two components of community development: 1) capacity and infrastructure, and 2) social capital.

CAPACITY AND INFRASTRUCTURE

Capacity and infrastructure can be viewed as the material foundation of a community. An alternative framework is perceiving these as the underlying assets of a community.

They can be defined as the following:

- » Research/researchers
- » Programs (communications, training, service, education, etc.)
- » Leaders
- » Organizations
- » Networks and Coalitions


A community is stronger (i.e., assets) if it has data from research which defines precisely the problems faced and the people impacted. It is further strengthened if it has researchers within the community; or minimally, sound relationships with research institutions that interact with the community as equal partners.

A community requires programs that are in place to serve and meet the needs of the community. These programs can be created if not present, improved when needed, and relied upon for collaborate efforts that require cooperation and unity.

A community without leaders lacks a voice and the vision which leaders often bring to the table. Leadership can be created and enhanced through training.

Community based organizations typically possess the greatest number of resources and can be vital in promoting efforts requiring broad community collaborations. They are often the home of specific programs noted above. Organizations can serve as the home base of broader initiatives driven by coalitions. Ideally, organizations will partner with programs and advocacy groups as equals and not seek to dominate because of their larger resource base.

Networks and coalitions will often drive the policy-related initiatives seeking new resources or new policies to address the needs of the community. The Community Model distinguishes



networks and coalitions. Networks are typically organized by community members (advocacy groups, programs, organizations) that reside within the community or reflect the specific population within the community. Coalitions are more diverse, often comprised of community and national organizations. A tightly organized network can be a member of a coalition.

SOCIAL CAPITAL

Social capital can be viewed as the ties that bind a community. They are not materially based. Rather, they reflect the connective nature of a community. In the effort to gain material resources, social capital can be overlooked. Yet, without being attentive to its development or maintenance, all the material resources in the world will be insufficient because there are no ties that bind within the community. The components of social capital can be defined as the following:

- » Cooperation
- » Collaboration
- » Reciprocity
- » Trust
- » Respect

The components of social capital can be understood intuitively. The real aim is to make them explicit so that they can be acknowledged in training programs and adhered to in the day-to-day relationships of researchers, programs, leaders, organizations, networks, and coalitions.

Cooperation are the ways in which separate entities come together to form a larger whole.

Collaboration illustrates the combining of distinct resources that enables efforts that would otherwise fail. Not for lack of effort, but for the resources necessary to maintain the effort over time.

Reciprocity makes explicit the unstated contract that, ideally, initiatives are built on win-win scenarios. Each entity has respective assets that can be shared with others when the need arises. Reciprocity is often a bridge to trust.

Trust is essential to maintaining long-term relationships. It implies dependability and the ability to take risks knowing, even in disagreement of the tactic or goal, that the relationship will hold. Trust evolves over time and will typically reflect a relationship of long standing.

Respect is often the sister of trust. It implies that relationships exist between equals and is independent of the respective resources that each brings to the table. Indeed, without respect there is no equality, and without equality, there will be no long-standing relationships.

In essence, capacity, infrastructure, and social capital serve as the arms and legs of effective initiative seeking health justice.

UNDERSTANDING THE COMPONENTS OF COMMUNITY COMPETENCE

The third task is to understand the components of Community Competence. The purpose of Community Competence is to ensure that the initiatives developed – whether research protocols, or program protocols, or educational/advocacy materials – reflect the community they seek to serve. In essence, the material foundation we create for change are more effective if they actually reflect the underpinnings, including the diversity, of the community they are seeking to serve. Community Competence acknowledges the inherent complexity. It is a more complex protocol than cultural competency because it explicitly acknowledges that a community is more than its culture. There are two components, which are labeled as primary and secondary.

PRIMARY

The primary components will be recognized as being the core determinants of community. They are the following:

- » History
- » Culture
- » Context
- » Geography

Tobacco is an excellent example of how **history** (i.e., slavery) can be integrated into educational materials promoting tobacco-related programs and policy goals; and images in advocacy or educational materials that enhance the relevance of the message.

USING THE HISTORY OF MEDICAL EXPLOITATION SUCH AS THE TUSKEGEE STUDY TO FURTHER HEALTH PROMOTION.

An example of the U.S. Public Health Service Syphilis Study at Tuskegee (or commonly referred to as the Tuskegee Study) could serve in the necessary promotion to encourage Black people to be vaccinated for COVID-19. The Tuskegee Study, an effort to study the course of disease (syphilis) in Black men that began in 1932 and was terminated in 1972, victimized Black people in two distinct ways. First, the study bypassed human subject consent by lying to the men by telling them they had “bad blood” rather than informing them that they had a disease. The result was that family members and social contacts were infected. The second was the denial of treatment because the infected men were not given penicillin when it was available in the 1940s. The researchers chose not to terminate the study. The message today regarding the vaccination could be that while Black men were denied treatment in Alabama without our consent, we ought not deny treatment against the virus without consent. It is a message that could have salience and serves as an example of how history can be evoked to achieve successful outcomes in the journey toward health justice.

Culture is primarily an asset that enhances messages and program protocols. In tobacco, for example, respect for elders and love of family is translated into messages to quit smoking for your loved ones. Program protocols may rely on churches for delivery and may serve as resources for researchers seeking participants for focus groups.

Context reveals the issues that must be prioritized in educational programs – but not only the problems, but the strengths as well. Examples of racism can be identified and illustrated as well as successes in defeating racism. Each can serve to encourage participation and action.

For example, the extensive targeted advertising by the tobacco industry can be exploited. In 1990, when RJ Reynolds introduced Uptown Cigarettes – the first brand specifically targeting the Black community – the community-focused Uptown Coalition built a communications campaign centered on the economic underpinnings of targeted marketing and proclaimed that the community has the right to determine what products (especially ones that kill) come into its domain. Uptown cigarettes, a menthol brand and one surpassed in tar and nicotine levels only by RJ Reynolds unfiltered Camel cigarette was defeated in 13 days and taken off the market. It was the first major uprising and victory against the tobacco industry by African Americans.

Another way to exploit context concerns the goal of abolishing menthol tobacco products. Some believe that banning menthol is paternalistic or interferes with the liberty or autonomy of the community, even though the intent is promoting good health or preventing harm to the community. The theme of paternalism, promoted both by white and Black leadership with references that eliminating menthol products would disproportionately impact Black smokers, can be defeated by referencing the fact that most Black smokers wish to quit. It cannot be paternalism when you are providing the community with a policy which adheres to its desires. The idea of Black leaders assuming this line of reasoning can be described as inverted paternalism.

The secondary components of Community Competence are the following:

- » *Language*
- » *Literacy*
- » *Salient Imagery*
- » *Positive Imagery*
- » *Multi-Generational Presence*
- » *Diversity*


Geography is similar to context in that it may reflect the most glaring of problems a community might confront. Environmental injustice is a perfect example. The pollution emanating from an industry indifferent to the health of the people who surround it. Imagery can reflect the grievance and promote both the advocacy and the solution.

In essence, to create and promote effective programs and material development, the breadth of a community's complexity must be assessed to ensure a total reflection of the problem and potential means to create or promote solutions.

Language can be viewed as common usage or common knowledge. In essence, focusing on using language that resonates with the community. If people do not have to search for the meaning of a word or phrase, then it is more likely that it will penetrate consciousness.

Literacy is typically viewed as achieving a sixth-grade reading level to reach the greatest number of people. In addition, and often overlooked, is the design of the product. For example, Pathways to Freedom, the cessation guide developed specifically for the African American community, is designed such that every two-page spread contains a single idea or concept. The theory is that low-literate individuals are challenged when needing to retain multiple ideas over several pages of reading. Limiting singular ideas to two pages of reading is user friendly and potentially more effective.

Salient imagery is choosing images of particular importance to a community. Salient imagery means choosing images of particular importance that if highlighted, by placement



in the foreground, size of the object, and contrast in tone or color, will cause a key factor to stand out. For example, salience, or focal point, can be used to illustrate the impact of environmental and health dangers. Examples of this include showing multiple parked city buses to demonstrate the harmful impact of exposure to noxious fumes on the residents of East Harlem, which has six of Manhattan's seven bus depots and the country's highest rate of asthma hospitalizations.

The image of a chemical factory polluting local waters could be an effective way of delivering a health promotion message. Similarly, the image of a chemical factory polluting local waters could be an effective way of delivering a health promotion message.

Positive imagery corresponds to the core principle of the Community Model as regards the intent to be asset based. The Model seeks to build on and utilize the strengths of a community, rather than a deficit model which assumes inherent weaknesses. Thus, search for the positive as a means of transmitting ideas and purpose.

Multi-generational Presence is a reminder that there is age diversity in the community that can be exploited. Mothers may wish to exert that extra bit of energy for their children. Youth may wish to honor their grandparents or elders in an effort not to smoke or to quit smoking.

Diversity is a reminder that all communities are heterogeneous. To reach the entire community, one must reference themes and images that are salient across the entire community. For example, Pathways to Freedom utilizes imagery of blue-collar workers, physically challenged individuals, and representatives of the LGBT community who live in the community. Diversity in messaging and imagery is perhaps the least remembered characteristic of competency.

Tip: A logic model of the Community Model can be found on the website of The Center for Black Health & Equity.

USE SYSTEMS-LEVEL THINKING

Once there is a better understanding of the community being served, it is now critical to step back and reflect using systems-level thinking. At its core, systems-level thinking aims at seeing how things are connected to each other within the context of the whole. A systems approach is intended to help shine a light on how the entire process impacts not just the local community, but the entire way events and initiatives come to fruition; their parts, and the interactions within and between levels of the community as well as its interface with entities outside the community. For example, racism limits the ability for some communities to reach their potential because potential is often pre-determined and existing relationships routinized in a manner reflecting hierarchy, power, and influence. Taking a systems-level approach recognizes and identifies racism as an external factor that must be addressed to limit harm. It then works with those impacted to solve the problems. It teaches them how to engage in policy initiatives and enhances community power and social capital through participation and inclusion in decision making.

Racism, especially when not recognized, precludes ethical engagement, disempowers those elements of the coalition lacking the resources of the stronger members, and enhances the inability of community members to control the outcomes in their own community. The adage that we are only as strong as our weakest link is pregnant with meaning. Failure to view problems systemically creates a circumstance where one problem is solved while other related problems are ignored. This can be particularly irksome when coalition members who do not live in the community are long gone and tackling another tobacco policy elsewhere. The community is left wondering, "What do we do now?" A dilemma that could've possibly been avoided with a more comprehensive overview of problems and solutions at the beginning of the initiative.

Tip: The Center for Black Health & Equity website has assessments that can be used to gauge existing assets.

COMMUNITY PARTNER CAPACITY BUILDING PROCESS

Using the Community Model as a foundational framework makes achieving success easier and more likely. The model, which includes community appropriate engagement, empowers partners at each phase as they move towards policy change.

The rate of success of an initiative vastly improves when the community of focus is involved from the onset and not as an afterthought. The collective knowledge that exists within communities is invaluable. Members know the secrets that a person living on the outside of the community may not know. The ins and outs of a community's particular circumstance or the change agents with actual influence may be different from what a community outsider may recognize. Yet, bringing community members to the table to share their knowledge and prepare for some sort of change to bring forth equity, may require some additional support.

Tip: Make sure to leave communities with the ability to replicate efforts if they desire to subsequently address other issues in the future.

FACT: First published in 1936, "Negro Motorist Green Book" was a comprehensive guide for Black travelers about locations across America—and eventually overseas—that were either Black-owned or didn't engage in segregationist practices. The guide was printed for 30 years. It stopped publication in 1966, two years after the Civil Rights Act was passed.

Jean-Philippe, McKenzie. "26 Black History Facts You May Not Have Learned in School." Oprah Daily, Oprah Daily, 30 Apr. 2021, www.oprahdaily.com/life/a35181062/black-history-facts/.

