THE HEALTH JUSTICE GUIDE

From Tobacco Addiction to Community Empowerment

THE CENTER FOR
BLACK HEALTH & EQUITY

CENTERFORBLACKHEALTH.ORG

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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.

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"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 Thurm

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, almost 100 years before 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, in pre-colonial America, not all Africans were slaves and not all slaves were Africans. Interracial marriages were allowed; thus, the fledgling colony had not yet exhibited the most egregious examples of racism against Africans. The driving force for racism was economics. 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, through disease, war, murder, displacement, enslavement, or religious, cultural, or 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 the enslavement of Native Americans, who, though initially enslaved in large numbers, would escape at every chance or suffer population decimation because the colonizers needed their land for expansion and profit. Rather, the need for labor could only be satisfied by a more reliable source – thus the enslavement of Africans.

Distinguishing slaves from free individuals 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 of 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, and 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% 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. These 400,000 would expand to a total slave population of 4 million due to the almost singular capacity of the slavery apparatus to facilitate reproduction amongst its slave population.

In the midst of this greed and insanity, rising profits caused by increased production evolved not just from advances in technology but from the whip that drove labor to work faster and faster, combined with the fear that 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 born, "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 cleared 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 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 Africans 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. This emphasis on the collective is counter to the European emphasis on the individual.

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 the efficacy and effectiveness of problem-solving are enhanced when one is able to capture the greatest degree of complexity inherent in the community, which then allows for breadth in problem definition and depth in developing solutions. Mainstream paradigms that focus on the individual as the unit of analysis have not been effective in resolving the problem of population-based disparities.

Tobacco use among African Americans is uniquely suited to illustrate the efficacy of a paradigm that prioritizes the collective community approach to solving problems and asserts that it is through an assessment of community and its determinants that we optimize our ability to comprehend and formulate comprehensive strategies. 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 other privileged protocols built into political and social structures, serves as the foundation of the country.

- A tobacco-addicted Europe and its colonial suppliers – aided by scientific quackery – invented racist ideology to justify slavery to support a 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 targeted 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 how Africans became African Americans, and their collective experience in the United States of America from colonial times to the present day dictates the critical importance of a community-focused paradigm to problem definition and problem-solving.

"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. It is indigenous to the Americas and part of the nightshade family, including peppers and tomatoes. Tobacco has been grown, cultivated, and used in South America as far back as 6000 B.C.[1] 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.[2]

Some Native American holy men or Shamans developed tobacco use for religious rites, and people practicing the healing arts also started using tobacco in different forms to cure illnesses such as asthma, earaches, bowel problems, fever, sore eyes, depression, insect bites, and burns. By the time Europeans were introduced to tobacco, it was esteemed as a plant with great power, with special ritual, medicinal, and ceremonial significance. Most important, in traditional contexts, tobacco is typically used in limited quantities and only by certain community members, rather than being a habitual, commercialized, and recreational product, as it has become today.[3]

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 forms to cure sores, asthma, labor pains, flatulence, headaches, cancer, and epilepsy, among other diseases.

During the same time, the French ambassador to Portugal, Jean Nicot, sent tobacco seeds to French Queen Catherine de Medici and told her about tobacco's medicinal powers.[4] 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 tobacco became a fashionable accessory in Queen Elizabeth's court.[5] Smoking quickly became an expensive English habit, and Europeans became addicted.

Yet even as smoking increased in popularity, observers 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 that illnesses observed in chimney sweepers

could be triggered by soot, and suggested that tobacco may have a similar impact on health.[6]

DEMANDS FOR LAND AND CHEAP LABOR FUEL THE HABIT

The creation and spread of the domesticated tobacco trade overshadowed ancient indigenous tobacco use practices. The implications of tobacco addiction fueled by profitable commercial interests were 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.[7] 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. As the demand for tobacco increased, colonialists 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.[8]

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 exchanging a promise to work for passage to the new colonies from Europe. While their lives were not easy and were quite restricted, 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.[9]

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

In the winter, the beds for seeds had 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.

The time necessary between planting and rotating crops created a huge demand for additional farmland. Many wealthy landowners felt pressured economically and started to look for a cheaper, more profitable and renewable source of labor.[10]

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, quoting 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 backward nor primitive. Africa was, and still is, a diverse continent that was not isolated or 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.[11,12]

Often, Christians associate the early church with Greece or Rome when, in fact, churches in North Africa became some of the first to convert followers and send out gospel workers. In fact, stories from the book of Acts demonstrate that Christianity existed in Africa long before there was an established church in England. At Pentecost, Egyptians and Sirenians 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 to 23.[13,14,15]

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, 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 are governed by a complex system of participatory communities.[16]

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 limit their explorations to travel; they also established extensive regional and international trade networks and routes with the Mediterranean and Islamic worlds. Additionally, the Indian Ocean region of Africa established and maintain ed 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.[17]

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.

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 developed advanced techniques for food production 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 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, in America, Africans were unappreciated as human beings and seen as an expendable workforce, an "other" to be exploited.

THE AMERICAN INSTITUTION OF SLAVERY

"But the history has to be acknowledged and its destructive legacy faced. And this is particularly hard in "the most punitive society on the planet. People do not want to admit wrongdoing in America, because they expect only punishment. I'm not interested in talking about America's history because I want to punish America. I want to liberate America."

– Bryan Stevenson, the founder of the Equal Justice Initiative

Africans were not chosen to be slaves by happenstance. Those enslaved were chosen because of their skills as artisans, agricultural cultivators, and domestic servants. Historical documentation shows a strong relationship between the type of agriculture and the various African ethnic groups being imported.[18] Slave owners also had a preference concerning the

regional orientation of potential slaves; those from specific tribes and cultures were sought out because of their familiarity with specific tasks. For example, the Bambara and Melinke were preferred to be enslaved as artisans, and people were enslaved from groups in the Mande and Mano River group because of their familiarity with the cultivation of rice, indigo, and tobacco.[19]

Unfortunately, Africans themselves 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 resulting slaves from the warring tribes.[20] Tribal identification made it easier for Africans and Native Americans to relinquish their captives as "others" to slave traders.[21]

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 institution of slavery is deeply woven into the economic growth and political fabric of America as far back as pre-colonial days.[22] Europe and Europeans were familiar with Africa and knew about its people, immense resources, and wealth. Spanish explorers 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.[23]

In the early years of the American colonies, England primarily sourced its tobacco from the West Indies. But with the introduction of John Rolfe's tobacco seeds, tobacco grown in colonial Virginia quickly helped to replace other varieties of tobacco and turn the colony into a huge economic empire. As a result, tobacco has been intricately tied to the enslaved African experience even since before enslaved Africans first stepped foot on English colonial soil in Virginia off Dutch slave ships. In 1618, more than 20,000 pounds of tobacco, as recorded in the Yearbook of the Department of Agriculture, Bureau of Crop Estimates, was exported to Europe. By 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 three times more than three years prior. By 1627, shipments totaled 500,000 pounds. By 1640, London was importing nearly 1.5 million pounds of tobacco annually from Virginia. Europe had a very profitable need that the colonists were struggling to meet.[24]

The colony expanded. The kings and queens of Europe rewarded planters (who sponsored indentured servants from Europe to meet the growing need for labor) with 50 acres of land for every inhabitant/indentured servant they contracted and brought to the New World. In return for free passage, indentured servants worked for four to five years in the fields before being granted freedom. Initially, Africans brought over to America were treated as indentured servants. But this didn't last long. As the ruling class ran out of land to "give" the planter/landowner class, the planter/landowner class no longer wanted to pay indentured servants for their labor.[25] Thus, Africans

in Colonial America planted the tobacco, grew it, harvested it, dried, and took it to market for White planters/landowners to profit from its sale.

"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

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 the 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 few personal rights and freedoms).

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. 2019. "Slavery in America Didn't Start in Jamestown in 1619." Time, August 20, 2019. http://www.time.com/5653369/august-1619-james-town-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/misguid-edfocus-1619-beginning-slavery-us-damages-our-un-derstanding-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. https://www.brown.edu/news/2017-02-15/enslavement

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. This form of slavery therefore was an institution that supported and ensured European and American economic and social structures from the 16th to 21st centuries.[26]

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.

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 as many as 15 million Africans were initially caught and enslaved.[27] At least 15 to 30 percent of those Africans captured died during the march to the slaveholding areas or in confinement before departure aboard the ships and during the Middle Passage en route to the colonies and other parts of the western hemisphere.[28]

As many as 12.5 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.[29]

However, these figures grossly understate the actual number of Africans who were enslaved, died due to illness or disease, or were 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 five feet high and two feet wide) that they could not stand or even lie down, in an effort for traffickers to maximize the number of people jammed into the ships.[30] 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."[31]

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. Africans were dispersed throughout the Americas in many different ways. 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.[32]

Of the 10 million or so men, women, and children who survived the Middle Passage, most arrived between the 17th and 19th centuries and landed in South America, with the majority going to Brazil, home of the largest Black population in the western hemisphere.[33] 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. Modern genetic testing demonstrates the legacy of population migrations and interactions (forced and consensual) over the last several hundred years. DNA testing shows that the average modern African American with pre-Civil War ancestry has 24% of their DNA as a result of European ancestry.[34,35]

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.

The population growth of enslaved individuals in the United States differed greatly from that of the Caribbean and South America. While enslaved populations in those regions declined, they relied on continuous imports of slaves through the transatlantic slave trade. In contrast, the enslaved population in the United States experienced significant natural growth due to factors like high birth rates and lower mortality rates. This divergence highlights the unique dynamics of slavery and its regional consequences. By the start of the American Civil War in 1861, the United States had about 50% of all slaves in the Western hemisphere, despite receiving less than 4 percent of the total captives of the transatlantic Middle Passage.[36]

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.[37]

Historians believe Bacon's Rebellion (1676-1677) 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 indentured White servants. By creating these 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 affirmed the planted 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.[38]

"Bacon's Rebellion changes that, and what seems to be crucial in changing that is the consolidation after Bacon's Rebellion of a planter class. The planters had not been able to control this rowdy labor force of servants and slaves. But 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 white independent white farmers and land holders. That increased power is not equality. Dirt farmers are not elected to the House of Burgess in Virginia; the planters monopolize those offices. But they do participate in the political system. In other words, we see slavery and freedom being invented at the same moment. 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, the 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 descendants permanent second-class citizens, living in a nightmare perpetuated by colonial governments for profits.[39]

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

– Ta-Nehisi Coates

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

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, defined 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. [40,41]

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 to a White woman, likely also an indentured servant, who gave birth to a 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-firstamerican-slave.