Andrews, Evan. "The Green Book: The BLACK Travelers' Guide to Jim Crow America." History.com, A&E Television Networks, 6 Feb. 2017, www.history.com/news/the-green-book-the-black-travelers-guide-to-jim-crow-america.

PLAN-DO-CHECK-ACT OR PDCA

PDCA is an iterative method for continuous quality improvement. It enables communities to continually evaluate and improve processes, thereby avoiding recurring mistakes. It works on a simple concept of planning the required changes (plan), making the changes (do), checking whether the implemented changes have the desired effect (check), and institutionalizing the changes (act). Incorporating PDCA throughout each step of the capacity building process, reduces errors. Importantly, it opens the space to see missteps as learning opportunities that build wisdom.

PLAN

Start by engaging key community members in the process of creating a shared vision of the possibilities of the future. Asking coalition members to think about what a ban on menthol and other flavor products means to their community sets the stage for the action planning process, highlights the problem and the benefits to solutions, and provides communities with a shared roadmap to achieving desired outcomes rooted in the uniqueness of the community.

Tip: Keep in mind, not all planning has to be conducted by coalition membership. It is possible to develop some high-level structural plans prior to having a fully formed coalition in place, such as logistics and assessments to identify gaps. However, don't go too far into the planning process. It is still critical that most of the planning include as many coalition members as possible to ensure community buy in.

DO

After the coalition has agreed on the plan, it is time to act. It is important to keep in mind that unintended problems may occur at this phase. Consider piloting or incorporating the plan on a small scale and in a controlled environment to see if it will be successful. Try to use evidence-based strategies, promising practices, or other previously tested and/or standardized methods.

CHECK

This step is critical as it allows for the identification of problematic parts of the current process and eliminates them in future. This means that recurring mistakes are avoided, and continuous improvement is successfully applied. If something does go wrong as the plan is being implemented, then the Check step will provide time and space to conduct an analysis and find the root cause of the problem(s).

ACT

Act allows for the monitoring of change and facilitates cycles that are iterative. If something did not work or modifications are required, go through the cycle again with a different plan. If the plan was implemented successfully, then incorporate what was learned, perhaps resulting in a wider perspective of needed changes. In essence, use what was discovered to plan new improvements, beginning the cycle again.

- Re-image the plan based upon findings
- Reduce mistakes and learn from experiences to improve efficiency
- Share results with community members, key stakeholders, and funders.
- Sustain the work

- Become grounded in the history, context, geography, and culture
- Organize a multi-cultural, multi-ethnic, multi-generational coalition
- Develop community asset mapping and coalition gap assessments
- Conduct community mobilization planning, evaluation planning, and data collection.
- Assess and understand the opposition
- Develop leadership, infrastructure, and capacity
- Identify resources and develop an action, evaluation, and communication plans



- Assessing program effectiveness
- Analyze, monitor, and evaluate implementation strategies
- Identify problematic areas
- Document progress, collect and use community feedback

- Conduct trainings
- Implement effective interventions
- Engage in relationship building
- Use strategies for African American community outreach
- Implement educational campaign tied to community derived messaging
- Make presentations to stakeholders and community partners

TARGETING AFRICAN AMERICANS: RELATIONSHIP BUILDING & COMMUNITY OUTREACH

Outreach is closely tied to relationship building. Building relationships start with cultivating trust, something that must be earned over time. For example, research shows that African Americans are less likely to trust their doctors and hospitals than whites. Why? African American populations have experienced historical trauma and are used to experiencing discrimination or microaggressions in day-to-day interactions. These factors erode trust and often make establishing relationships more difficult. To develop and grow an effective coalition, keep this factor in mind. Work diligently to foster genuine trust and understanding.

African American communities are similar to other communities in that networking and long-standing trusted relationships bridge gaps. It is critical to identify those in the community with whom to foster a relationship so that they are willing to conduct introductions to others. Forming these important relationships will help coalition members to more effectively accomplish the goals and objectives of the group.

RURAL OUTREACH


According to the 2010 U.S. census, more than 80% of the country's population lives in urban areas, or any town or borough with more than 2,500 people but less than 50,000 people. 10.3 million people, one-fifth of rural America, are people of color. Of this population, about 40 percent are African American. Reaching African American communities in rural areas may be more challenging than reaching African American communities in urban areas.

Make sure community members are included in the outreach efforts. Rural populations rely heavily on getting information through word-of-mouth, making places where people naturally congregate ideal places to spark conversations. Reach out to local businesses like barber shops and hair salons, childcare centers, local community health centers, movie theaters, and restaurants. Ask to post and share information to educate customers.

REACHING CULTURAL AND EDUCATIONAL INSTITUTIONS

African American communities are proud and rich with culture. To reach members of the African American community, spend time in the African American community. Consider attending events and religious services, visit business and civic organizations. Communities may have museums, galleries, and art studios, neighborhood private schools, libraries, and other cultural sources that are deeply ingrained within the community. There are over 300 African American museums and affiliate institutions across the country (including museums, archives, libraries, galleries, historical societies, and cultural centers). Take time to research those mainstays and meet with the staff who may provide insights into the makeup of the community and can point coalition members to who's who in communities.

Make sure to connect with local houses of worship. According to Pew Research, African Americans tend to be more spiritual. African Americans are more likely to attend religious services at least once a week and to pray regularly. This difference holds true across age groups. While 38 percent of African American Millennials say they attend religious services at least weekly, this is true for just a quarter of non-Black Millennials, according to the analysis based on data from the Center's 2014 Religious Landscape Study.



There are 104 colleges and/universities in the United States that are identified by the U.S. Department of Education as Historically Black Colleges and Universities (HBCUs). Many reside throughout the southeast. Take time to visit campuses in the area and talk to student leaders (especially those involved in student government and other organizations that impact campus policy), healthcare providers on campus, and faculty or staff that are active in student affairs.

SOCIAL CAPITAL

Social capital, its presence or absence, can be the critical measure of whether community-related endeavors will succeed or fail. Trust, collaboration, cooperation, reciprocity, and respect is the cement which enables diverse resources to combine and enables synergy. It can be viewed as the underlying formula for achieving power. The most difficult circumstance is engaging a community plagued by mistrust. Where open wounds are present, and in-fighting is prevalent. It may be necessary to bring in a third party and facilitate an “intervention” in which misunderstandings can be identified and new commitments to goals and aims established.

STRATEGIES FOR AFRICAN AMERICAN COMMUNITY OUTREACH

The following includes the work of coalitions but is more reflective of the breadth of community development. We observe the impact of research, programs, leaders, and organizations collaborating across state boundaries in historic efforts to achieve tobacco prevention and control successes in the African American community.

Strategic action must be taken to reach and empower communities, advance health justice, and reduce the burden of tobacco use and health-related disparities. It is important to implement training strategies and approaches that have employed basic knowledge of African American history, culture, context, and geography. This requires outreach strategies that extend beyond the traditional recruitment efforts of outreach to barbershops, beauty salons, churches, and clinics.

Connecting to communities and to elected officials representing those communities is essential. African American representation in federal and most state governments though not high, is visible. African Americans have held every spot in government, from President of the United States to local alderman positions. African American outreach extends beyond just political figures, but also broadens to religious, business, and civic leaders in those same congressional districts with large numbers of African American constituents. Pastors, state and local elected officials, leaders from major organizations, successful entrepreneurs, and other community leaders are also important voices in the community. It would be useful to reach into academic institutions and draw expertise related to history, sociology, economics, and religion.

MARTIN LUTHER KING DAY

Every third Monday of every January, Martin Luther King Day is a federal holiday celebrating the birth and life of Dr. King. Many celebrate the day as a day to give back to communities. MLK Day is the only federal holiday designated as a national day of service to encourage all Americans to volunteer to improve their communities.

NO MENTHOL SUNDAY

No Menthol Sunday (NMS), a national observance day developed by The Center for Black Health & Equity in 2015, offers an important opportunity to engage faith leaders and their communities in a discussion about how to improve health outcomes for African Americans. No Menthol Sunday affords congregations and communities a means to support one another in escaping tobacco addiction. It set asides time to raise the collective consciousness of the community about the role menthol and flavors play in that addiction. No Menthol Sunday offers an opportunity to network with community leaders and members. The national day of

observance falls on the third Sunday of May. For more information on NMS, please visit The Center for Black Health & Equity at <https://centerforblackhealth.org>.

JUNETEENTH

Juneteenth is an annual holiday commemorating the end of slavery and has been celebrated since the late 1800s. Its name combines its date: June and the 19th. On June 19, 1865, about two months after the Confederate General Robert E. Lee surrendered at Appomattox, Virginia, Union General Gordon Granger arrived in Galveston, Texas, to tell enslaved African Americans that the Civil War had ended and that they were free. The announcement officially meant that the very last enslaved people were no longer slaves, and the Emancipation Proclamation was finally fully realized after having been issued more than two and a half years earlier on Jan. 1, 1863.

KWANZAA

Many in the African American communities practice Kwanzaa. Kwanzaa was developed by Dr. Maulana Karenga in 1966 and is based on the ideals of the first-fruit harvests (which have been celebrated in Africa for thousands of years). The holiday centers around the Seven Principles of Kwanzaa, which represent the values of family, community, and culture for Africans and people of African descent to live by. The principles are:

1. Umoja (Unity) – To strive for and maintain unity in the family, community, nation, and race.
2. Kujichagulia (Self-Determination) – To define ourselves, name ourselves, create for ourselves, and speak for ourselves.
3. Ujima (Collective Work and Responsibility) – To build and maintain our community, together, and make our brothers' and sisters' problems our problems and solve them together.
4. Ujamaa (Cooperative Economics) – To build and maintain our own stores, shops, and other businesses and to profit from them together.
5. Nia (Purpose) – To make our collective vocation the building and developing of our community in order to restore our people to their traditional greatness.
6. Kuumba (Creativity) – To do always as much as we can, in the way we can, in order to leave our community more beautiful and beneficial than we inherited it.
7. Imani (Faith) – To believe with all our heart in our people, our parents, our teachers, our leaders, and the righteousness and victory of our struggle.

These principles are ones, that if implemented correctly, can serve as a unifying thread in families and communities.

"I was extremely timid and to be made to feel that I was not wanted, although in a place where I had every right to be, even months afterwards caused me sometimes weeks of pain. Every time any one of these disagreeable incidents came into my mind, my heart sank, and I was anew tortured by the thought of what I had endured, almost as much as the incident itself."

QUOTE BY HENRY OSSAWA TANNER, DISCUSSING HIS STRUGGLES WITH THE ISSUES OF RACISM. HENRY OSSAWA TANNER (JUNE 21, 1859 – MAY 25, 1937) WAS AN AMERICAN ARTIST AND THE FIRST AFRICAN-AMERICAN PAINTER TO GAIN INTERNATIONAL ACCLAIM.

CESSATION SERVICES FOR AFRICAN AMERICANS

African Americans experience tobacco-related inequalities because of a complex mix of factors such as racism, tobacco industry influence, a lack of access to cessation services and support, and comprehensive tobacco control policies. A 2017 longitudinal study of young people in a multiethnic cohort concluded that racism was associated with smoking behavior from early adolescence to early adulthood, regardless of gender, ethnicity, or socio-economic circumstances adding to evidence of the need to consider racism as an important social determinant of health across the life course.

According to the Smoking Cessation Leadership Center, “African Americans are 11 times more likely to smoke menthol cigarettes than whites. Smoking menthol flavored tobacco products poses the same health threats as non-menthol products and may make it harder for the smoker to quit.

Many African Americans (70%) want to stop smoking, but do not have access to the same cessation resources as do others to help them to quit tobacco. Despite starting smoking later in life and smoking fewer packs per day, African American menthol smokers successfully quit at lower rates than non-menthol smoking African Americans. Previous research indicates that African Americans seeking to quit are high utilizers of tobacco quitlines [cessation hotlines], yet quit rates using the quitlines are lower relative to whites. Every year, 59.1% of African American smokers make a quit attempt, but only 3.3% succeed in quitting compared with 6.6% of whites.”

Additionally, studies have shown that African American smokers tend to think that smoking is socially unacceptable and are highly driven to quit. It is believed that African Americans may have lower cessation rates than whites because African Americans have higher nicotine dependence, perhaps because of a preference for mentholated cigarettes. Yet, research is unclear about the unique ways in which nicotine addiction affects people of African descent.

PATHWAYS TO FREEDOM

Pathways to Freedom has proven to be one of the most important and effective approaches to disparity elimination. It is a free resource designed to assist individuals and community leaders in their efforts to become smoke free, and end smoking-related diseases and death among African Americans. It is a self-help intervention primarily authored by Dr. Robert Robinson for African Americans that encourages African American smokers to quit.

The program was produced in partnership with key segments of the African American community, including churches, tenant organizations, and Masonic organizations (Prince Hall Shriners and Daughters of Isis), and served as the critical foundation for targeted cessation research. Pathways to Freedom underwent an extensive evaluation in 2003, resulting in a second edition of Pathways to Freedom. Pathways to Freedom is the only cessation material that suggests prayer will help in successful quitting. The second edition includes education regarding menthol and imagery responsive to the LGBTQ community. It helps smokers quit at a rate 1.5 times better compared to mainstream materials.

The DVD format of Pathways to Freedom (Leading the Way to a Smoke Free Community), funded by The National Cancer Institute, was developed by Dr. Monica Hooper Webb with the help of Dr. Robert Robinson. The DVD retains the framework of the written Pathways to Freedom Guide. The guide and the DVD incorporates knowledge regarding the history of smoking among African Americans, smoking cessation, and relapse prevention. It is important to note that the smoking cessation and relapse prevention content was based on researched cognitive behavioral techniques demonstrated to have success among African Americans.

SUCCESSSES UTILIZING THE COMMUNITY MODEL

Successful efforts such as the following achievements below utilized the approaches as outlined in this guide and the concepts illustrated in the Community Model and contributed significantly to health justice. The below are just a few examples of how organized groups of people within the African American community mobilized with partners to foster the adoption of best practices and evidence-based policies to eliminate tobacco products.

Achievement #1: Cigarette maker R.J. Reynolds developed Uptown in 1989 – the first cigarette brand created and aimed specifically at African Americans. The company planned to launch a six-month test market in Philadelphia in February 1990, which generated grassroots opposition from the Black community and the formation of the Coalition Against Uptown Cigarettes and was led by Dr. Robert Robinson (primary author of Pathways to Freedom), the Reverend Jesse Brown, Charyn Sutton, and Dr. Carl Mansfield. The Uptown Coalition used media advocacy and was one of the first to target the tobacco industry rather than the individual smoker as the problem. Community empowerment and self-determination were core themes of the campaign. The Secretary of the U.S. Department of Health and Human Services, Dr. Louis Sullivan, also condemned Uptown, a menthol cigarette second only to RJR's unfiltered Camel cigarette in levels of tar and nicotine. In response to protests by the Uptown Coalition, condemnations from public health officials, and media activity both national and international, R.J. Reynolds withdrew Uptown in January 1990, 13 days after the first protest by the Uptown Coalition. It was the first successful protest by the Black community against the tobacco industry.

Achievement #2: African Americans smoked at higher levels than whites for 50 years beginning in the 1960s. From 1990 to 2001 African Americans quit smoking at a rate two times greater than white smokers. This rate of decrease resulted in the first disparity elimination in the 21st century. This victory was not possible without an array of comprehensive initiatives encompassing cessation, media advocacy, coalition development, and policy changes. These activities were nationwide and illustrated the benefits of national collaborations among African American tobacco control advocates, community workers, and researchers. Over 1 million copies of Pathways to Freedom were distributed during this period and the marketing of menthol brands such as Uptown were defeated. In the process, the tobacco control movement became diversified, including significant numbers of representatives from African American, Asian Pacific Islander, Latino and Native American communities. If African Americans had not quit at higher rates and quit at the same rate as white smokers, there would have been 368,285 more Black smokers in 2001. It was an immensely important public health victory led largely by African American women who led all race/gender cohorts in quitting. In addition to concerted efforts within the African American community, community-focused comprehensive interventions such as media campaigns, counter marketing, smoking cessation programs, secondhand smoke legislation, the passage of the Master Settlement Agreement, the beginning of programs such as Project Assist, and communication and organizational mobilization working in conjunction with each other aided in this reduction.

Achievement #3: In February 1995, news broke that several gas stations in Boston were selling a new brand of menthol cigarettes that specifically targeted African American teenagers, called X Cigarettes. A national coalition led by Boston's African American community, specifically the Reverend Hessie L. Harris, with Churches Organized to Stop Tobacco (COST), and from Philadelphia the Reverend Jesse Brown and Charyn Sutton with the National Association of African Americans for Positive Imagery (NAAAPI), immediately reacted. In less than a month, X Cigarettes were pulled from the shelves. This cigarette pack was clearly directed towards African Americans: the "X" on the package brought Malcolm X to mind, and the colors of the package were red, black, and green – Africa's liberation colors. X Cigarettes were also relatively cheap at \$1.04 a pack, which would appeal to teenagers. Coalition leaders were outraged that tobacco manufacturers were willing to exploit the name of such an important leader in the African American community. However, it had been done before. A few years earlier in South Africa, "Mandela" cigarettes were being marketed toward young South Africans, in the name of "freedom."

Achievement #4: In November 2014, Chicago became the first city to protect thousands of African Americans residents by restricting the sale of menthol and flavored tobacco products within 500 feet of schools. According to 2012 data, approximately 18.6 percent of adults and 14.1 percent of high school students in the state of Illinois smoked. Additionally, almost 10,600 youth becoming new daily smokers each year in the state. After the FDA issued its 2013 report on the public health impact of menthol use, Mayor Rahm Emmanuel directed a community-driven initiative to address the problem.

A strong coalition was built to solicit public health policy input and support. Local, state, and national tobacco control partners, such as the American Cancer Society, American Lung Association, American Heart Association, the National African American Tobacco Prevention Network, and the African American Tobacco Control Leadership Council (AATCLC) were engaged. The board of public health engaged the community in the work, holding town hall meetings, including youth, health care clinicians, hospital staff, social service providers, leaders in the faith community, elected officials, and several hundred Chicago residents. These meetings helped to solicit ideas to help identify winnable battles that would curb the use of flavored tobacco.

The ordinance also banned the sale of tobacco products to anyone under the age of 21. Additions to the initial ordinance happened. Beginning February 4, 2017, retail employees under age 21 were prohibited from engaging in the sale, dispensing, service, or delivery of tobacco products. The city required that all tobacco products must be sold in their original factory-wrapped packaging, except for cigars and pipe tobacco. Price floors were instituted along with a tobacco tax. The Chicago Board of Health and the Chicago Department of Public Health launched a marketing campaign aimed at curtailing the use of menthol cigarettes by youth in Chicago. Their efforts paid off. Chicago saw a 36 percent decline in cigarette and e-cigarette use among 18–20 year-olds after raising its legal purchasing age to 21 in 2016, according to a 2017 Chicago Department of Public Health survey.

Achievement #5: On December 19, 2019, Massachusetts Governor Charlie Baker officially signed into law House Bill 4196 – An Act Modernizing Tobacco Control. The Center for Black Health & Equity and AATCLC educated community members and legislative officials on menthol and its impacts on people of color. Massachusetts is the first state to pass a permanent ban on all flavored tobacco products and nicotine vaping products, including menthol cigarettes. Additionally, the law adds a 75% excise tax for e-cigarettes and vape products and includes cessation coverage.

Tip: According to the National Association of Attorneys General - In 1998, 52 state and territory attorneys general signed the Master Settlement Agreement (MSA) with the four largest tobacco companies in the U.S. to settle dozens of state lawsuits brought to recover billions of dollars in health care costs associated with treating smoking-related illnesses.

Eventually, more than 45 tobacco companies settled. The MSA's purpose is to reduce smoking in the U.S., especially in youth by:

- » Increasing the cost of cigarettes by imposing payment obligations on the tobacco companies party to the MSA.
- » Restricting tobacco advertising, marketing, and promotions, including:
 - » Disallowing targeting youth in the advertising, promotion or marketing of tobacco products.
 - » Banning the use of cartoons in advertising, promotions, packaging, or labeling of tobacco products.
 - » Prohibiting tobacco companies from distributing merchandise bearing the brand name of tobacco products.
 - » Banning payments to promote tobacco products in media, such as movies, television shows, theater, music, and video games.
 - » Prohibiting tobacco brand name sponsorship of events with a significant youth audience or team sports.
- » Eliminating tobacco company practices that obscure or masks the health risks of using tobacco products.
- » Giving money for the Settling States to use to fund smoking prevention programs.
- » Establishing and funding the Truth Initiative, an organization "dedicated to achieving a culture where all youth and young adults reject tobacco."

Additional information regarding a comprehensive listing of programs and other resources for quitting is available on the website for The Center for Black Health & Equity.





CHAPTER: JOURNALING PROMPTS (QUESTIONS FOR SELF-REFLECTION)

CHAPTER THREE

1. Why is it important to evaluate a community inclusive of its diversity and complexity?
2. Why is important to understand the history, context, geography, and culture of the community?
3. Why is it important that members who live in communities have a voice in the development and implementation of policies that impact their communities?
4. How does having community competence help support change?
5. Detail how racism shows up systemically and how can system level thinking improve communities.

NOTES



CHAPTER 4

STRATEGIES FOR COMMUNITY
EMPOWERMENT: PLANNING,
IMPLEMENTATION AND EVALUATION





BLACK IS BEAUTIFUL

©SHARON D. BROWN-ROGERS

Black is

Black is as beautiful as a bed of milky white clouds.

Black is as beautiful as soft as a newborn baby hair.

Black is as beautiful as standing up for what is right.

Black is as beautiful as trying on grandmother's classy hats.

Black is as beautiful as you and I saying Hi!

Black is as beautiful as two sisters walking hand in hand.

Black is as beautiful as wading in a pond on a hot summer day.

Black is as beautiful as you holding your baby for the very first time.

Black is as beautiful as saying I miss you.

Black is as beautiful as going fishing with your dad.

Black is as beautiful as calling your mother on her birthday.

Black is as beautiful as two brothers playing basketball.

Black is as beautiful braiding your sister's hair.

Black is as beautiful as grandpa taking you to the park.

Black is as beautiful as the sweet sound of a saxophone playing.

Black is as beautiful as eating mom's never fail caramel cake.

Black is as beautiful as the bright rising sun.

Black is as beautiful as a simple kiss placed on the forehead.

Black is as beautiful as lilies on Easter morning.

Black is as beautiful as saying I love you.

Black is me and I AM BEAUTIFUL.

Source: <https://www.familyfriendpoems.com/poem/black-is-beautiful>

Growing your leadership capacity demands personal effectiveness. Being effective is the ability to do the right thing at all times, no matter the cost.

BENJAMIN SUULOLA

BUILDING COMMUNITY CAPACITY

The rate of success of an initiative vastly improves when the community is involved from the onset and not as an afterthought. Using the Community Model as a foundational framework makes achieving success easier and more likely. Putting together an effective strategy to implement change within the community means working diligently to minimize negative outcomes. That often starts with understanding that with change comes ambiguity and to a certain extent, apprehension. Utilizing rigorous planning, implementation, and evaluation process centered on equity and community, can help in achieving goals.

Understanding and implementing the core components of the Community Model is fundamental to building community capacity. To help support this process, use the following five broad equity development strategies in coordination with the Community Model which will provide guidance when preparing to tackle the rigors of community advocacy or policy change efforts.