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."[42] The legalization of the concept of race through colonial courts and governments proved to be useful.[43] 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.

THE SLAVE ECONOMY

Slavery was incredibly profitable. Past the initial requirement of purchasing a human for enslavement, few 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 and enhanced profit – masters gained additional labor at no cost. The inhumanity of slavery produced an economy built on misery.[44]

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, 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, institutionalized, and commercialized. Seldom mentioned in the history books, breeding farms were places where women were forced into having children.[45] A woman's reproductive capacity was a factor in determining her 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.[46] 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.[47] 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.

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 (the 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.

Wealth in the slave economy among Whites was unequally distributed. Slavery ended the practice of indentured servitude, leaving those Whites who 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.[48] Most southern Whites were extremely poor and landless, with few unable to afford slaves.[49]

Almost one-third of all Southern families owned slaves, although the percentages varied by state.

- For example, in the Lower South (Alabama, Florida, Georgia, Louisiana, Mississippi, South Carolina, Texas -- states that seceded first), about 36.7% of the White families owned slaves.
- In the Middle South (Arkansas, North Carolina, Tennessee, Virginia – states that seceded only after Fort Sumter was fired on) the percentage was around 25.3%, and the total for the two combined regions – which is what most people consider to be the Confederacy -- was 30.8%.
- In the Border States (Delaware, Kentucky, Maryland, Missouri – slave states that did not secede) the percentage of slave ownership was 15.9%, and the total throughout the slave states was almost exactly 26%.
- As for the number of slaves owned by each master, 88% held fewer than 20, and nearly 50% held fewer than five.[50] It was only the top 1% who were wealthy enough to own more than 100 enslaved persons and to operate these large plantations.
- Most plantations were concentrated primarily in areas where farmland was most valuable. Importantly, while dominant in the South, slavery was also endemic in the North.

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.[51] 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.

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 at 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.[52]

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 shipbuilders, 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: 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 consisted of dozens of secret routes and safe houses extending 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/.

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 to 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.[53]

"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, benefiting 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 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 was launched in the colonies by Pierre Abraham Lorillard, a French American tobacconist. Within a few years, the American colonies declared war on the British. Colonists 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.[54] Money earned from the sale of tobacco, grown by African slaves, financed the efforts of the thirteen colonies to win their freedom from Britain. Indeed, during the Revolutionary War, South Carolina provided slaves as a reward in its effort to recruit settlers. The legislature of Georgia paid its governor with slaves.[55]

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

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.[56] 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: 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 chefs, the older brother of Sally Hemings and half-brother of his wife Martha. James Hemings 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, https://www.monticello.org/jameshemings/

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

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 U.S. 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.[57]

THE FIGHT FOR FREEDOM

The institution of slavery was a dehumanizing system that ruthlessly fractured families and communities, seeking to dismantle the very essence of individuals. Those who were enslaved fought hard to be free. And at the heart of the struggle for freedom resided an unwavering dedication to safeguard familial bonds and nurture a sense of community. Despite the interference inflicted upon the enslaved through forced separations, grueling labor, punishments, restricted choices in marriage partners, and sexual violence perpetrated by slaveholders and others, these resilient individuals ingeniously carved out avenues to exert varying degrees of control over themselves and their relationships. Even in the face of the near-impossible burdens imposed by enslavement, those living on plantations heavily relied on one another, forming a lifeline essential for survival.[58]

FACT: In its infamous Dred Scott v. Sandford (1857) decision, the United States Supreme Court upheld slavery in United States territories, denied the legality of black citizenship in America, and declared the Missouri Compromise to be unconstitutional. The Dred Scott 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. Written by Roger Taney, the fifth chief justice of the U.S. Supreme Court, the decision also stated that the Fifth Amendment protected slave owner rights because enslaved workers were their legal property. Interestingly, 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.

The enslaved didn't just sit idly by and wait for their oppressors to free them. African Americans fought and died for

their freedom. The fight for freedom happened wherever there were people enslaved. There were many incidents of organized slave rebellion, but only a few hundred are documented with reliable evidence.[59] A revolt or rebellion means ten or more of the enslaved whose aim was personal freedom fought for that freedom.[60] The very first revolt in continental North America was in South Carolina in 1526. Lucas Vasquez de Ayllon, a Spanish colonizer, founded a town consisting of 500 Spaniards and 100 enslaved Africans, near the Pedee River. The enslaved fought for their freedom and escaped. Thus, some of the very first enslaved Africans known to have been brought to the continent were also the first to revolt.[61] And one of the last slave revolts happened in Yazoo City, Mississippi, during June of 1864, when slaves burned a section of the city, including 14 houses and the courthouse.[62] The heroism and sacrifices of those who fought for their freedom through rebellion would serve as a prelude to the gallantry of those who fought in the Civil War. African Americans constituted less than 1 percent of the northern population, yet by the war's end made up 10 percent of the Union army. A total of 180,000 black men, more than 85 percent of those eligible, enlisted.[63]

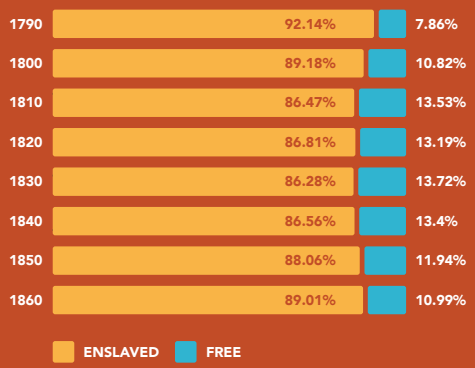
WHEN DID SLAVERY END IN THE UNITED STATES?

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. The year 1808 did not end the slave trade; termination required a Civil War.

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 a 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.[64]

POSTBELLUM: EMANCIPATION, RECONSTRUCTION & BIG TOBACCO

FACT: By 1790, approximately 18% 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 U.S. 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 enslaved in the US, according to the U.S. Census:



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 one year later. Because of the sovereign nature of the Indian Territory, slavery was still allowed by some Native American slaveholders, primarily from tribes located in the South (Cherokee, Chickasaw, Choctaw, Creek, 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.[65]

In 1890, the American Tobacco Company, a conglomeration as a result of a merger of multiple smaller tobacco companies, was founded by James Buchanan "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 the cigarette industry.

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 descendants. Reparations were 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.[66]

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 with wooden rails connected to the headboard and foot board.
- 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/

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 debt slavery existed well into the 20th century.[67] Economic development for African Americans was also hampered through such practices as the misdistribution of quality land and farm equipment. White farmers cultivating their land had horses while African Americans were lucky to have mules. Wealth disparity was the result and merged with subsequent inequities embedded in economic, social, and political practices.

This enraged many citizens in the North. Relying on the remnants of a radical abolition movement, Congress passed the Civil Rights Act of 1866, 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.[68] Congress then passed the 14th Amendment in 1867. This amendment was designed to extend the provisions of the Bill of Rights to the States, thus granting citizenship and civil liberties to all persons "born or naturalized in the United States," including formerly enslaved people, and providing all citizens with "equal protection under the laws."[69]

RECONSTRUCTION

The first Reconstruction Act, passed by Congress on March 2, 1867, was aimed at reorganizing the southern states after the Civil War. Reconstruction provided readmission into the Union.[70] 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 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.[71]
- 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.[72]
- In South Carolina, African Americans greatly outnumbered whites. So much so that African American representatives to the state assembly outnumbered White representatives. 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 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.[73]

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. U.S. Gov. Print. Off, 2008.

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, discovernjhistory.org/thomas-mundy-petersons-historic-vote-2/

FACT: During the Reconstruction era, African Americans exhibited unparalleled determination to achieve political representation. From the late 1860s to 1900, as many as 2,000 African Americans served in various public offices, among them two United States senators, 14 members of the U.S. House of Representatives, and scores of others holding local offices.

– "Reconstruction in the National Capital Area (U.S. National Park Service)." National Parks Service, U.S. Department of the Interior, www.nps.gov/articles/000/reconstruction-in-the-national-capital-area.htm#:~:text=African%20Americans%20achieved%20Black%20political,African%20American%20senator%20in%201870. Accessed 11 Oct. 2023.

Incremental progress was slowly being made. The 15th Amendment, granting African American men's 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."[74]

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 freedmen the right to vote and reinstituting 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 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 (1877).[75] 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 and the loss of services to poor Whites. The untold story of Reconstruction and post-Reconstruction: The benefits targeted and provided to African Americans, such as the provision of education and health-related services, were also provided to poor Whites who previously had not been provided these services.[76] It was yet another example of how serving the lowest class of society also spreads throughout the whole. It is opposite to a trickle-down paradigm. For example, in 1881, South Carolina had a total of 3,057 public schools while prior to the Civil War, it had none. Progress during Reconstruction also facilitated diversity. Black children comprised 55% of the student body and Black teachers were more than a third of the 3,240 teachers in the State.[77,78]

CHAPTER: JOURNALING PROMPTS

(QUESTIONS FOR SELF-REFLECTION)

CHAPTER ONE

1. Why were Africans selected to be enslaved in the Americas?

2. How does the relationship between labor and profits underpin racism? Who benefits from it? Does that dynamic still exist today and if so, how?

3. How did the triangle of exploitation and trafficking of human lives impact Africa, North America, South America, and Europe?

4. How did slavery set the stage for continued racial segregation?

5. Why and how did tobacco become one of the leading crops grown in America?

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CHAPTER 2
RACISM AND THE DISEMPOWERMENT OF COMMUNITY

IF WE MUST DIE
BY CLAUDE MCKAY

If we must die, let it not be like hogs
Hunted and penned in an inglorious spot,
While round us bark the mad and hungry dogs,
Making their mock at our accursed lot.
If we must die, O let us nobly die,
So that our precious blood may not be shed
In vain; then even the monsters we defy
Shall be constrained to honor us though dead!
O kinsmen! we must meet the common foe!
Though far outnumbered let us show us brave,
And for their thousand blows deal one death-blow!
What though before us lies the open grave?
Like men we'll face the murderous, cowardly pack,
Pressed to the wall, dying, but fighting back!