The Community Capacity Building Process starts with a five-part process that is loosely built on Plan Do Check Act or PDCA as detailed in chapter 3 of this guide. The process encourages community members to expand their outlook and build their leadership and capacity skills. Community members have the capacity to cooperatively chart their future by creating, developing, and building relationships. These relationships led to community members working together to collectively mobilize and guide others, to facilitate solutions and think about the long-term health of the community and its people. Community change can be ushered into existence without a highly structured process. However, a process makes it achieving success replicable.

The Community Capacity Building Process offers participants with measurable milestones that allow for community members to see the progress made towards their goals and objects. With each step of the process, measurable outputs such as plans for community mobilization for advocating for policy change, educating key decision-makers and the overall community, and how to sustain efforts for the long haul, are developed, implemented, and ultimately evaluated. Importantly, the greatest outcome of the process is the growth and development that will happen amongst participants. These teachings help to develop skills and competencies so that community members can take greater control of their own lives and ultimately, address their own concerns. The following details the process:



ASSESS, LEARN, PLAN, DO, AND CELEBRATE

Starting with Assess, Learn, Plan, Do, and ending with Celebrate, the Community Partner Capacity Building Process wraps around continuous support for those undertaking the training. The process includes:



1. STRATEGY ONE: ASSESS

- » Learn about the community by emphasizing diversity
- » Develop a multi-cultural, multi-ethnic, multi-generational coalition representative of your community
- » Conduct community asset mapping and coalition gap assessments
- » Assess and understand the opposition
- » Challenging African American stereotypes



2. STRATEGY TWO: LEARN

- » Conduct training sessions on topics such as:
- » Tobacco/Menthol/Flavors 101
- » Policy advocacy methods using The Nine Questions.
- » Coalition or organizational SWOT Analysis
- » Acquiring resources to effect change (i.e., money, talent, skills, office space, printed materials)
- » Using qualitative and quantitative data collection methods to illustrate problems
- » Developing and using educational and/or policy campaigns
- » Community mobilization tactics
- » Media tactics
- » Presenting to community stakeholders
- » Development of model policies
- » Equitable enforcement strategies
- » Policy development





3. STRATEGY THREE: PLAN

- » Develop goals, smart objectives, strategies, tactics, vision, and mission
- » Define organizational structure and operating mechanisms
- » Identify a coalition spokesperson
- » Develop a community mobilization plan
- » Develop an action plan
- » Assess program effectiveness
- » Identify strategy and tactics
- » Move beyond tactics
- » Plan for effective implementation & assure technical assistance
- » Identify resources
- » Plan to evaluate, document, and prepare for community feedback
- » Collect data to tell the story
- » Develop an education campaign



4. STRATEGY FOUR: DO

- » Implement the plans
- » Present to stakeholders
- » Re-image the plan based upon findings



5. STRATEGY FIVE: CELEBRATE

- » After successful implementation, celebrate the success
- » Share results with community members, key stakeholders, and funders
- » Sustain the work





STRATEGY ONE: ASSESS

As mentioned before, the best way to understand the community being served is to become grounded in the history, context, culture, and geography. The best way to discover who makes up the community is to go out into the community and talk with “the-every-man” or “the-every-woman” member of the community, not just heads of organizations, churches, politicians, or even community stakeholders. It is important to engage with the community directly and discuss the issues with those that will be impacted or being served. Additionally, it is equally important to know the history of relationship between the issue at hand, African American community, and systemic racism to better understand the context of the community you are working to serve and the policy that you are working to adopt.

Tip: Ask questions that will uncover how community members feel about the issues and their community's response to those issues.

LEARN ABOUT THE COMMUNITY BY EMPHASIZING DIVERSITY

Become grounded in the history, context, geography, and culture of the community. Although connected through having common African ancestry, African American culture is influenced by geographic region, distinct networks of social links, and differential exposure to the greater world. Remember, outreach efforts benefit from the inclusion of community diversity, which is best viewed as an asset.

To learn about the culture, ask questions such as:

- » What are the favorite restaurants in the community?
- » What music can be heard at festivals and in parks in the community?
- » What cultural activities is the community known for?
- » Where is the local community museum or gallery that is owned or maintained by those living in the community?
- » What are the different religious institutions in the community?
- » Has the community experienced a recent influx of migrants/outsideers?
- » Who are the different ethnic groups residing in the community?
- » Are there organizations in the Community that service the needs of LGBTQ+ persons?

Tip: Don't assume that the only people with formal education are the leaders in the community.

DEVELOP A MULTI-CULTURAL, MULTI-ETHNIC, MULTI-GENERATIONAL COALITION REPRESENTATIVE OF YOUR COMMUNITY.

Designing and implementing social change means avoiding acting in a top-down manner (it is rarely effective). Identify organizations that have deep roots within the community. Engage community members directly in the work of social change. Work inclusively, not exclusively. Utilizing a community involvement and engagement approach often reveals additional information or opportunities that could have been missed.

Even if a community coalition exists, it is essential to cultivate a mindset of community inclusion and require a fresh look at diversity to determine who needs to be added to the table and included in decision making. This will further ensure there is a commitment that coalition members are representative of the community it is serving. Understanding why a community is unique opens the door for a strong foundation to be developed that allows authentic change to happen.

To accomplish this, use questions such as these as a start when considering forming a multi-cultural, multi-ethnic coalition representative of your community:

- » Do coalition members have the foundation to even start the process of understanding and communicating authentically with each other to affect change?
 - » If not, consider asking coalition members to undertake racial equity or diversity and inclusion training.
 - » If so, ask coalition members to examine their fundamental beliefs about racial equity or diversity and inclusion within the context of their communities.
- » Does the coalition include:
 - » Diverse groups: race, ability, gender, sexual orientation, age, business owners, blue-collar, white-collar, urban, suburban, and rural people?
 - » Churches, hospitals, convenience store owners, health departments, policymakers, school districts, business communities, community organizations, media, colleges/universities, police, and social services?
 - » Key persons in the community negatively impacted by tobacco use and who has a vested interest in improving the health of African Americans?
 - » Members who are tobacco product users?
 - » People who understand how to manage people and data?
 - » Communication and/or marketing specialists to ensure effective messaging is being developed?
 - » Public health professionals with experience evaluating evidence-based interventions?
 - » Representatives from voluntary organizations such as the American Lung Association, American Cancer Association, and/or American Heart Association?
 - » Diverse body of experts encompassing medical and health professions, social scientists, economists, and historians?

Building capacity and infrastructure in the context of public health and tobacco control is foundational to establishing a movement or campaign. Often, organizations dedicated to the identified problem, will typically possess the greatest resources. These types of organizations are difficult to create from scratch because of the requisite need for resources to sustain development and survivability of the organization. These organizations may not have a depth of resources but will have leaders with knowledge of the community and its influencers. Make sure to recruit both types of organizations to increase the chances of a successful outcome.

CONDUCT COMMUNITY ASSET MAPPING AND COALITION GAP ASSESSMENTS

There are multiple tools and resources designed to assist in designing, building, and training coalitions. The Center for Black Health & Equity offers a wide array of educational programs and technical assistance offerings on our website that can help communities build strong coalitions. Examples of resources available on the website of The Center for Black Health & Equity include:

- » Gap assessment tools
- » Links to resources such as “The Community Toolbox,” a free online resource for those working to build healthier communities and bring about social change
- » Organizing for Social Change: Midwest Academy Manual for Activists
- » Pathways to Freedom – a tobacco cessation guide developed specifically for the African American community

Building the capacity of leaders creates opportunities for people affected by a problem to participate, build relationships, and have influence on changing the problem. Again, communities, in most circumstances, know what is best for them. Leaders within communities are often unknown to outsiders because of the lack of opportunity to be seen by those outside the community. Yet, these same leaders have been making change happen from inside the community for long periods of time. These are the men and women who are most trusted by the community and can make or break your efforts. It is important to identify who these people are and work with them.

Tip: To help identify the capacity of the coalition, ask if the coalition has the knowledge and capacity to actually affect change, including:

- » tobacco 101
- » tobacco control advocacy principles
- » basic data collection
- » developing education campaigns
- » internal structures (such as an up-to-date database of coalition members)
- » policy development
- » advocacy, evaluation, policy implementation, etc.

Leaders may be volunteers who organize and mobilize community members around a common concern. They can be full-time paid staff responsible for organizing and managing partnership activities. Actively seek to work with communities to further develop the natural leadership abilities of organizers within the community.

ASSESS AND UNDERSTANDING THE OPPOSITION

Another aspect of assessing leadership, is to also assess the leaders in the community who may not agree with the particular stance of the coalition. Recognize that there's almost always someone opposed to whatever it is the coalition is doing. Even if the goal is something everyone can agree on, there will be those who disagree with the tactics, strategy, and/or methods for achieving it.

An understood opponent is much weaker than an opponent whose every move is baffling. Knowing who comprises the opposition and the stance of the opposition will strengthen the position of the coalition. When the opposition starts fighting (and there will be opposition), it's best to be familiar with what tactics they might use and how the coalition might most effectively respond. Understand the opponent's beliefs, background, and position. This will put the coalition in a stronger position to respond to attacks. To help, consider the following:

- » Who are the opposition?
- » What does the opposition believe and want?
- » Does the opposition come from a cultural or ethnic group different from your own; and if so how might this affect dealings with the coalition?
- » Does the opposition have a history of acting (or reacting) in a certain way?

CHALLENGING AFRICAN AMERICAN STEREOTYPES

Putting together a highly functioning team who are committed to change is not easy and requires people who have various skill sets working in concert with each other to get the job done. Make sure to be aware of underlying biases that may exist. African Americans are stereotyped as being poor, criminals, overly athletic, oversexed, lazy, unsophisticated, unintelligent, and/or unattractive. These stereotypes, reinforced by junk science that was entrenched with racism, have been used to support years of discrimination and mistreatment. Sadly, white people and many African Americans erroneously believe the pervasive cultural mythologies and stereotypes, often depicted in the media, resulting in continued support of the status quo.

For example, political ads such as the "Willie Horton" ad of 1988 used by G.W. Bush or the

“Welfare Queen” ads used by the Ronald Regan presidential campaigns, disparaged an entire stratum of people. Attention was drawn away from legitimate issues such as health, economic inequities, and educational disparities. Antics like these, unfortunately work and pits society against African Americans. To defuse this, it is critical to recognize this and be mindful when working in communities. Questions these assumptions, which might appear antiquated but in fact, are insidious ideas that prevent communities and the people living in them from achieving their full potential.

Everyone has biases. Understanding bias and building awareness, which can include associations or feelings of bias that may be hidden underneath the surface, is a first step towards real change. Remaining curious and humble about the community and the differences that may exist within the community members. Viewing differences positively is a key component of a healthy and inclusive coalition. One way to create it is to help members view the community as an asset rather than as a potential liability. Remind coalition members that the lens through which they view the world influences their perceptions.

**... we don't have unconscious biases because we're bad people –
we have them because we ARE people.**

JOELLE EMERSON IN HARVARD BUSINESS REVIEW



STRATEGY TWO: LEARN

Once leaders have been identified, developing the capacity of the coalition becomes the foundation that influences the overall success of the initiative.

In tobacco control, those working in programs may need to acquire the capacity to provide quit services, advocacy skills to impact policy decision making, or communication skills to aid in health promotion advocacy, counter advertising, or organizing skills to aid in the creation of coalitions or networks. To help coalitions to improve their capacity, the coalition must be trained in tobacco control advocacy and other leadership skills. Start training on topics such as:

- » Tobacco/Menthol/Flavors 101
- » Policy advocacy methods using The Nine Questions.
- » Coalition or organizational SWOT Analysis
- » Acquiring resources to effect change (i.e., money, talent, skills, office space, printed materials)
- » Using qualitative and quantitative data collection methods to illustrate problems
- » Developing and using educational and/or policy campaigns
- » Community mobilization tactics
- » Media tactics
- » Presenting to community stakeholders
- » Development of model policies
- » Equitable enforcement strategies
- » Policy development
- » Review existing cessation programs, provide community competent programs such as Pathways to Freedom to increase their relevance for African American smokers wanting to quit, and connect programs with cessation training programs to increase community capacity to aid in quitting.