– McKay, Claude. "If We Must Die by Claude McKay." Poetry Foundation. Accessed June 7, 2023. https://www.poetryfoundation.org/poems/44694/if-we-must-die.

"It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One ever feels his two-ness,—an American, a Negro; two souls, two thoughts, two unreconciled strivings; two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder. The history of the American Negro is the history of this strife — this longing to attain self-conscious manhood, to merge his double self into a better and truer self. In this merging, he wishes neither of the older selves to be lost. He does not wish to Africanize America, for America has too much to teach the world and Africa. He wouldn't bleach his Negro blood in a flood of white Americanism, for he knows that Negro blood has a message for the world. He simply wishes to make it possible for a man to be both a Negro and an American without being cursed and spit upon by his fellows, without having the doors of opportunity closed roughly in his face."

– W.E.B. Du Bois, The Souls of Black Folk

The end of slavery posed a fundamental crisis for the conscience of the United States, which was now confronted with a profound moral dilemma of how it would treat the newly freed individuals. The response became evident quickly. The Hayes-Tilden Compromise (1877) marked the end of Reconstruction and ensured that concepts like freedom, equity, and justice were not prioritized in social, political, or economic realms. Slavery had served its purpose, and the structure of the body politic embraced a clear division and power dynamic that existed between master and slave.

However, such a stark division of humanity became untenable as the post-slavery era demanded a shift in perspective toward formerly enslaved people. The explicit master-slave framework no longer sufficed. Instead, a more subtle form of hierarchy based on privilege emerged, requiring a less overt and transparent classification. The freedman was relegated to the status of a "boy," and the freed women were diminished to the label of a "girl," while the master was elevated to the position of a man or a "Mister." The imposition of caricature and stereotypes burdened the slave, while the "Mister" needed only to be seen as a man. The distinct burdens borne by each group are worth contemplating.

The African American population presented a unique and significant challenge to the social structure that emerged after the Civil War. Unlike Native Americans or Latinos, African Americans were seen as an unparalleled threat. Latinos were deemed too few in number. Their labor power would grow over the years through migration and agricultural work. Additionally, Mexico had already been defeated in the Mexican-American War (1846 – 1848), resulting in the appropriation of a significant portion of its territory (55%). These appropriated lands ultimately comprised parts or all of an array of States (Arizona, California, Colorado, Kansas, New Mexico, Nevada, Oklahoma, Utah, Wyoming). Native Americans, similarly, considered too few in number, were on the brink of being forcibly relocated to reservations, following the Trail of Tears, and the subsequent defeat of the Native Americans in the western plains. Latinos and Native Americans had their grievances, but they too were disregarded and marginalized through racist stereotypes and caricatures.

Caricature, a potent and insidious tactic, burdened people of color, including Europeans of various backgrounds (such

as Irish, Italian, and Jewish). However, African Americans possessed assets, numerical strength, and skills that, despite the haze of caricature, preserved their value as a commodity. Capitalism's reliance on cheap labor ensured that the partnership between capitalism and racism would persist. Despite the lens of caricature, projecting foolishness and laziness, even "boys" and "girls" were welcomed into the labor force as long as they maintained infantile personas. While Native Americans mourned the loss of their land and Latinos mourned the loss of their nation, African Americans, devoid of both land and nation, found themselves grieving for their souls.

The role of capitalism in perpetuating inequity and injustice merits thorough exploration. However, it is crucial to recognize that capitalism, reliant on a cheap, vulnerable, and racially fragmented labor force, found a willing partner in racism to achieve its objectives. The insatiable pursuit of profit and greed inherent in capitalism, combined with racism's pervasive influence, proved overwhelming for the few remaining abolitionists and the vulnerable African American population. Racism's reach extended systemically, infiltrating cultural, social, and economic structures. The result of this alliance between capitalism and racism, while partially masked, was an institutionalized racist society that could be considered one of the most profound examples of inequity witnessed on Earth. Privilege reigned as king, while exclusion played the role of the queen in this complex social structure.

Once through the door of slavery, there was no single path for racism to achieve its ends. One of the more important beginnings was the infamous Jim Crow.

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, beaches, hospitals, schools, parks, buses, stores, restaurants, jails, neighborhoods, and residential homes for the elderly and handicapped.

Tragically, Jim Crow served the critical role of diminishing gains and reinforcing the foundation for institutionalized racism, hurting not just African Americans, but society as a whole. The spirit of community was woven throughout the African American citizenry and held them tightly together, reflecting the survival strategies present during slavery (inclusive family networks facilitating protection on the plantation, and informal churches providing opportunities for emerging leaders, social support, advocacy, and planning). This spirit could now be found in the legislative representation and participation of the formerly enslaved people. Black representation threatened the emergent reconquest of the South by whites. Legislative success led to brutal attacks as white racist entities such as the Ku Klux Klan rampaged African American Communities across the Southern and Western landscape. We know of Tulsa; less known is the fact there were hundreds of examples of Tulsas in the coming decades.[79] Emergent Black power was decimated.

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.

Examples of how Jim Crow laws impacted the daily life of African Americans include 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 amuse ment park cashier windows.**
- **Laws forbade African Americans from living in certain 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.**[80]
- **Jim Crow engineered the creation of material goods and images into grotesque caricatures that were pervasive in the creation of items such as jewelry, kitchenware, postcards, advertisements, and clocks. The tobacco industry was especially industrious and used caricatures in tobacco-related items such as ash trays, displays, advertisements, and cigarette holders. Ironically, the Tobacco Industry used caricatures to reach white smokers in the early 20th century when African Americans were not pervasive tobacco users. In the post-WWII period when African American men began to adopt the habit of smoking, the tobacco industry became one of the first businesses to use positive, middle-class imagery to portray a contented African American smoker. When African Americans were not customers they were caricatured; and when they emerged as customers, imagery projected an entirely different message.**

THE FOUNDATION OF HEALTH INJUSTICE

Understanding the health and wellness of African Americans means understanding the history of institutional injustice in healthcare, labor, and 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, although they didn't refer to them as such. The health and life conditions of many freed slaves at the conclusion of the Civil War were 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.[81]

African Americans relied on the Freedman's Bureau to prevent and contain outbreaks and to engage more directly in health care. Under the 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 formerly 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."[82]

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.

– "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 migrated 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.[83]

According to the National Archives, "Black people who migrated during the second phase of the Great Migration were met with housing discrimination, as localities had started to implement restrictive covenants and redlining, which created segregated neighborhoods, but also served as a foundation for the existing racial disparities in wealth in the United States. Records in this topic cover migratory information and trends captured by various branches and agencies of the government, including employment and housing. There are also records reflecting cultural and social aspects of the lives of those who participated and were impacted by the Great Migration."[84]

"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

Yet, migrating from the racial embattled south to the north and Midwest offered opportunity. The Harlem section of Manhattan, which covered just three square miles, drew nearly 200,000 African Americans by the turn of the early 20th century, giving the neighborhood the largest concentration of Black people in the world.[85] Among the Harlem Renaissance's most significant contributors were intellectuals W.E.B. Du Bois, Marcus Garvey, Cyril Briggs, and Walter Francis White; electrifying performers Josephine Baker and Paul Robeson; writers and poets Zora Neale Hurston, Effie Lee Newsome, and Countee Cullen; visual artists Aaron Douglas and Augusta Savage; and an extraordinary list of legendary musicians, including Louis Armstrong, Count Basie, Eubie Blake, Cab Calloway, Duke Ellington, Billie Holiday, Ivie Anderson, Josephine Baker, Fats Waller, and Jelly Roll Morton. Harlem was a community alive with African American-owned and run publishing houses and newspapers, music companies, playhouses, nightclubs, and cabarets. The literature, music, and fashion created defined culture and "cool" for Blacks and whites alike, in America and around the world.[86]

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

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

There were other "Harlems." The existence of vibrant and prosperous Black communities extended beyond Harlem and encompassed various other regions across the United States. For instance, Tulsa, Oklahoma, was home to the Greenwood district, renowned as "Black Wall Street," while the Hayti District in Durham, North Carolina, was dubbed "The Black Capital of the South" by Black leaders and thrived as African Americans migrated to work in local tobacco factories. Washington, D.C.'s U Street corridor, historically referred to as "Black Broadway," emerged as a cultural and economic hub for Black excellence, despite prevailing racial and political tensions. Similarly, Dallas, Texas, boasted the Tenth Street District, which nurtured renowned figures like blues artist T-Bone Walker and Olympic gold medalist Rafer Johnson. Sweet Auburn in Atlanta, Georgia, renowned as the "richest Negro Street in the world," fostered a haven for Black residents prior to the civil rights movement. This district's cultural and social landscape profoundly shaped the Black experience in the city, giving rise to historic Black churches, businesses (including Atlanta Life Insurance Company, the second largest Black insurance company in the country).[87]

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. Often, poor whites viewed African Americans as competition for jobs, homes, and political power. While many African Americans were tied to sharecropping and victims of peonage (or debt slavery, a system where an employer compels a worker to pay off a debt with work), the few signs of Black progress that did exist proved unbearable for the white racist. For the broad social purpose of maintaining white supremacy in the economic, social, and political spheres, lynching was used as an act of terror, meant to spread fear among Blacks.[88]

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 Charleston, Chicago, Columbia, Houston, Illinois, Nebraska, Oklahoma, Omaha, South Carolina, Tennessee, Texas, Tulsa, and Washington, D.C. Over 800 African Americans, women, men, and children were slaughtered in Elaine, Arkansas, between September 30 and October 1, 1919, alone.[89] The Equal Justice Initiative publication Lynching in America documents more than 4400 racial terror lynchings in the United States between Reconstruction and World War II. A new study, titled Reconstruction in America: Racial Violence After the Civil War, brings the overall death toll between 1865 and 1950 to nearly 6,500, men, women, and children.[90]

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 Jacob Lawrence chronicled the great migration in his 60-panel group of paintings titled 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 that free assistance of any kind would breed dependence and claimed that when it came to Black infirmity, hard labor was a better slave 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.[91,92]

"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

The theory of Black extinction conveniently gave cover to lawmakers' intent on providing inadequate federal assistance and allowed them to shape laws to preserve racial segregation.[93] 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 and have thicker skin, faster coagulating or thickening blood, and weakened lung function.[94]

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*.[95] 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, persisting to this day, on the 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. According to this data, 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.[96]

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.[97] 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.[98] With the rise in the popularity of Darwinism, junk science made inferiority a fact and was used to justify racial stereotypes.[99]

Enslaved Africans were considered property and a commodity just like wheat, soybeans, corn, or meat. Considered three-fifths of a human (as written into the U.S. Constitution), 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.[100] 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 African American women and poor white women without their consent.[101] 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.[102] 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 healthcare field today.[103]
- Sims also unsuccessfully tested surgical treatments on enslaved Black babies 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.[104] 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.[105]
- The United States Public Health Service Syphilis Study, more commonly known as the Tuskegee Syphilis Study,[106] took place from 1932 to 1972, during which time African American males were misled to believe they were being offered free healthcare, not informed if they had syphilis, rather they were told that it was "bad blood." and never offered treatment, even when penicillin became available in the 1940s.