Learning these topics will build confidence in tackling other community issues as they arise. Keep in mind that learning builds confidence and encourages coalition members, and even

people not in the coalition, to take action on local issues themselves. Coalition members will be different at the end of the policy change process. Members will have a greater sense of ownership and empowerment, knowing that they did and can again exercise some control over their collective community's future.

An important fact to keep in mind: In the end, leaders will be asking communities to make a change. Change without input is hard for anyone, even communities. Understanding that grassroots advocates - or leaders who are willing to rally their networks to recruit other individuals that would be interested in supporting an issue or cause - without grassroots - or ordinary people who take collective action from the local level to effect change at the local, regional, national, or international level – buy in, will make accomplishing the desired change even harder or in some cases impossible. In short, to manage change, include community voices upfront.

When you trust the people (in the community), the people (in the community) become trustworthy.

AIDIL ORTIZ, FOUNDER OF AIDILISM, INC. AND CO-HOST
OF BLACKBODYHEALTH, THE PODCAST

The Center offers extensive trainings on a variety of subjects to help coalitions to build their capacity. To learn more about our training sessions, services, and to access downloadable resources, visit our website at <https://centerforblackhealth.org>.



STRATEGY THREE: PLAN

Learning first will support planning. Proper planning is critical for yielding the best results or outcomes possible. Develop an action plan to create strategies, identify doers, and specify tasks that will lead to a successful health equity campaign. A good plan leaves a community with increased capacity to meet future needs, not just “products”— e.g., tobacco control policies, access to cessation guides. Depending on the size of the project, planning can consume a major part of the coalition's efforts, but it is well worth the up-front efforts.

DEVELOP GOALS, SMART OBJECTIVES, STRATEGIES, TACTICS, VISION AND MISSION

Establishing the vision, mission, objectives, strategies, and action plans, helps groups to define practical ways to enact change. Using **VMOSA** (Vision, Mission, Objectives, Strategies, and Action Plans) or a similar tool will help coalitions set and achieve short-term goals while keeping sight of the long-term vision.

Only when the coalition has an understanding of the community as a whole, is it time to set clear goals, objectives, and milestones. Using a method such as **SMART** can make setting objectives easier. **SMART** stands for:

Specific (simple, sensible, significant)

Measurable (meaningful, motivating)

Achievable (agreed, attainable)

Relevant (reasonable, realistic and resourced, results based)

Time Bound (time-based, time limited, time/cost limited, timely, time sensitive).

As plans are being developed, begin with the goal in mind, making sure the following questions are considered:

- » What are the ultimate outcomes sought?
- » What core problem needs to be solved?
- » What resources are available?
- » What resources are needed?
- » In what conditions will the plan be considered successful? Specify the goals.
- » What does a successful coalition look like? Who needs to be included?
- » What arguments will the opposition come up with? How can you combat/answer them?
- » Consider any possible unintended consequences. List them.

The best way to find yourself is to lose yourself in the service of others.

MAHATMA GANDHI

DEFINE ORGANIZATIONAL STRUCTURE AND OPERATING MECHANISMS

Once strategies, goals, objectives, and milestones have been identified, persons and or organizations must be assigned to lead implementation. Defining organizational structure and operating mechanisms allows for the distribution of activities to persons or organizations and is critical toward reducing the workload. Assigning activities to persons or organizations that possess the skill set to implement those activities is most desirable. This allows everyone to contribute based on their strengths.

ROLES AND RESPONSIBILITIES

Start the planning process by considering the roles and responsibilities of the people who make up the coalition and how the coalition should be broken into subcommittees to get the work done. Leadership and Membership roles and responsibilities can vary depending on the needs of each coalition. Determine how leadership will be selected. Will positions be voted on or will leaders be selected? How long will leaders serve? Other roles that aren't listed include treasurer, secretary, and/or past chair. At minimum, the coalition roles and responsibilities include:

COALITION LEADER: CHAIRPERSON / PRESIDENT

- » Responsible for assisting in the oversight and management of coalition operations
- » Participate in assessment, planning, implementation, and evaluation activities
- » Work as a team member with lead agency and coalition staff to keep coalition on track to meet project goals and objectives
- » Keep coalition and committees focused on activities that will meet projected outcomes
- » Consult with staff to develop agendas for coalition meetings
- » Facilitate / chair coalition meetings
- » Act as liaison between the coalition and its committees/work groups
- » Allocate resources with guidance from the coalition

COALITION STAFF / COORDINATOR OR CO/CHAIRPERSON

- » Responsible for assisting the coalition to oversee and manage its operations
- » Assist the coalition in assessment, planning, implementation, and evaluation activities
- » Work as a team member with lead agency and coalition to meet project goals and objectives
- » Assist coalition leadership in developing coalition meeting schedules and agendas
- » Assist coalition leadership in recording minutes of coalition / committee meetings and ensure timely distribution to coalition membership

COALITION MEMBER

- » Responsible for the oversight and management of the coalition
- » Participate in planning and setting priorities
- » Participate in defining the role of the coalition in the community
- » Participate in leadership of the coalition
- » Participate in evaluating the contribution the coalition makes to related outcomes
- » Connect coalition to the larger community
- » Recruit new coalition members
- » Participate in coalition events and activities
- » Represent the coalition within one's sphere of personal influence
- » Participate in setting the budget
- » Participate in decision about allocation of resources
- » Attend coalition meetings and participate in at least one subcommittee

COALITION SUBCOMMITTEES

Once the staff of the coalition has been determined, breaking members into groups or subcommittee who will work on specific issues is important. Subcommittee members work together to achieve the purposes of the coalition by conducting specified tasks assigned by the coalition officers. Tasks may include planning, marketing, community outreach efforts, logistics, data collection and evaluation, operational reviews, focus group development and other community planning efforts aimed at promoting collaborative strategies or actions. Some of the subcommittee roles and responsibilities include:

EDUCATION/COMMUNICATION SUBCOMMITTEE

Responsible for planning, implementing, and evaluating the education campaign to targeted communities with the goal of developing community support for the menthol/flavor ban ordinance (goal). The objective is to develop a written plan for educating the community with a timeline. The strategy(s) include:

- » Earned media
- » Paid media
- » Social media
- » Messaging
- » Spokespersons
- » Other

DATA SUBCOMMITTEE

Responsible for identifying existing or creating data sources to determine the impact of tobacco and menthol/flavor use on the African American and overall community. Emphasis will be placed on noting existing disparities and making comparisons between White and Black/poor communities, national, state and local comparisons. Data will be used to develop fact sheets, one pager, speaking points for media and community education. The objective is to develop a written data report for educating the community. The strategy(s) include:

- » Review national, state, and local data sources
- » Develop data report
- » Identify key data points for education campaign
- » Local
- » Other

POLICY/LEGISLATIVE SUBCOMMITTEE

Responsible for providing leadership pertaining to negotiating with city council/county commissioners around advocating for the adoption of model language. Emphasis will be placed on health equity, retail licensing, all flavors and products, and enforcement/post adoption activities. The strategy(s) include:

- » Create/adapt/review model policy/ordinance language
- » Identify legislative champion(s)
- » Train/prepare legislative champion(s) for advocacy
- » Contribute to the development of speaking points
- » Manages dealbreakers
- » Contribute to the direction of the Community Mobilization Subcommittee
- » Other

COMMUNITY MOBILIZATION SUBCOMMITTEE

Responsible for providing leadership pertaining to identifying key members of the community and or groups of community members impacted by the menthol/flavors to support and have their voices heard on removing the products from the community. Emphasis will be placed on collaborating with the Education/Communications Subcommittee towards educating these populations, inviting them to speak to elected officials and key decision-makers, serving as spokespersons for the education campaign, translating materials into non-English languages, leading town hall discussions, and presenting at public forums, hearings, etc. The strategy(s) include:

- » Create a community mobilization plan
- » Identify key community leaders
- » Meet with key community leaders
- » Asset map resources needed for successful community mobilization

- » Develop events to recruit and educate community members
- » Canvass communities and identify opportunities for information dissemination
- » Other

CESSATION SUBCOMMITTEE

Responsible for identifying existing cessation resources. Providing trainings on evidence based strategies for tobacco cessation with healthcare providers, contributing to the education campaign promotion of cessation resources, recruiting healthcare providers to join the coalition. The strategy(s) include:

- » Create a cessation resource list
- » Identify healthcare providers to join coalition
- » Identify healthcare providers as potential spokespersons
- » Other

IDENTIFY A COALITION SPOKESPERSON

It is customary to identify a spokesperson within the coalition who can answer questions or concerns by decision makers and by the media. These persons must stay on message when attempts are made to change the message by the opposition. Spokespersons must be well trained to withstand the numerous attempts to devalue the campaign and give the appearance that the coalition or workgroup is unorganized.

Tip: When developing goals and objectives, start with the goal in mind. Using tools such as logic models can help the coalition accomplish this. A logic model is used to connect the dots of relationships from ideas to actions to short-term, intermediate, and long-term outcomes. It is typically written on one page and makes it easier to review progress over time. Information within the model can be changed when the need arises.

DEVELOP AN ACTION PLAN

Use the information gathered to develop the foundations of an action plan. An action plan is a checklist for the steps or tasks that need to be completed to achieve set goals. It means turning ideas into reality. It means identifying the steps that need to be taken to achieve the coalition's aims. The plan should span a minimum of two years with one-year targets. The action plan consists of multiple steps: setting objectives, assessing the objectives, identifying action required to meet the objectives, working out how to evaluate the activity, agreeing a timeframe for action, identifying resources (human, financial and technical), finalizing the plan, and evaluating the results. Use the following checklist as a guide to help develop each part of the action plan, which should include:

- | | |
|---|--|
| <input type="checkbox"/> A well-defined description of the goal to be achieved | <input type="checkbox"/> When will these tasks be completed (deadlines and milestones) |
| <input type="checkbox"/> Tasks/ steps that need to be carried out to reach the goal | <input type="checkbox"/> Resources needed to complete the tasks |
| <input type="checkbox"/> People who will oversee carrying out each task | <input type="checkbox"/> Measures to evaluate progress |

The action plan must be realistic if it is to work. Watch out for over-estimating ability, leading to disappointment and failure. Planning helps the coalition prepare for the obstacles ahead and keep progress on track. When everything is listed down in one location, it is easier to track progress and effectively plan things out. Remember, the plan is not something set in stone.

Make sure to revisit and adjust as needed to meet the latest needs. A well-crafted action plan, provides the following benefits:

- » An action plans give a clear direction. As an action plan highlights exactly what steps to be taken and when they should be completed, members will know exactly what needs to be done.
- » Having goals written down and planned out in steps gives reason to stay motivated and committed.
- » Progress towards goal can be tracked.
- » Since all the steps to complete the action plan written done, it will also help to prioritize tasks based on effort and impact.

During the process of writing the plan consider what happens when the policy goes into effect, who is responsible for overall enforcement, who will monitor the policy/legislation in order to further protect the public, and who will enforce of violations. No piece of legislation is worth the paper it is written on if the legislation is not being equitably enforced.

ASSESS PROGRAM EFFECTIVENESS

Planning doesn't just stop with developing an action plan, it also includes communication, education, and evaluation plans. Effective program evaluation is a systematic way to improve and account for programmatic actions by involving procedures that are useful, feasible, ethical, and accurate and explicitly linked to assessing "program performance." Traditional evaluation is rooted in assessing program activities in a way that often doesn't put community or people as the center focus and often, lacks input from the African American cultural experience. Use a health equity lens to encourage an approach to evaluation that is integrated with routine program management, key components of traditional evaluation, all the while borrowing from the richness of the African American cultural experience. This method utilizes an equity lens throughout and is specifically designed to take into consideration the unique approaches that exists within the African American community.

Assessing program effectiveness is the most common reason program evaluation is conducted; to know whether, and to what extent, the program's actual results are consistent with the expected outcomes. By focusing on whether a policy, a program or project is working or not (and uncovering the reasons why or why not by attributing outcomes) evaluation acts as a transmission belt between "the academic" and "policy-making." As a result, traditional evaluation maybe structured to look at the function of the program without taking into consideration the people who were intended to experience a change / shift because of the program.

Everything comes to us that belongs to us if we create the capacity to receive it.

RABINDRANATH TAGORE

Use the following questions as a baseline to assess the program's effectiveness:

- » What is the need for a program in the community?
- » Does the program include the program participants in the planning and delivery of the program?
- » Did the community embrace the relevancy of the program?
- » Did the program engage the right people?
- » Was the program engaging to the participant?
- » Was the program implemented as intended?
- » Was the program technically efficient? Were the dollars spent in the community?
- » How were the people engaged in the program responsible for the outcomes that occurred?
- » How was the community impacted by the program or policy?



IDENTIFY STRATEGY AND TACTICS

Developing and using action plans enable coalitions to focus and collaboratively act on priorities to resolve issues and work toward common goals. Through this process, community partners are engaged in creating the tasks and focus needed to achieve a common set of targeted goals and objectives. Action planning allows for the coalition members to see their progression, mark successes, and garner enthusiasm toward the project's momentum.

It is important to note, one of the most common confusions in the development of an advocacy strategy is knowing the difference between "strategy" and "tactics" and then implementing each of them properly.

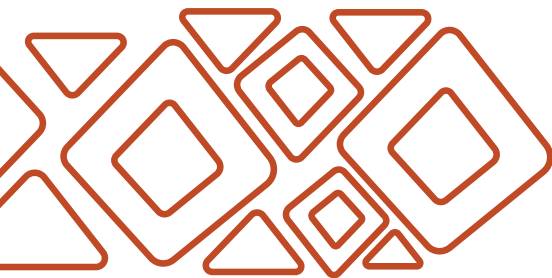
STRATEGY

The strategy is the approach that explains how and why the chosen activity is being done. Consider it to be the overall map that guides the way toward goals. Strategy is a hard-nosed assessment of where you are, where you want to go, and how you can get there.

vs.

TACTICS

Once the strategy is in place, tactics can be developed. Tactics are specific actions – circulating petitions, writing letters, staging a protest – which are building blocks of advocacy.



MOVE BEYOND TACTICS

Use the below questions to help craft an approach that will help move beyond individual tactics and disconnected actions to a wider view that threads activities together into a comprehensive, coherent, and powerful strategy.

What does the coalition want?

- » What is the problem the coalition is trying to solve? Historical perspective: Why is this problem an issue?
- » What solution is the coalition proposing? What are the goals? What skills are required within the coalition to plan, implement, and evaluate a successful campaign? With the necessary skills, what are the roles for success?
- » On the local level, what are the short-term objectives that build toward that vision?
- » What does the political map look like?
- » Who/what individuals or organizations are working toward solutions on the local level?
- » List the local change agents, stakeholders, decision makers, and influencers pertinent to making the change happen. Who has the authority and who else wields significant influence?
- » Based upon what the coalition knows, what are the strategic priorities?
- » Who has an oppositional opinion to the stance of the coalition? Why? To what issues are they opposed? What is their approach? What commonalities do both parties have? Can both parties work together to overcome the problem?

What Is the Plan Of Action To Win?

- » How will the coalition talk about the issue? What are the messages that express the objectives in the most powerful way possible?
- » How can the coalition blend information and human stories together into something genuinely compelling?
- » How does the coalition ensure that the messages clear and understandable?
- » What activities and actions will help the coalition advance the objectives of the coalition? Community Competency will be helpful when evaluating these items.

PLAN FOR EFFECTIVE IMPLEMENTATION & ASSURE TECHNICAL ASSISTANCE

Implementing effective interventions helps communities target and change conditions based upon their need. Best practices are proven programs or policies shown to be effective with a particular issue or population. Despite evidence indicating their effects, best practices are not always effective or applicable in new or different situations. It really does depend on the culture, context, and needs within the community. Reviewing the components of Community Development and Competence may be useful.

An alternative to best practice is promising practices. Promising practices refer to programs that include measurable results and report successful outcomes, however, there is not yet enough research evidence to prove that this program or process will be effective across a wide range of settings and people. Communities may need to turn to promising practices or interventions to utilize in strategic planning goals. Keep this in mind when developing plans.

IDENTIFY RESOURCES

Identify the availability of necessary resources to effect change (i.e., money, talent, skills, office space, printed materials). Determining what resources are available and what resources are needed to effect change (money, talent, skills, office space, printed materials, and a draft model ordinance) are foundational to action planning. In addition to the resources one may typically consider, another often critically overlooked resource are the stories provided by the people most affected by the problem.

PLAN TO EVALUATE, DOCUMENT, AND PREPARE FOR COMMUNITY FEEDBACK

An evaluation of programs involves human beings and human interactions. Assessing the effectiveness of an initiative is the most common reason program evaluation is conducted; to know whether, and to what extent, the program's actual results are consistent with the expected outcomes. African Americans have a unique cultural experience centered in family, community, faith, and in a common experience. Using a health equity lens approach, one that is focused on how people are experiencing the program and not on the process of programmatic implementation is critical. This doesn't mean that process isn't important, it means the impact of the outcome of the program or activity on people being served, is equally as important. Developing an evaluation approach that is focused on the experience of people with the programmatic efforts and not on process of implementing the program provides a unique method of ensuring equity.

Tip: Keep in mind that in order to achieve the desired results (outcomes), it is necessary to first put in place "assets" (process) that are necessary to bring about the changes reflected in strategic goals. One is no more important than the other. Both process and outcomes are conjoined and work together hand in hand.

In essence, outcome evaluation is more important than process evaluation. Rather than privileging one over the other, I recommend a both/and. I like the emphasis on how the program is experienced (a rather elaborate way to frame outcomes) and this framing should be maintained. I would advise more balance in the description but making explicit the important of experience/outcome.

Community initiatives are complex and dynamic, and often present ongoing opportunities for continuous learning about the community and its issues. Make sure to conduct evaluations that engage users in the evaluation process in ways that encourage them to take ownership of the conclusions and recommendations.

Documenting progress and using feedback is key to helping groups understand what they are doing, how it contributes to their goals, and areas needing adjustment. When the coalition engages in this process of documenting progress, the coalition measures, communicates, and uses early and ongoing indicators of progress to assess and improve, rather than waiting until the intervention is over to determine what has changed. To ensure continuous process improvement, eliminate existing problems, and reduce the likelihood of foreseeable and inevitable issues, make sure to utilize techniques in the planning process, such as PDCA

Because it can take many years to see results, indicators of long-term outcomes are not very useful to guide day-to-day activities and adjustments. Short-term outcomes normally are achieved within one-year, intermediate outcomes are normally achieved between two and four years, while long-term outcomes are normally achieved after five years and beyond.

Tip: Most decision-makers want to know if there is community support for the needed policy change. The coalition must show that there is the needed community support. Strong community support consists of the minimum of 75% of the population responded to the data collection method.

COLLECT DATA TO TELL THE STORY

Part of documentation is data collection. The coalition must collect appropriate/necessary data to illustrate that there is a problem. Data collection will likely be a combination of qualitative and quantitative methods. Most decision makers want to know if there is community support for the needed policy change. The coalition must show that there is the needed community support. Even though individual coalition members may achieve short-term success, community buy in is important to overall long-term success. To garner community buy in, share information with community members. Seeking their feedback and insights will go far in building the necessary bridges needed to make change happen. How well a problem is understood is determined by the depth and breadth of existing data. In the absence of data, one is blinded about the true nature of the problem and its impacts on the community. In the absence of local resources, a community may rely on statewide or national data sources and use that data to shape an understanding of what is happening on the local level. Note the advantage, expressed in the Community Model, if researchers are grounded in the community or have partnership relationships with the community. Use these steps to think through the data strategy.

STEP 1. DETERMINE WHAT DATA TO COLLECT

All quantitative data is based upon qualitative judgments; and all qualitative data can be described and manipulated numerically.

WILLIAM M.K. TROCHIM, DEPARTMENT OF POLICY
ANALYSIS AND MANAGEMENT AT CORNELL UNIVERSITY

There are two basic types of data - qualitative and quantitative. Both are intimately related to each other.

- » Quantitative Data deals with things that are measurable and can be expressed in numbers or figures or using other values that express quantity. Quantitative data is usually expressed in numerical form and can represent the size, length, duration, amount, price, and so on. Quantitative data most likely provides answers to questions such as who? when? where? what? and how many?
- » Qualitative Data is descriptive in nature rather than numerical. It is usually not easily measurable and can be gained through observation or open-ended survey or interview questions. Qualitative data collection methods are most likely to consist of open-ended questions or focus groups and descriptive answers and little or no numerical value. Photographs, videos, sound recordings and so on, can be considered qualitative data. Qualitative data most likely provides answers to questions such as “why?” and “how?”

STEP 2. SET A TIMEFRAME FOR DATA COLLECTION

STEP 3. DETERMINE YOUR DATA COLLECTION METHOD - DATA CAN BE CAPTURED BY:

- » Stories
- » Pictures
- » Questionnaires and surveys
- » Observations
- » Documents and records
- » Focus groups
- » Oral histories

STEP 4. COLLECT THE DATA

STEP 5. ANALYZE THE DATA AND IMPLEMENT YOUR FINDINGS - USE THE DATA BY:

- » Improving Your Understanding of Your Audience
- » Identifying Areas for Improvement or Expansion
- » Predicting Future Patterns
- » Better Personalizing Your Content and Messaging

To gather data, ask questions of community members – but don't stop there. Make sure that the coalition is rigorous in analysis and the use of evidence. A community that has researchers who identify with the community is rare. If an entity is not available, establishing a partnership with one may be necessary. Find someone within the community who is dedicated to collecting and assessing information related to wellbeing. Ideally, a community will have access to either a person or a research entity such as a college or university.

Remember that evaluation should be an integral part of the work of the coalition, and it starts with identifying a need and ends with seeing whether, over time, efforts have made a difference or not. Start by considering the sort of data stakeholders will want to see and how to present it. This will help shape the thinking about what information to collect.

DEVELOP AN EDUCATION CAMPAIGN

Education and advocacy campaigns are another critical element to foster health justice. Plan, implement, and evaluate campaigns with the aim of generating support for the policy change. A well-thought-out campaign is an efficient way to educate and motivate a large population of people or a segment of a population.

Counter marketing is a type of campaign that reverses messaging that was initiated by the tobacco industry. The CDC defines counter marketing as, "any advertising efforts aimed at countering the tobacco industry advertising and other pro-tobacco influences. Counter advertising seeks to counter these pro-tobacco messages and influences with persuasive pro-health, anti-tobacco messages. These can take many forms, including TV, radio, billboards, print ads, outdoor and transit advertising, and cinema advertising."

Key elements when developing a counter marketing campaign are similar to establishing the coalition. They are:

- » Developing a tobacco control goal
- » Developing a problem statement and background of the problem
- » Identifying the target audience
- » Developing measurable counter marketing objectives
- » Developing a strategy statement
- » Identifying activities and channels for sharing messages with the targeted audience
- » Identifying opportunities for collaborating with partners
- » Developing an evaluation plan to determine if the education campaign is working
- » Developing activities and a timeline for completing tasks
- » Developing the budget for the campaign and identifying needed resources

DID THE CAMPAIGN / PLAN WORK?

The coalition must plan, implement, and evaluate the educational campaign. This campaign must have its own goals, objectives, strategies, and activities. Evaluating aspects of the campaign and its impact is challenging, especially since change is happening at various points and in nonlinear ways. A formative evaluation plan will include the involvement of the target population in its development. An evaluation committee is important to have to keep records and track changes on the logic model and determine overall success.