The National Archives describes the study as "The Tuskegee Syphilis Study, was begun in 1929 as a cooperative study involving the Public Health Service under the auspices of the Center for Disease Control and Prevention (CDC), the Julius Rosenwald Fund, and state and local health departments in six southern states. It evolved into a study of possible differences in the effects of the disease on Caucasians and African Americans. During the study, a number of Black men in Tuskegee (Macon County), Alabama with syphilis were left untreated and observed, studied, and compared to a control group that did not have the disease. The study continued until the 1970s, when its existence was revealed to the public, resulting in Department of Health Education and Welfare and Congressional hearings on the ethics of medical experiments on human subjects."[107] The Tuskegee Study exhibited two contradictions, each a cornerstone to ongoing disparities: (1) the denial of informed consent, and (2) the denial of treatment. The first contradiction was resolved with the creation of a national infrastructure supporting human subject review for the approval of research initiatives. The second contradiction regarding unequal treatment remains unaddressed.

- 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, and learn how viruses work; they played a crucial role in the development of the polio vaccine. These cells led to improvements in invitro fertilization, cloning, and gene mapping. Companies and universities made billions of dollars from the use of Lacks's genetic material.[108] Her relatives 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.[109] Yet, despite HeLa cells, African genomes have long been understudied. Even today, the overwhelming majority of genetics research continues to be conducted on people of European de scent – a bias that 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).[110] 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.[111]

"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 healthcare 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.[112] Low-income neighborhoods are purposefully targeted by the tobacco industry.[113] Those with lower socioeconomic status who use tobacco suffer higher incidences of disease, have lower smoking cessation rates, and have poorer health outcomes. Smokers say that they use tobacco for reasons including stress relief, pleasure,[114] and social custom, according to Smokefree.gov.[115] Whether due to stress or lack of economic capacity or educational and/or political opportunities,[116] living in a low-income environment has negative health outcomes for individuals and the communities in which they live.[117] These social, economic, and environmental factors that significantly influence a person's overall health and well-being are referred to as the social determinants of health. These determinants go beyond individual behaviors and biological factors, underscoring that various aspects of a person's social and physical environment have a profound impact on individual health outcomes.

Some key social determinants of health include:

Socioeconomic status: This encompasses factors such as income, education, and occupation, which can determine access to resources, education, opportunities, housing, and quality healthcare.

Neighborhood and physical environment: The conditions in which people live, including access to safe housing, clean air, and water, availability of parks and recreational areas, and exposure to environmental hazards, can impact health outcomes.

Social support networks: Strong social connections, participation in a faith community, supportive relationships, and community engagement can contribute to positive health outcomes and well-being.

Education and literacy: Higher levels of education and literacy are associated with better health outcomes, as they are linked to better employment, empower individuals to make informed decisions, and engage in health-promoting behaviors.

Access to healthcare: Availability, affordability, and quality of healthcare services, including preventive care, screenings, and treatment options, play a crucial role in determining health outcomes.

Cultural and social norms: Cultural practices, social norms, and societal attitudes toward health behaviors and conditions can influence individual choices and healthcare-seeking behaviors.

Discrimination and social inequality: Discrimination based on race, ethnicity, gender, sexual orientation, or other factors can lead to disparities in health outcomes, perpetuating social and health inequalities.

Understanding, and addressing, these social determinants of health is vital for creating equitable and inclusive healthcare systems, promoting health equity, and improving overall population health. It requires comprehensive approaches that address systemic barriers, promote social justice, and foster environments that support health and well-being for all individuals and communities.[118,119]

Doctors, entrepreneurs, scientists, and philosophers have known for millennia that where you live, what you eat, and what you do for a living impact 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 healthcare costs. Improving the conditions in which we live, learn, work, and play creates healthier people and communities.[120]

"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 left few places where African American families could escape. For example, "sundown towns" around the country banned African Americans from being outside after dark (i.e., Tugaloo College maintains a database that is accessible online that contains a database of Sundown Towns).[121]

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.[122] Many African Americans were limited to the most dilapidated housing in the least desirable sections of the cities to which they fled.[123] The forced segregation was harmful to African Americas, as poor and cramped housing conditions contributed to asthma, lead poisoning, injuries, poor mental health, and other illnesses.[124] Detrimental living conditions worsened the health outcomes of African Americans and posed significant health risks to their well-being. In densely populated cities like Pittsburgh, Cleveland, and New York, housing was so scarce that some Black workers had to share the same single bed in shifts.

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.[125]

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 following: "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.[126]

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 healthcare. 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 obtaining loans and from property ownership, setting the stage for the racial wealth gap. Jim Crow kept African Americans poor and unhealthy, contributing to disparities in health. In most American households, the bulk of their financial wealth comes from owning a home and the value, or "equity," that builds up in that home over time.

The Homeowners Refinancing Act established the Homeowners Loan Corporation, which helped save homes hurt financially by the Great Depression. The Act allowed mortgage refinancing 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, thus preventing residents from being able to take advantage of the financing programs[127]

In the 1930s, surveyors with the federal Homeowners Loan Corporation[128] 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.[129] Remarkably, 50 years after the federal Fair Housing Act of 1968[130] banned racial discrimination in lending, modern-day redlining persisted in 61 U.S. metro areas,[131] even when controlling for applicants' income, loan amount, and neighborhood.[132]

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 Principles. The Manifesto, which was developed as an attack on Brown v. Board of Education, stated that 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, and San Antonio, as well as the most challenging Southern cities (Mobile, Alabama; Greenville, North Carolina; and Gainesville, Florida) were impacted.

Even the GI Bill excluded African Americans.[133] 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 rein to administer the program. Over 1.2 million African Americans served in WWII yet African American veterans in the South were denied access.[134] For example, only two of the more than 3,200 eligible veterans who 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.[135]

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, and homes became dilapidated, further siphoning 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.[136] Additionally, a national survey of Habitat for Humanity homeowners overwhelmingly found their families' overall health had improved since moving into their homes. Health justice without adequate housing, food, education, health care, employment, and safety are not possible.

The laws that prevented African Americans from buying, leasing, or living in properties in white neighborhoods

officially ended in 1977.[137] Yet, over 50 years after the passage of the Fair Housing Act, there are still reported cases of the practice of redlining. 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, CT. They are not alone. There are many other cases of applicants being denied a home loan because of their race,[138] said Nikitra Bailey, executive vice president at the Center for Responsible Lending. Bailey pointed to a 2018 investigation by the advocacy group finding that Black, Latino, and Asian applicants were turned away for loans at a higher rate than whites in many U.S. cities.[139]

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.

THE ROLE OF THE BLACK CHURCH

For over two centuries, the convergence of race and religion has held a significant place in the civic engagement of Black Americans. Black houses of worship have served as crucial spaces, from hosting abolitionist gatherings in the antebellum era to acting as focal points for social movements in the mid-20th century. These sacred institutions have consistently served as the bedrock from which public struggles for freedom and racial equality have been launched.

Despite hardships, African Americans took comfort in community, and the epicenter of that community was the church. From the era of slavery until the present day, the Black church has remained a pillar of strength and empowerment for the Black community, adapting to meet the changing needs and challenges of its congregants. The Black church has served multiple roles, providing a range of social services, including libraries, job training programs, basic education initiatives, and healthcare services. Churches remain attuned to the evolving cultural and social realities faced by Black Americans, willingly challenging traditional boundaries in order to promote both spiritual support and the betterment of the community.

Historically the Black church has been a place for creating individual, systemic, and political change within the black community.[140] The Black Church is the longstanding institutional backbone of the African American community and represents the collectivistic culture interwoven into the fabric of the lives of African Americans. It has been a locus of hope, spiritual guidance, and social support for African Americans.[141] Adam Clayton Powell, Jr., a prominent minister and the first Black congressman representing Harlem from 1944 to 1969, served as a champion for the rights of Black Americans. He embraced a form of social gospel that blended Christian principles with wisdom acquired from the streets. This approach is encapsulated in his well-known phrase, "Keep the faith, baby." Utilizing public protest strategies that later became synonymous with the civil rights movement, Powell advocated for job opportunities in white-owned stores in Harlem, sought improved healthcare options, and worked to restore order in a tense and potentially explosive section of New York City.[142] Examples of other famous civil rights leaders who preached and promoted civil rights from the pulpit include Ralph Abernathy, pastor of the First Baptist Church in Montgomery,

Alabama, and founding member of the Montgomery Improvement Association and the Southern Christian Leadership Conference (SCLC); James Lawson, reverend and educator in nonviolent activism, who worked to desegregate Nashville and helped organize the Freedom Rides; Frederick Reese, active in the Selma campaign, who became pastor of the Ebenezer Missionary Baptist Church in Selma, Alabama, in 1965; Andrew Young, pastor active in the Department of Youth Work at the National Council of Churches before becoming a leader within the SCLC; Rev. Dr. Martin Luther King, Jr.; and Bishop William Barber, organizer of the Poor People's Campaign. These individuals represent only a fraction of the countless men and women who, driven by their faith, have been catalysts for meaningful change.

Researchers have found that approximately three-quarters of Black adults acknowledge predominantly Black churches' substantial contributions in advancing equality for Black people in the United States. While this figure is slightly lower than the percentage attributing credit to civil rights organizations (89%), it surpasses the credit given to the federal government (55%), predominantly Black Muslim organizations like the Nation of Islam (54%), or predominantly white churches (38%).[144] The Black church has been a sanctuary of solace and refuge for African Americans, providing a haven from the pervasive racism they face at every turn. It serves as the foundation for protest movements that have spanned from historic slave revolts to the present-day Black Lives Matter movement. Additionally, the Black church has played a vital role in nurturing influential movements such as the Black Studies Movement, the Black Arts Movement, the Black Panthers, reparations advocacy, and Black feminism, and has contributed significantly to the development of a robust tobacco control advocacy movement.

According to a Pew Research Center Survey, a significant majority of Black Americans, (about 75%), believe that opposing racism is not only crucial to their faith but also integral to their sense of morality. This perspective transcends various religious traditions within the Black community, highlighting the widespread recognition of the imperative to combat racism as a fundamental aspect of their spiritual and ethical beliefs. The survey underscores the deep-rooted commitment of African Americans to confront racial injustice and discrimination based on deep rooted, faith-based convictions and moral compass.[145]

THREE FORMS OF RACISM

The belief in white superiority is intricately intertwined with the belief in Black inferiority. In order to maintain this narrative, numerous stereotypes emerged over time, serving as rationales for the mistreatment and oppression experienced by African Americans. Recognizing the interdependence of these ideas is crucial in understanding the systemic perpetuation of racial inequality and injustice.

INDIVIDUAL OVERT RACISM

When most people think about racism, their thoughts go to members of the KKK burning crosses or of people yelling derogatory names, flying Confederate flags,[146] 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 builds on the negative-attitude view of prejudice, but includes three other important criteria," according to James Jones, Ph.D., in his groundbreaking book Prejudice and Racism Revisited. "The first, the basis of group characteristics, is assumed to rest on biology - race as a biological concept. Second, racism has, as a necessary premise, the superiority of one's own race. Third, racism rationalizes institutional and cultural practices that formalize the hierarchical domination of one racial group over another. Therefore, although racism shares certain aspects of prejudice, it takes on a decidedly broader and more complex meaning. Moreover, racism does not follow immediately from what we think about race, per se, but how we attribute certain attributes or characteristics to people who belong to, or are assigned to, different races."[147]

Racism manifests in three primary forms:

Individual Overt Racism	which involves explicit discriminatory actions or remarks
Internalized Racism	where individuals from marginalized groups internalize negative stereotypes about themselves
Systemic and Structural Racism	which pertains to institutional practices and policies that perpetuate inequality.

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 (a reference to the historical demonstration that "African Americans will buy anything put out 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.[148]

- 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, try 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 and thus reducing economic earning potential.

SYSTEMIC AND STRUCTURAL RACISM

Solely focusing on individual racism reduces the significance of the destruction that racism at large has had on everyday life for African Americans (and other people of color). Racism is a complex and deeply rooted phenomenon that emerges from a combination of greed and the pursuit of immoral profits, disregarding any ethical boundaries. It was (and still is) used as a means to divide people and prevent them from recognizing their shared struggles. This malignancy is not limited to isolated incidents; it permeates various aspects of American society. By solely focusing on individual acts of racism, we risk overlooking the broader picture of racial inequity and the systemic challenges that persist. It is critical that we view racism on a systemic level.

Systemic racism refers to a form of racism that is deeply ingrained in the structures, policies, and practices of society, resulting in the perpetuation of racial inequalities and disadvantages for certain racial or ethnic groups. Unlike individual acts of racism, systemic racism operates at a systemic level, influencing institutions such as government, education, healthcare, criminal justice, housing, and employment. It is characterized by institutionalized biases, discriminatory practices, and unequal distribution of resources and opportunities based on race or ethnicity. Systemic racism often leads to disparities in areas such as education, income, wealth, healthcare access, housing, and criminal justice outcomes, disproportionately affecting marginalized communities. It is a complex and deeply rooted issue that requires comprehensive and sustained efforts to address and dismantle the systemic barriers that perpetuate racial inequities. As a practice, systemic racism maintains the disparities that create inequality. It inflicts immense harm on the lives of millions. Health justice cannot be truly achieved until the impact of systemic and structural racism is understood and addressed.

"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.[147] Examples of the manifestation of it in the everyday experiences of African Americans include:

HEALTHCARE

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.[150,151,152]

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.[153,154]

POLICING

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."[155,156]

SENTENCING

According to a study by the U.S. 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 U.S. population, in 2010, they made up 57% of the U.S. prison population.[157,158]

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.[159]

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.[160]

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.[161,162]

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.[163]

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.[164] 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."[165]

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.[166]

POVERTY

Despite redlining, 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 18.8 percent living in poverty. However, it is important to note that structural poverty remains a critical factor of well-being that exists within African American communities.[167]

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.[168]

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 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 Nielson, between 2000 and 2018, Black buying power rose 114%, compared to an 89% increase in White buying power.[169]

THE MYTHOLOGY OF FATHERHOOD INVOLVMENT

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.[170]

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 pervasive 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."

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 Currer, the supposed mistress of Thomas Jefferson. First published in December 1853, the novel was written at a time when the relationship of Jefferson and Sally Hemings 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-thepresidents-daughter-a-narrative-of-slave-life-in-the-united-states-1853.

The ultimate example of discrimination is the gap that exists 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.[172]

DISPARITY IN AVERAGE AGE LIFE EXPECTANCY IN THE U.S., 2015 U.S. CENSUS BUREAU

Sadly, this difference in life span means that African Americans have less time to be economically productive and accumulate wealth, 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: 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 the film 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, 4 June 2020, www.classicfm.com/discover-music/Black-composers-who-made-classical-music-history/.

CHAPTER: JOURNALING PROMPTS

(QUESTIONS FOR SELF-REFLECTION)

CHAPTER TWO

1. 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.

2. What have you newly learned that will inform your future conversations about race and racism?

3. 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?

4. How is racism a public health issue? How has it impacted the health and wellness of African Americans? How does it impact the lives of all Americans?

5. What can you do in your own life to reduce racism?

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CHAPTER 3
AFRICAN AMERICANS, MENTHOL, 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.[173] 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.[174] Related to lower cessation rates,[175] African Americans smoke at higher rates than Whites, contributing to their leading the nation in tobacco-related disease and death.[176,177,178] Most striking is their preference for menthol brands. Today, four out of five African American tobacco users smoke menthol.[179]

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 targeted advertising campaigns.

The introduction of menthol cigarettes can be traced back to the 1920s, when the tobacco industry started experimenting with various additives and flavors to enhance the appeal of their products. 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. The first commercially successful menthol cigarette, Spud Menthol Cooled, was introduced by the Axton-Fisher Tobacco Company.[180] This marked the beginning of the menthol cigarette era in the United States. Considered to be the first widely sold menthol cigarette, they were the fifth most popular brand in the country by 1932.[181] The success of the product is aided by the fact that adding menthol flavoring makes smoking cigarettes less harsh, making it easier to start smoking and develop an addiction.[182]

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.[183] 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,[184] 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[185] 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 stage 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.[186] The process of unionization was led by Black women, who 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).[187] Tobacco companies were 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, Local 22 of the Food, Tobacco, Agricultural, and Allied Workers of America–CIO, was integrated and led primarily by African American women. Hopkins's 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%20 Hopkins%20helped%20mobilize%2010%2C000,Reynolds%20Tobacco%20Company.&text=She%20joined%20 the%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 successful only because 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, the industry needed more African Americans to 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 had been denigrated in marketing strategies and used as caricatures to market to white smokers. However, when their 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.

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, positive portrayals of African Americans in major advertisements and media venues were 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.

FACT: Due to the increase in smoking preference, many other cigarette companies launched their own brand of menthol cigarettes in the 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, currently owned and manufactured by R. J. Reynolds, is the best-selling brand of menthols in the world.

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

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.[188]

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[189] and break down as the following:

ABOUT $72 MILLION	Price discounts paid to retailers and wholesalers to reduce the price of cigarettes to consumers
$180.3 MILLION	Promotional allowances paid to cigarette retailers, such as payments for stocking, shelving, displaying, and merchandising particular brands
$337.5 MILLION	Promotional allowances paid to cigarette wholesalers, such as payments for volume rebates, incentive payments, value-added services, and promotions

ADS AND PRODUCT PLACEMENT

"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."

– Brown & Williamson

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

– Lorillard

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.[190]

Tobacco companies, through their marketing efforts,[191] 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, or the major tobacco companies that dominate the industry, producing, marketing, and selling tobacco products on a large scale, 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	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.[192]
JET	The news and entertainment weekly digest, Jet magazine, was first published by John H. Johnson on November 1, 1951.
ESSENCE	Essence magazine, first published in May of 1970, is a lifestyle magazine targeted toward 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.

Media 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 lobbyists to influence politicians, and 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.[193]

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

– 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 shows 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 to ads that featured Black models that depicted high achievement, high occupational status, and or otherwise communicating power and prestige as a central part of the ad.[194]

The tobacco industry, driven by self-interest, used financial support and influence to silence voices that could have challenged the perceived benefits of tobacco use and advocated against the harmful effects of tobacco-related death and disease. This had a particularly impactful effect on anti-tobacco advocacy within African American communities, rendering it ineffective. The industry employed a strategy of investing in the promotion of African American culture and portraying images of African Americans as normal individuals, which cultivated a loyal following beyond just consumers. This highlights the urgent need for social justice efforts to combat smoking and the use of menthol cigarettes within the African American community, as these practices are detrimental to their health and well-being.

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 5% of African American smokers preferred Kool brand menthol flavored cigarettes compared to 2% of white smokers: approximately three times the rate of whites. This small difference preference was successfully parlayed by Brown & Williamson executives, and later by the tobacco industry as a whole, into the drastic difference we see today between Black and white menthol smokers.[195] 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 a huge number of 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. https://truthinitiative.org/sites/default/files/media/files/2019/03/Point- of-Sale-10-2017.pdf.

FACT: In 2009, 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. https://www.famu.edu/alliedHealth/Tobacco%20company%20marketing%20to%20African%20Americans.pdf.