Everyone within the coalition must agree on what constitutes success. Measuring success by way of assessing each activity may help determine if the desired outcome has been reached. Study the result, measure effectiveness, and decide whether the initial assumptions were valid or not. Make sure records are kept on any planning committee planning meetings, attendance, and any documentation in the form of pictures of any events.

Remember, starting with the goal in mind will make that process easier.

Make sure the coalition:

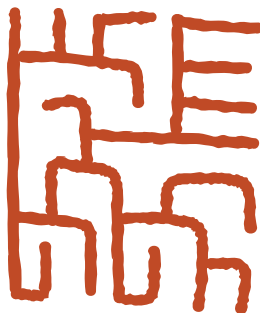
1. determines success metrics
2. gathers and analyzes data
3. tracks and reports findings to community members, stakeholders, and funders

Incrementally, consider assessing where the coalition is in terms of its progress. This is where PDCA is useful since assessing cycles will encourage learning from past accomplishments, especially if problem areas are identified. Adjustments will most likely be necessary.

Tip: To increase the number of smoke-free venues, work with local and state coalitions to increase smoke-free policies. For sample language, visit the Public Health Law Center website at www.publichealthlawcenter.org to access information to help in crafting bans to restrict the sale of flavored tobacco products, including menthol.

No one is dumb who is curious. The people who don't ask questions remain clueless throughout their lives.

NEIL DEGRASSE TYSON





STRATEGY FOUR: DO

IMPLEMENT THE PLANS

The next step for coalition members is to implement the plans. The coalition must execute the plan leading to a presentation to the decision-making authority (i.e. city council, county commissioners or owner of a work site). No piece of legislation is effective if the implementation plan for the policy, system, or environmental change has not been thoroughly developed and executed by the system or environment that is targeted for change. Once the implementation plan has been executed, the coalition or workgroup must participate in campaign monitoring for change to determine its effectiveness.

PRESENT TO STAKEHOLDERS

Once the draft policy is introduced, a date and time will be set for public discussion. The coalition must pack the room with supporters. The coalition must participate in the implementation plan of the policy. Present campaigns and/or policies to community stakeholders who can help pass policies on the community level, such as elected officials (city council meetings and/or county commissioners) or worksite owners (and business leadership at worksite staff meetings). Community officials want to know how their constituents feel about issues, especially when those issues involve decisions made by them.

Tip: Don't forget to ask partner organizations and community supporters for letters of constituent support. These letters can carry weight.

Once the presentation has occurred, remember that the onus is on the persons who can vote for or against the requested change. It can take time before a decision is reached. Expect a period where no activity is occurring. During that time, continue the education and/or advocacy campaign.

In the end, a vote will be made. If the vote does not go the desired way, don't lose hope. A no vote today does not mean a no vote tomorrow. Keep trying. However, if the vote does go the desired way, it is customary to thank the parties who supported the efforts of the coalition. Make sure to point out their willingness to protect the targeted population and achieve health justice.

RE-IMAGE THE PLAN BASED UPON FINDINGS

Make sure to evaluate the implementation of the coalition's plans. Make sure the program's actual results are consistent with the expected outcomes. It isn't enough that the program is doing the work, what is important is – is the work impacting the right focus and is it taking into consideration the people who were intended to experience a change / shift. Programs that try to only meet the needs of the funder before the impacted community, often miss the mark. Places an emphasis on the needs of the members of the impacted community.

Tip: Make sure to allow time and space for iteration and adaptation.

Remembering that measuring performance is not equivalent to evaluating effectiveness. Achieving intended outcomes does not indicate whether the work in question caused those outcomes. Consider ways of improving the existing program, including refocusing the program to better meet community needs. Assess the way that the coalition's activities have been implemented, identifying, and describing any bottlenecks in the process, and summarizing the outputs that had been produced. Adjust and take corrective action. Reimage efforts based upon information.



STRATEGY FIVE: CELEBRATE

SHARE RESULTS WITH COMMUNITY MEMBERS, KEY STAKEHOLDERS, AND FUNDERS

There is likely a need to use the knowledge gained, as outlined in this guide, to protect another population group or enhance system change after achieving the policy or environmental change success. Keep in mind that every policy success contributes to the overall smoking reduction rate – ultimately improving the health and wellness for all African Americans and the overall United States population. Make sure to share successes with others so that they avoid having to start from scratch.

The best way of sharing success stories is to craft it in a meaningful and empowering way. Let the community direct your storytelling. Asking community members to decide whom to interview and how to tell the stories can lead to more authentic narratives. Use innovative techniques as an alliterative way to tell your story – such as photovoice. Consider using social media to tell the story. Sites such as Facebook, Twitter and Instagram are popular. Did you know Twitter has around 330 Million monthly active users with the average user following around 5 businesses?

Researchers are like mosquitoes; they suck your blood and leave.

ALASKA NATIVE SAYING

SUSTAIN THE WORK

Sayings such as this, reflect the fact that research and work has been conducted using the vast knowledge and community of peoples of color, but appears to have had little impact on the overall wellbeing of those people. Make sure efforts produced within the community enhance and stay within the community.

To make sure that the policies are sustained within the community, work side by side with community members to implement and evaluate the effectiveness of the policy. This consists of a post-adoption education campaign noting when the policy goes into effect, who is responsible for enforcement, what does enforcement mean, and where to file a complaint if there are violations by businesses.

Communities undergoing change often require more time than resources allow. The process of sustaining the work can help communities institutionalize efforts – that is, continue the process of building capacities to maintain processes, programs, and ultimately pass policies.

Strength does not come from physical capacity. It comes from an indomitable will.

MAHATMA GANDHI



PREEMPTION

In some communities, passing local ordinances must take a backseat because of state preemption laws. The preemption doctrine refers to the idea that a higher authority of law, the state, will supplant the law of a lower authority of law, the county or city, when the two authorities come into conflict. According to Cornell Law Schools, Legal Information Institute, "When state law and federal law conflict, federal law displaces, or preempts, state law, due to the Supremacy Clause of the Constitution. Preemption applies regardless of whether the conflicting laws come from legislatures, courts, administrative agencies, or constitutions." In short, preemption removes regulatory power from lower levels of government. It ignores local variances and takes power from communities by tying the hands of local officials.

It is important to realize meaningful legislation is much easier to enact at the local level. This is where policymakers may be most responsive to the concerns of constituents. They may also be less influenced by tobacco industry lobbyists and campaign contributions. If your community is one where preemption applies, working on ending preemption may take priority to passing bans. Additionally, keep an eye out for states trying to pass preemption laws.

To learn more about the fundamentals of preemption and its impacts, visit the Public Health Law Center's website at <https://www.publichealthlawcenter.org>.



FLAVOR BANS

Flavored cigarettes (excluding menthol) were prohibited in the U.S. on September 22, 2009, as part of the Family Smoking Prevention and Tobacco Control Act (TCA). The TCA gave the FDA authority over tobacco products. States, counties, and cities can pass additional sales restrictions to ban menthol cigarettes and other flavored non-cigarette tobacco products.

According to the Association of State and Territorial Health Officials or ASTHO, “The Population Assessment of Tobacco and Health (PATH) Study conducted by FDA and NIH identify flavored tobacco products as a potential motivation for youth and young adults to begin using tobacco. California and Massachusetts acted on this association and moved to end the sale of all flavored tobacco products. To date, at least eight states—Connecticut, Hawaii, Indiana, Maryland, New Mexico, New York, Vermont, and Texas—have introduced legislation banning all flavored tobacco products including menthol.

As of April of 2021, According to Americans for Nonsmokers Rights:

- » Across the United States, 22,710 municipalities, representing 82.1% of the US population, are covered by a 100% smokefree provision in non-hospitality workplaces, and/or restaurants, and/or bars, by either a state, commonwealth, territorial, or local law.
- » 43 states and the District of Columbia have local laws in effect that require non-hospitality workplaces and/or restaurants and/or bars to be 100% smokefree.
- » There are 3,870 states, commonwealths, territories, cities, and counties with a law that restricts smoking in one or more outdoor areas, including 1,899 that restrict smoking near entrances, windows, and ventilation systems of enclosed places.
- » There are 554 cities and counties with smokefree outdoor dining laws. Hawaii, Iowa, Maine, Michigan, Washington, and Puerto Rico also have such a law.
- » There are 2,537 colleges and universities with 100% smokefree campuses. Of these, 2,102 are also 100% tobacco-free, and 2,171 prohibit the use of e-cigarettes anywhere on campus, 1,182 prohibit hookah use, and 539 prohibit smoking/vaping marijuana.

There are multiple resources which will help you to learn more about menthol flavor bans in the United States and abroad. Visit the Center’s website for more information.

To support communities successfully, The Center for Black Health & Equity offers detailed trainings on each strategy and how to implement them at the community level. The trainings are interactive and provide participants with a more in-depth analysis of the strategies and how they can be applied to their unique community. Contact the Center for more information.





CHAPTER 5

IMAGINING BLACK HEALTH & EQUITY





LIFT EVERY VOICE AND SING

BY JAMES WELDON JOHNSON

Lift every voice and sing
Till earth and heaven ring,
Ring with the harmonies of Liberty;
Let our rejoicing rise
High as the listening skies,
Let it resound loud as the rolling sea.
Sing a song full of the faith that the dark past has taught us,
Sing a song full of the hope that the present has brought us,
Facing the rising sun of our new day begun
Let us march on till victory is won.

Stony the road we trod,
Bitter the chastening rod,
Felt in the days when hope unborn had died;
Yet with a steady beat,
Have not our weary feet
Come to the place for which our fathers sighed?
We have come over a way that with tears has been watered,
We have come, treading our path through the blood of the slaughtered,
Out from the gloomy past,
Till now we stand at last
Where the white gleam of our bright star is cast.

God of our weary years,
God of our silent tears,
Thou who has brought us thus far on the way;
Thou who has by Thy might Led us into the light,
Keep us forever in the path, we pray.
Lest our feet stray from the places, our God, where we met Thee,
Lest, our hearts drunk with the wine of the world, we forget Thee;
Shadowed beneath Thy hand,
May we forever stand,
True to our God,
True to our native land.

IMAGINING BLACK HEALTH & EQUITY

...Even on death's doorstep, Trevor wasn't angry. In fact, he staunchly supported the stance promoted by his elected officials. 'Ain't no way I would ever support Obamacare or sign up for it,' he told me. 'I would rather die.' When I asked him why he felt this way even as he faced severe illness, he explained, "We don't need any more government in our lives. And in any case, no way I want my tax dollars paying for Mexicans or welfare queens..."

...Anti-blackness, in a biological sense, then produces its own anti-whiteness (not a biological classification, but as a political and economic system). An illness of the mind, weaponized onto the body of the nation.

– JONATHAN M. METZL, AUTHOR OF DYING OF WHITENESS: HOW THE POLITICS OF RACIAL RESENTMENT IS KILLING AMERICA'S HEARTLAND

African Americans have lived in America for over 400 years. Of those 400 years, 245 years were spent in chattel slavery (from 1619 until 1865), and an additional 88 years were spent living within the realities and confines under the repressive boot of Jim Crow (1877 through 1965). It can be argued that the last 50 years has manifested new forms of protest and expression, and perhaps our freedom is within reach but it is yet to be fully obtained.

Sadly, racism is not a relic of the past. It exists and thrives in the present day. In the past, racism and white supremacy were built by the wealthy to keep poor white and working-class people from joining forces with people of color. They were created to justify the genocide of indigenous peoples and forced labor of and cruelty toward enslaved Africans. Today, it was and still is used as a tool to divide and divert attention away from the control and economic exploitation of the masses.

This notion-that through striving, anyone can achieve and create his or her own destiny-is central to American ideology. This ideology asserts that the United States is a meritocracy and that its citizens-regardless of the social stratum from which they start-should aspire to, and in fact can attain, the height of social and economic success described as the American Dream

– KAWATE AND MAYER

When African Americans complain and demand economic justice, some see it as unjustifiable. Some believe that failure to obtain social and economic success can be explained as individual failure rather than the effects of long-standing racism. Some argue that crime in predominantly African American neighborhoods reflect character deficits.