While it is true that menthol cigarette use has been more prevalent among African Americans, it is important to note that individuals from various racial and ethnic backgrounds also use menthol tobacco products. Menthol cigarettes have been marketed to and consumed by people from diverse communities. It is important to address this myth to help dispel stereotypes and recognize that the impact of menthol tobacco use extends beyond any single demographic group.

A survey conducted between 2013 and 2015 showed that among Black adults who smoke, 93% used menthol cigarettes when they first tried smoking. Among white adults who smoke, 44% used menthol cigarettes when they first tried smoking.[196]

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.[197]

Women who smoke are more likely to use menthol cigarettes (44%) than men who smoke (35%).[198]

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,[199] (slightly less than those who initially tried menthol cigarettes at 93%) 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.[200]

In 2019, 18% of adults who smoke and reported past-month serious psychological stress used menthol cigarettes, compared to 7% of those who smoke and did not report past-month serious psychological distress.[201]

People who identify as lesbian, gay, bisexual, or transgender (LGBT) and who smoke are more likely to smoke menthol cigarettes than heterosexual people who smoke.[202,203]

"Today, (just about) 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) is a group of Black professionals dedicated to fighting the scourge

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.[204] 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 a Black young adult female, 19, from a 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 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."[205] 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.[206] 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.[207]

It is important to emphasize that menthol cigarettes are just as harmful as non-menthol cigarettes. The presence of menthol does not reduce the health risks associated with tobacco use. It cannot be stressed enough that both menthol and non-menthol cigarettes contain harmful chemicals and pose significant health risks, including an increased risk of lung cancer, heart disease, and other smoking-related illnesses. Menthol cigarettes, like other tobacco products, are highly addictive. Menthol does not alter the addictive properties of nicotine. The cooling and anesthetic effects of menthol can mask the harshness of tobacco smoke, potentially making it easier for individuals to start and continue smoking. It is crucial to understand that menthol cigarettes can lead to nicotine dependence and addiction.

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, May 18, 2020, www.cdc.gov/tobacco/basic_information/tobacco_industry/menthol-cigarettes/index.html.

Nearly 70 percent of current adult smokers in the United States report they want to quit.[208] 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.[209]

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, almost all tobacco products sold in the U.S. contain at least some natural or lab-created menthol.[210]

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

32.5% MENTHOL
Cigarettes

26.1% FLAVORED
large cigars

47.5% FLAVORED, 0.2% MENTHOL
cigarillos

21.8% FLAVORED, 19.4% MENTHOL
little cigars

1.4% FLAVORED, 0.7% MENTHOL
chewing tobacco

3.0% FLAVORED, 57.0% MENTHOL
moist snuff

88.5% MENTHOL
snus

– 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 FDA, 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.[211] 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.[212] 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."[213] U.S. cigar use doubled between 1997 and 2007, from 5 to 10.6 billion cigars smoked annually.[214] 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 purchase 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 "hyping" or "freaking") will reduce the harm of smoking it.[215] Whether the cigar is empty or 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.[216] 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 can try out a single loosie and get addicted or by making them more affordable then a pack of cigarettes. 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, yet they are often sold in this manner in Black neighborhood stores or markets

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 contributed legal arguments to 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 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, N.C.

– 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

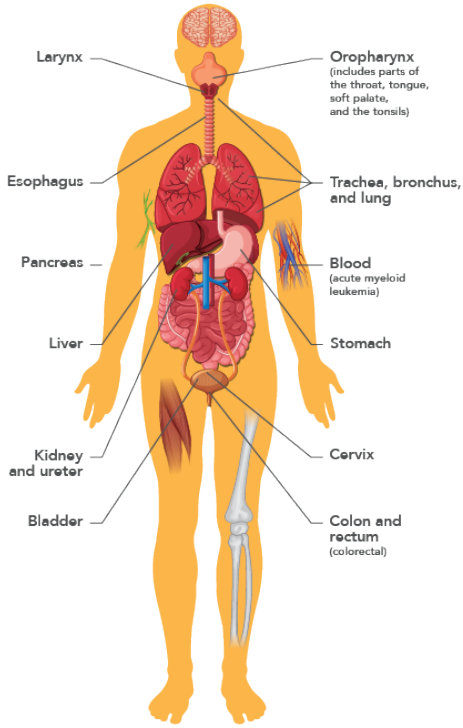
Smoking causes serious diseases and premature death. Cardiovascular disease and cancer are the leading causes of death among African Americans.[217] Many of these deaths are related to the use of tobacco. Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including 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 more than $300 billion a year. The estimated number of deaths (and years of potential life lost) differs among whites and African Americans who smoke. 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.[221] 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.[222] Lung cancer is not the only type of cancer with which tobacco has a causal relationship.

Examples of other cancers smoking can cause include:



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 gasses 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.[223]

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 has been shown to have detrimental effects on lung function, compromising the body's natural immune system and making it more difficult to combat diseases like COVID-19. Individuals who smoke face a higher risk of experiencing severe cases of COVID-19 and other respiratory illnesses compared to nonsmokers. This information is particularly crucial because COVID-19 has disproportionately affected African Americans, leading to higher rates of death and disease. It underscores the importance of addressing smoking and promoting awareness about its health risks, especially among African Americans, to mitigate the impact of COVID-19 and safeguard public health.

SECONDHAND SMOKE WORK EXPOSURE

Smoking is the number one preventable cause of death and illness.[224] However, secondhand smoke causes disease as well.[225] 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. Research shows that after smoking a cigarette, the lung continues to release particulate matter from tobacco smoke with each subsequent exhaled breath. This "residual tobacco smoke" is a hidden source of environmental tobacco smoke and can contribute substantially to indoor pollution.[226] Secondhand smoke exposure can produce harmful inflammatory and respiratory effects within 60 minutes of exposure which can last for at least three hours after exposure.[227]

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 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.

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.

The U.S. Surgeon General estimates that, during 2005–2009, secondhand smoke exposure caused more than 7,300 lung cancer deaths among adult nonsmokers.[228] Health problems caused by secondhand smoke in adults who do not smoke include coronary heart disease, stroke, and lung cancer, as well as adverse reproductive health effects in women, including low birth weight. The health risks do not stop with adults; children are impacted as well. Secondhand smoke can cause sudden infant death syndrome (SIDS), respiratory infections, ear infections, and asthma attacks in infants and children. 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.[229,230]

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. There was a drastic difference in exposure among youth from families above and below the federal poverty level, which ranges from an income of $12,490 for individuals to $43,430 for families of eight. Almost 55% of those 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 measured at 34.3%, Asians measured at 18.3%, and Hispanic youth were 24.9%. If there were two or more smokers in a household, the rate of exposure was more than triple that of youth not living with smokers, the researchers found.[231]

But exposure to smoking doesn't just happen in homes; it also happens at work. Non-smoking youth and 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.

Even though 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, and the National Institute for Occupational Safety and Health (NIOSH) has concluded that secondhand smoke is an occupational carcinogen, smoking in the workplace still persists.[232] Strong policies restricting smoking and overall tobacco use in worksites with these occupations have been effective in eliminating exposure to secondhand smoke, increasing 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.[233]

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

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

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), 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 non-poker 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 eight-hour work shift, demonstrating that these components were absorbed into the workers' bodies. This study supports that the best means of eliminating workplace exposure to environmental tobacco smoke is to ban all smoking in 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 2005-02013080.

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 devices 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, California

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.

In February 2020, the FDA banned e-liquid flavors, with an exemption for the popular flavor menthol, in e-cigarette products that use closed-system e-liquid cartridges. Juul, the most popular e-cigarette at the time, was still available in menthol and tobacco flavors. 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.[234] 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.[235] 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.[236]

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. The terms nicotine salts, nic salt, salt nic, or salt nicotine all mean the same thing.[237] It 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 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.[238]

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.[239] 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.[240]

2009

The next year, 2009, Australia bans the possession and sale of electronic cigarettes which contain nicotine, citing "every form classified as a form of poison."[241]

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. In 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 the 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.[242]

2021

The FDA issues "the first marketing denial orders (MDOs) for electronic nicotine delivery system (ENDS) products after determining the applications for about 55,000 flavored ENDS products from three applicants lacked sufficient evidence that they have a benefit to adult smokers sufficient to overcome the public health threat posed by the well-documented, alarming levels of youth use of such products."

2022

On March 15, 2022, President Biden signed legislation to amend the FD&C Act to extend FDA's jurisdiction to products "containing nicotine from any source," not just nicotine derived from tobacco.[243]

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.[244]

In 2019, one e-cigarette manufacturer, Juul, decided to remove ads from Facebook and Instagram accounts and limited Twitter communications to non-promotional tweets.[245] 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 (cigarettes, cigars, 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.[246]

E-CIG USERS

Nationwide, according to the Youth Risk Behavior Surveillance System, 19.5% of students smoked cigarettes or cigars, and 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.[247]

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.[248] 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.[249]

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, and the National Black Police Association. When the issue of flavor bans was in political negotiations, menthol was passed over.

The reasons that menthol was not originally banned by the FDA can essentially be grouped into three categories: economic harm to retailers through increased regulation, community pushback, and perceived racial injustice. Since the initial writing of this document, the FDA has announced its plan to ban menthol and other flavored tobacco products. On April 29, 2021, the FDA announced its plan to ban menthol as a characterizing flavor in cigarettes and ban all characterizing flavors (including menthol) in cigars.[250]

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, but tobacco also 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."[251]

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, 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. Some feel a well-expired 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

67.5% of whites

69.6% of Asian Americans

55.6% of American Indians/ Alaska Natives

Each year over **58%** of African Americans attempt to quit.[252]

INJUSTICE WITHIN THE CRIMINAL JUSTICE SYSTEM

Tobacco is used as an excuse to enact terror and injustice. In the last few years the public has witnessed numerous incidents of African Americans losing

their lives as a result of police interactions in the media. Many of these incidents include tobacco products as a mitigating factor. Eric Garner, suspected of selling loose cigarettes in New York City, was killed by chokehold 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 kneeled on the neck of George Floyd for eight 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 convenience store. He was a regular customer.

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 costs 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.

"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.

Currently five states and more than 360 localities have flavor bans. At least 170 of those localities restrict the sale of menthol cigarettes. As of February 8, 2023, at least 10 states (Connecticut, Hawaii, Indiana, Maryland, New Mexico, New York, Oregon, Texas, Vermont, and Washington) introduced legislation that would limit the sale of flavored tobacco and nicotine products [253] All of the current bans and proposed bans do not criminalize the possession of menthols by individuals – they only prohibit the sale of these products. There has been no documented proof of any underground markets or that African Americans would

engage in purchasing cigarettes from an underground market. It is an accusation, perhaps even a pervasive hypothesis, that plays into the racial stereotype that African Americans are criminals or live in a crime-infested state.

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."[254]

The Center for Black Health & Equity, a national nonprofit organization, 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 a reason for police interaction and are not proven to be effective. It is important that tobacco policy bans 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 health effects of tobacco use without a menthol ban. 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 was that these products appeal primarily to kids. Menthol was not included in the ban.

As reported in The Root, an online news aggregate, 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, the 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, asking the FDA to rule on menthol. The American Medical Association joined the lawsuit to further strengthen this case in September. The National Medical Association joined the suit in December of 2020.

On April 29, 2021, the U.S. Food and Drug Administration announced it will be working toward issuing proposed product standards within the following 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. Eventually, menthol flavoring will be removed from tobacco products. Until that time comes, it is important to continue taking local action to ban mentholated tobacco products. As of February 8, 2023, at least 10 states (Connecticut, Hawaii, Indiana, Maryland, New Mexico, New York, Oregon, Texas, Vermont, and Washington) have introduced legislation that would limit the sale of flavored tobacco and nicotine products.[256]

While banning menthol cigarettes is a regulatory measure aimed at reducing the appeal and availability of these products, it is important to recognize that it alone will not solve the issue of tobacco use. Comprehensive tobacco control efforts should include a combination of strategies such as public education, smoking cessation programs, tobacco taxation, and restrictions on marketing and advertising. Addressing tobacco use requires a multi-faceted approach and addressing the underlying factors contributing to tobacco addiction. It should be noted that these efforts are driven by individual or behavioral and

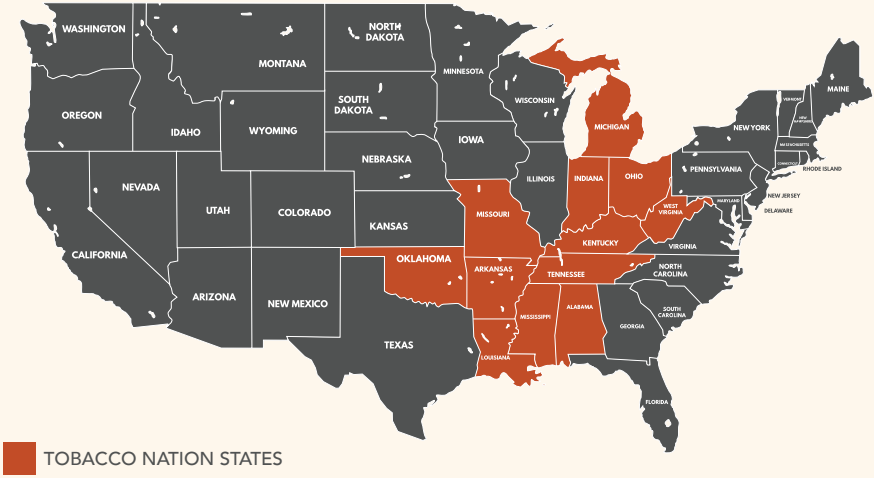
population-based paradigms. They will be insufficient as regards the African American Community because they do not effectively account for the complexity and particular characteristics of oppressed or distressed communities. A community-focused model shown to be effective in facilitating the elimination of tobacco-use disparities between whites and Blacks will be discussed in Chapter 4.

AFRICAN AMERICANS IN TOBACCO NATION

The collection of states that consistently exceed the adult smoking rate are referred to as Tobacco Nation, coined by The Truth Initiative. Tobacco Nation is home to more than 67 million Americans or roughly 21% of the U.S. population. The 12 states in Tobacco Nation include Alabama, Arkansas, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Oklahoma, Tennessee, and West Virginia. In these states, over 19% of adults smoke, compared to just 13% of adults in the rest of the nation, and they are consistently ranked in the top 25% of U.S. adult smoking since 2011.[258]

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

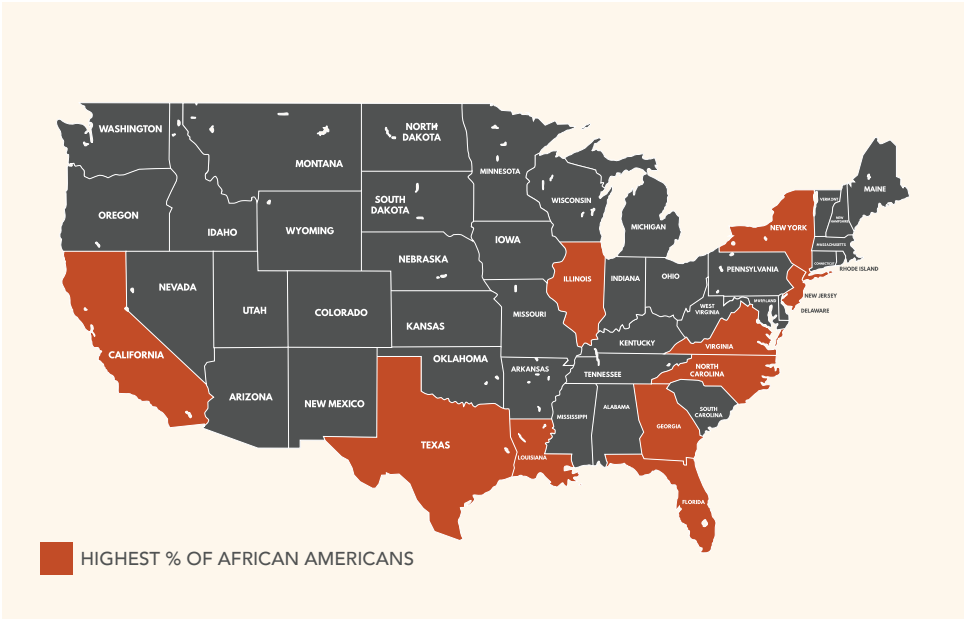
Tobacco Nation is comprised of 12 states with the highest adult smoking prevalence: Alabama, Arkansas, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Oklahoma, Tennessee and West Virginia. With more than 66 million residents, these states include roughly 20 percent of the U.S. population.



highest smoking rates. In July 2019, it 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.

Though many African Americans moved away from the South during the Great Migration, a considerable number have since returned. Today, African Americans can be found in every U.S. state and territory, with a significant concentration—around 58%—residing in 10 key states: California, Florida, Georgia, Illinois, Louisiana, New York, North Carolina, New Jersey, Texas, and Virginia. Interestingly, several of these states overlap with the 13 states having the highest percentages of African American residents, which include Alabama, Arkansas, Delaware, Florida, Georgia, Louisiana, Maryland, Mississippi, New York, North Carolina, South Carolina, Tennessee, and Virginia. These high-concentration states also notably fall within a region often referred to as 'Tobacco Nation' (in bold).

Those living in Tobacco Nation smoke more, live shorter lives, and 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.[259]



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, 2016, more than 1,260 municipalities have passed tobacco-free park ordinances.
- 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% lives under a ban covering all workplaces and restaurants and bars.
- 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 that have a 100% smoke-free provision in effect protecting the public in restaurants, bars, and worksites, and 1000 casinos and gambling smoke-free venues. There are at least 2,537 one hundred percent smoke-free 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.[260]
- As of February 2023, over 370 localities have passed some sort of restrictions on the sale of flavored tobacco products.[261]

To achieve important policy change milestones, groups of like-minded individuals have joined forces, pooled resources, and worked together 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.

With over 41,000 incidences of deaths and disease annually that can be attributed to secondhand smoke, 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.

Studies examining the impact of local smoke-free ordinances in Arizona, California, Florida, Indiana, Kansas, Kentucky, Maryland, Massachusetts, New York, North Carolina, Texas, and Wisconsin found that smoke-free laws had either positive or no effects on restaurant revenues and other economic indicators.[262] In fact, 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.[263]

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.[264]

RECOMMENDED POLICIES AND PROMISING PRACTICES

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 advocate to enact bans or restrictions on tobacco products and flavors through the use of passing policies.

"Recommended policies" usually refer to strategies that have been well-studied and are widely accepted as effective means of achieving particular goals—in this case, reducing tobacco use and promoting health justice. These are often supported by substantial empirical evidence and are endorsed by leading health organizations. The following are examples of 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;

Expanding insurance coverage and utilization of approved cessation treatments; and

According to the 2022 Tobacco Control Network Policy Recommendations and systems change strategies, fund comprehensive, sustainable, and well-resourced state and territorial tobacco control programs.[265]

"Promising practices," on the other hand, are typically newer or less-widely studied methods that show strong potential for positive impact. These might be emerging trends or innovations that haven't yet accumulated a robust body of evidence but are perceived as promising avenues for achieving similar goals.[266] There are a few promising practices that could assist in populations reaching health justice within the tobacco control movement. Examples of 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; and

- Increasing the number of musicians participating and entertainment venues adopting tobacco control policy, system, and environmental changes.

In practice, a "promising practice" may well become a "recommended policy" as more evidence accumulates to support its effectiveness. Conversely, a "recommended policy" was likely once considered a "promising practice" before enough evidence was collected to warrant its wider recommendation.

FACT: While secondhand smoke exposure among U.S. 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.