"I think the majority aren't enthused, not motivated, and don't care... The opportunity is there if they want to take advantage. I don't think most Blacks want to work for anything." A quote from a white male when asked to explain racial inequality as reported in the book *Voting Hopes or Fears? White Voters, Black Candidates & Racial Politics in America*.

Reeves, Keith, and Reeves, Assistant Professor of Public Policy Keith. *Voting Hopes or Fears? White Voters, Black Candidates & Racial Politics in America*. United Kingdom, Oxford University Press, 1997.

MISTRUST OF THE HEALTH SYSTEM

African Americans have a higher level of mistrust in the health care system. According to a 2019 study in the journal *Behavioral Medicine* by the Health Disparities Institute (HDI) at UConn Health, medical mistrust of healthcare providers, fueled by painful experiences with

racism, make African American men more likely to delay routine screenings and doctor appointments. Studies also show that African American people fear being used as guinea pigs for medical research and are more likely than whites not to trust that their doctors would fully explain the significance of their participation in clinical research or other studies. This level of mistrust, rooted in the not-so-distant historical trauma, has (and still has) potentially serious implications for overall health and wellness.

IMPLICIT BIAS IN HEALTHCARE

The education of future medical providers is surely an important step in creating a future health care workforce that is sensitive to the impact of racism on health.

ERIN DAKSHA-TALATI PAQUETTE, MD, JD, M. BIOETHICS, ASSISTANT PROFESSOR OF PEDIATRICS AT NORTHWESTERN UNIVERSITY

Why are African Americans less likely to receive pain medication? Bias is particularly well documented in pain management, with Black children and adults receiving less adequate pain treatment than their white counterparts in the emergency department for the same presenting condition, even when accounting for insurance status and severity of pain.

According to The Kirwan Institute for the Study of Race and Ethnicity at The Ohio State University, "...implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control... The implicit associations we harbor in our subconscious cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance. These associations develop over the course of a lifetime beginning at a very early age through exposure to direct and indirect messages."

Traditionally, when one thinks of bias, one may think of it as a purposeful, plainly recognizable occurrence such as cross burning, name calling, and overt discrimination. However, biases may surface without intentionality or awareness, showing up as subtler and less purposeful forms of prejudice. Bias may surface in clinical interactions and, depending on the circumstances, those biases have real-world implications on the health and wellbeing of patients.

UNINTENTIONAL HARM

Implicit biases are unintentional and may not be obviously identifiable, as people tend to exhibit bias in ways they themselves may not typically be aware. For example, Black and Hispanic smokers are less likely to be asked about tobacco use, advised to quit, or less likely to receive and use tobacco-cessation interventions than white patients. This type of bias has implications on the level and quality of care a patient receives. Doctors and nurses not asking about tobacco use or failing to advise about cessation or in offering medications to assist in quitting can contribute to inequities in health. Since smoking harms nearly every organ of the body and affects a person's overall health (and those around the smoker), urging cessation is not just beneficial to the person who smokes, but also to those subjected to the dangers of secondhand smoke.

PATIENT-PROVIDER COMMUNICATION

Informative, supportive, and partnership-building patient-provider communication during medical visits differ for African American versus white patients. Racial/ethnic minorities rate the quality of interpersonal care by physicians more adversely than whites. Clinicians who display more patient-centered communication and awareness of effective cues with their African American patients have increased positive patient/provider interactions.

Health equity is the ultimate form of patient-centered care. Ignoring the role of race and racism keeps the status quo in place and reinforces race-based social inequity. The idea of the American Dream does not take into consideration structural and systemic racism experienced by African Americans. It has only been within the last 54 years that the federal government outlawed Jim Crow laws – at least on the books. Unfortunately, many of the discriminatory practices of Jim Crow still impact the health and wellbeing of African Americans today.

HEALTH DISPARITIES

Racism, including implicit bias, has negative impacts on health and has set the foundation for a lack of trust between African Americans and healthcare providers. A growing body of research

FACT: Research shows early health deterioration among African Americans as a consequence of the cumulative impact of repeated experience with social or economic adversity and political marginalization, has been coined by Arline Geronimus, a professor at the University of Michigan School of Public Health, as “weathering” or stress-induced wear and tear on the body. Coping with chronic stressors such as racism can have a profound effect on health.

Geronimus, Arline T et al. “Weathering” and age patterns of allostatic load scores among blacks and whites in the United States.” American journal of public health vol. 96,5 (2006): 826-33. doi:10.2105/AJPH.2004.060749

suggests that stress induced by this discrimination plays a significant role in maternal and infant mortality. It is racism, not race itself, that threatens the lives of African American women and infants. A 2004 study published in the American Journal of Public Health concluded self-reported experiences of racial discrimination were correlated with preterm birth and low birth weight deliveries.

The standards of the civilization into which you are born are first outside of you, and by the time you get to be a man they're inside of you. – Long before the Negro child perceives this difference, and even longer before he understands it, he has begun to react to it, he has begun to be controlled by it. Every effort made by the child's elders to prepare him for a fate from which they cannot protect him causes him secretly, in terror, to begin to await, without knowing that he is doing so, his mysterious and inexorable punishment.

JAMES BALDWIN

A 2013 study published in the Maternal and Child Health Journal explored the perceptions of prenatal care among Black women with reduced incomes and observed the “majority of women described experiences that fit within a definition of institutionalized racism in which the system was designed in a way that worked against their attempts to get quality prenatal care.” Many women felt they were treated differently because of their race or economic status (whether they had private or public health insurance). Multiple studies have found that daily experiences with bias and discrimination contribute to chronic stress, which may contribute to

higher rates of tobacco use and chronic illness.

WHAT IS THE COST OF RACISM IN AMERICA?

By allowing racism to fester, harm is not only done to African Americans, but to all Americans. Individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons. These reasons include the social determinants of health (or those conditions in which individuals are born, play, learn, grow, live, work, and age), such as socioeconomic status, education level, and the availability of health services – factors identified in the overarching construct of context in the Community Model. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care exceeds \$1.24 trillion.

The research on the intersectionality between health, racism, and discrimination is abundant. These inequities result in disparities that directly affect the quality of life. In fact, the American Academy of Pediatrics (AAP) released its first policy statement on the impact of racism on child and adolescent health in 2019. “Recognizing that racism has significant adverse effects on the individual who receives, commits, and observes racism, substantial investments in dismantling structural racism are required to facilitate the society shifts necessary for optimal development of children in the United States.”

Statements like these, call for medical providers to examine their own biases, foster welcoming diverse populations within their medical practices, and advocate for initiatives that help redress biases and inequities.

Racism does not show up only as individualized acts. To believe so limits a deeper understanding of its complexities and historical, economical, societal, and political ties. This lack of critical analysis has contributed to lost opportunities, establishment of a caste system of sorts, with different classes of citizenship, something that is considered un-American. The impact of racism on the entirety of society, if only focused on the individual, is overlooked.

For example, a recent landmark publication in the academic journal *Science*, showed that structural racism and classism profoundly affect the existence of plant life in urban areas. Black, Asian, and minority ethnic (and poor communities are disproportionately exposed to negative environmental conditions such as industrial pollution, habitats lacking in biodiversity, and localized climate change because affluent urban dwellers typically have access to better green spaces and more vegetation cover and diversity.

FACT: As of 2019, the purchasing power of African Americans in the United States exceeds \$1.4 trillion dollars.

“Buying Power: Quick Take.” Catalyst, www.catalyst.org/research/buying-power/.



IMAGINE HEALTH AND EQUITY

As Booker T. Washington once put it, 'You can't hold a man down without staying down with him.'

– JONATHAN M. METZL, AUTHOR OF DYING OF WHITENESS: HOW THE POLITICS OF RACIAL RESENTMENT IS KILLING AMERICA'S HEARTLAND

Engaging fully in the African American community means understanding the complexity of race and racism and its impact on communities. As indicated earlier, in its most basic form, racism is a social construct invented to maintain an economy that sought (and seeks) to maximize profits through free labor. Additionally, racism created a supremacy/inferiority mythology to protect those in power – white male landowners. It succeeded in having the intended consequence of dividing people along racial lines and creating a permanent underclass. However, it also had the unintended consequence of creating a permanent class of people who serve to keep the supremacy/inferiority mythology in place, even at their own expense.

Racism just doesn't impact the person being oppressed. It also impacts the oppressor. The energy that is used to hold individuals back, keeps the entire community from advancing forward. To achieve health justice for all, it is critical to pull back the curtain on racism and fully see the ugly truth of the past and come to a reckoning about the fact that racism continues to benefit the elite on a macro scale and white individuals on a micro scale. As long as Americans are either kept ignorant of these facts, or society as a whole doesn't care, then racism will continue to fester.

Racism robs everyone in the society. Taking steps to end it reinforces the existing strengths of communities. Taking these steps does not take resources from communities. In fact, just the opposite will occur. Ending racism adds human assets that are lost when everyone is not fully able to participate. How communities see the intrinsic benefits to ending racism can determine the success of any community-focused policy initiative. Success starts with imagining communities and the role of all its citizens. It means adopting a mindset that all people contribute to society.

Communities know what they need, but they may not know how to achieve it. Community residents, community-based organizations, and stakeholders working together can improve health justice through policy, systems, and environmental change. This all starts with changing mindsets coupled with the design and implementation of carefully crafted community-competent and community-focused efforts, campaigns, and the recognition of and commitment to the imperative need to bring community members into the conversation.

As communities start these conversations, it is critical to ensure the people impacted by the changes are at the table and are genuinely listened to. Having a person of color from the community at the table does not mean that person represents all of the community. Take the extra effort to find people uniquely impacted by decisions. For example, if change is to impact smokers, then smokers need to be at the table. If change is to impact convenient store owners, then convenient store owners need to be at the table. They (the people impacted by the potential policy) do not need someone

standing between them and those making decisions that affect their lives. They need to be directly at the table ensuring true change is inclusive and happening in the fertile ground of justice which benefits (and does not harm) people of color.

DOING NOTHING OR STAYING SILENT ISN'T AN OPTION.

Silence is complacency and a form of complicity. Being against racism isn't enough. Solutions will only happen when most groups in America become for or pro-people of color and anti-racism. Becoming pro-people of color or agreeing that Black Lives Matter isn't just understanding the history, saying the right words, or protesting when something happens and then stopping the conversation. It is deeper and more involved. It is about truly being an ally and working diligently to tear down systems and reconstruct ones that makes it better for everyone. It involves questioning the stereotypes and images seen in the media. It involves reaching out and making space for new critical relationships.

Moving communities toward health justice is complex. Efforts require time, commitment, and a willingness to utilize numerous approaches. The solutions don't lie in replacing one system with other systems in which unintended consequences continues the cycle of racism under another name. But mostly it requires an attitude that supports the examination of questions such as:

- » What does African American health justice look like?
- » What would America look like without racism?
- » How do we make what we imagine become a reality?
- » Who do we need at the table from the community to help us achieve that?
- » What do our communities look like without mentholated tobacco products?

Dismantling systemic racism starts with people being bold and willing to be uncomfortable with their thinking and beliefs. It starts with adopting a collective attitude that the existing harms will not be perpetuated into the future. Those harms stop right here and right now. Being pro-people of color and anti-racism starts by truly hearing through the very real feelings of anger and hurt and listening for solutions that lie beneath the pain. It rests in finding comfort in being open and building long-lasting genuine relationships with all types of people in the community. This starts with a very personal and uncomfortable internal self-reflective dialog which resides in the willingness and determination to do the work necessary to make a change.

Ending racism starts by not fearing soul-searching questions. It starts with the courage to ask ourselves, "How am I contributing to the problem, how do I stop, and what do I need to do differently to be part of the solution?"