INCREASING THE PRICE OF TOBACCO PRODUCTS

Decreasing the cost of smoking to ease starting (initiation) or 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

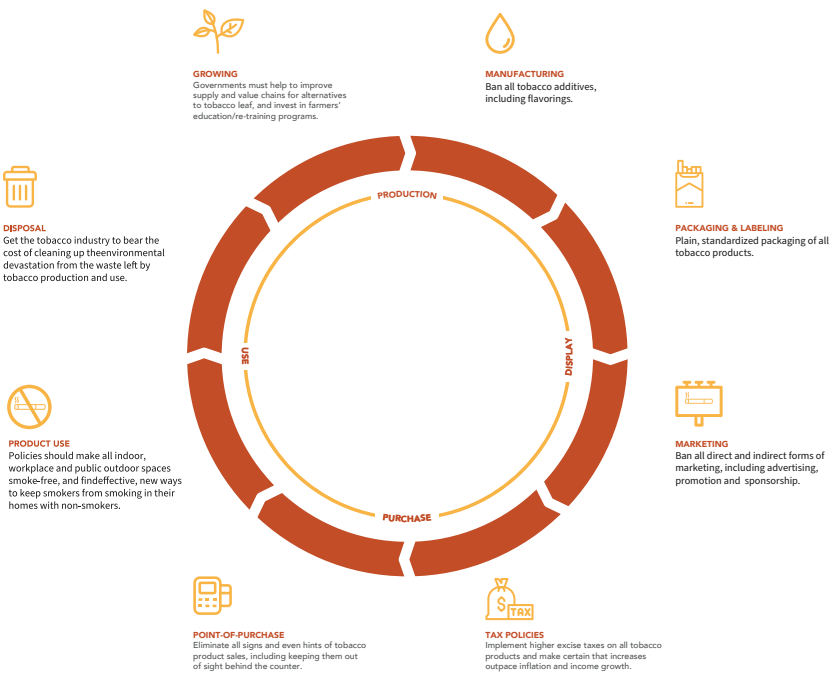
Addressing social determinants of health, such as the physical work environment, is important for improving health and reducing longstanding disparities in health and health care. According to a study by the CDC, there was a drastic difference in exposure among youth from families above and below the 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.[267]

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 as 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.[269]

Did you know? According to the National Association of Attorneys Generals - 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 among 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 mask 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."



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: JOURNALING PROMPTS

(QUESTIONS FOR SELF-REFLECTION)

CHAPTER THREE

1. What vulnerabilities did tobacco companies use to exploit and grow their market share?

2. How did the increase in tobacco advertisement correlate to increased smoking of menthol cigarettes?

3. Why do some people smoke commercial tobacco, even when they know it is harmful?

4. Why hasn't menthol been banned?

5. What steps can you take to prevent or restrict menthol use in your community?

6. How do we exploit the fact that African Americans consistently exhibit a higher willingness to try quitting compared to white smokers?

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CHAPTER 4
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.[271] It is an addictive product that traps it 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 the user by emphasizing their community support or "good" through philanthropic endeavors. However, tobacco companies spend less in community donations than they spend in the messaging to tell people how much they have donated. Tobacco prevention and control aims at counteracting these efforts through a variety of practices, both evidenced-based and promising.[272]

Affecting change requires a multi-pronged 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 elimination of existing systems. The health promotion principle that best describes mechanisms for addressing this complexity is "comprehensiveness." Comprehensiveness relies on a continuum of strategies that includes behavior change, communications, advocacy, health promotion, development, and policy regulations. The difficulty is that comprehensiveness requires substantial and ongoing funding and a strong commitment from the funding agency.

Strategies must consider not just the needs of individuals but other population segments. The community model defines an array of population cohorts: community, group, strata, individual/family, and population.

- Community is the most complex and, subsequently, requires consideration of an array of inputs; which are categorized within the constructs of history, culture, context, and geography (additional inputs are necessary when considering "competency"). Community is typically characterized by race/ethnicity but can be extended to include the LGBTQ+ community. Religion can also result in community, for example, the faith of Islam and Judaism. When targeting cohorts other than community, it may not be necessary to consider each of these inputs because each cohort is differentiated by degrees of complexity. For example, a group such as a network of breast cancer survivors may only require consideration of the contextual parameters of their disease, treatment, and recovery and the social capital which binds them. In short, community requires the careful and conscious consideration of history, culture, context, and geography from the perspective of those in it.
- Addressing class or strata may only require consideration of income or educational levels.
- Addressing an individual or family may only necessitate addressing their cultural values.
- Ironically, populations, which is the largest aggregate of people, is the least complex because reaching such numbers requires only the identification of singular ideas that unify across the populations' inherent heterogeneity.

A policy initiative, for example, can be based on income or education or housing, or health insurance status.

Differentiation in terms of culture or context is not inevitably necessary. A communication initiative, for example, may choose to focus on the emotional impact of patriotism. Raising the flag will often cut through the differences that divide us. The key is locating the "idea" that is most germane across the total population. Alternatively, a community, inherently cohesive and diverse, does not accommodate singularity.

The development of community-focused initiatives demands attention to heterogeneity (i.e. diversity), comprehensiveness, and full attention to the core determinants of history, culture, context, and geography, even though, upon assessment, one or the other may prove inconsequential or minor, while another is critically important. In essence, the depth and breadth of inputs relied upon to achieve effectiveness and/or competency is a function of the degree of complexity inherent in the aggregate being targeted. Community, because it is the most complex, will require greater depth and breadth; and population, because it is the least complex (a population is best viewed as an aggregation of individuals), will require fewer inputs. Individual-based paradigms facilitate reductionism or seeking to explain behavior by a single cause rather than a holistic view of a person's life circumstances; community-focused paradigms facilitate complexity and holism, which in turn is the reason why comprehensiveness is so critical.

A requisite of comprehensiveness when addressing disparities is a reliance on initiatives that reflect multiple strategies; such as individual behavioral change, health promotion, communication strategies, and policy initiatives such as excise taxes and clean indoor air regulations. In essence, one must understand the target and adopt strategies accordingly. The principle is to understand that interventions will vary depending on the target. For example, an individual may need a cessation program while a community will need the capacity to provide a cessation program. Interventions will also vary based on the problem and the availability of resources. For example, clean indoor air elimination requires policy regulations and the resources necessary to implement advocacy campaigns. The effectiveness of an intervention is always dependent on the level of competency in reaching/serving the target audience and whether the goal of comprehensiveness was achieved.

The idea that policy inherently trumps cessation programs is false when the goal is eliminating population disparities. The guiding principle is "both/and". The only rule is comprehensiveness. The only necessity is acquiring the resources to support as comprehensive a strategic plan as possible.

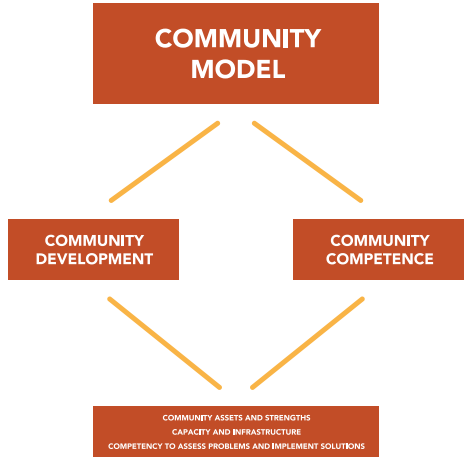
In addition to providing a more rigorous characterization of community and a delineation of related population cohorts, the model also addresses the conceptualization of race and ethnicity.[273,274] Race/ethnicity and community are both social constructs, and they have each suffered from inadequate treatment by social science and public health. There is agreement that each is a social construct, but minimal attention has been given to defining what is meant by a social construct. This absence of rigor has impacted the quality of research and practice regarding them, contributing to the institutionalization of disparities.

The community model is parsimonious; it is efficient because the same core determinants that characterize community also characterize race/ethnicity. In essence, we understand race/ethnicity by analyzing its core determinants: history, culture, context, and geography. The underlying premise is

that U.S. society is largely defined by communities shaped by race/ethnicity. Undoubtedly, there are places and spaces in which the ideal of integration and inclusiveness reigns; but it is naive to conclude that such integration and inclusiveness shape the total or even the majority landscape of the U.S. Thus, to seriously approach eliminating population disparities; which requires initiatives that are community-focused, it also demands attention to, and ultimately the targeting of, the demographic configurations of race/ethnicity. Indeed, as regards public health, focusing on the individual in terms of race/ethnicity is valid primarily for medical practice and genetic research. In regard to public health, race/ethnicity are relevant largely (and perhaps only) because they shape, and more importantly, define community. Heterogeneity is operationalized through a paradigm of diversity. For example, in regard to Asian Pacific Islanders, it may be critical to target Vietnamese or Laotians; each possessing distinct historical, cultural, contextual, and geographic inputs. Similarly, the Latino community may require targeted attention to Puerto Ricans or Columbians. The Black community may need targeted initiatives for Jamaicans or Ghanaians. Native Americans may require the targeting of specific tribes. And reaching White communities is predicated on the same conceptual paradigm and logic.

In summary, 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, and 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 regard to slavery and, relatedly, the evolution of racism. The very foundation of systemic 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. Finally, history can help understand the problem being addressed. Health outcomes may be more than etiological; they are also historical. Slavery and tobacco are prime examples.

Culture consists of the norms, customs, and values that shape the lifestyle of a community and its residents. Since the founding of the United States, African Americans 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 the geographical parameters of the community.

Because African American communities are typically diverse, they are composed 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.[275] And members of a community carry the culture with them, which is why membership is not solely defined by living within particular geographical boundaries. African Americans living in the suburb remain members of the community precisely because they are cognizant of both their history and culture.

Culture has multiple components and we offer descriptions of four: family, faith, elder respect, and the arts. Family identification represents a trait necessary for survival. Building family networks, often extended, was critical during slavery and remains relevant today, especially given the enduring presence of systemic and institutionalized racism. 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.

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.

Yet, not everyone in the African American community is Christian. To assume so would be missing out on establishing key relationships with Muslims, Buddhists, and people of other faiths who may be very influential in the community. Even some Christian denominations differ from church to church based on 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.

"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 afterward 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.

Respect for elders and leadership are core cultural components for African Americans. Historically, the preacher emerged as the most distinguished elder during slavery and served multiple roles such as mediator between the slave and the slave owner or the spokesperson for the slave community. Women also gained prominence via the assumption of religious leadership roles or through notes of wisdom often expressed in the privacy of the slave quarters. The importance of this leadership has continued across the centuries and evolved from religious sectors to other auspices as the slave emerged from bondmen to citizens.

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 on the community, or even the family unit, and may often express itself in a variety of different genres. It is worth noting that the genre of Jazz is perhaps the most important because it is considered a singular contribution of African Americans. Jazz music had a critical role in the civil rights movement and was integral to African American history. The music genre was born from the work songs of enslaved Black people during a time when community and self-expression were of the utmost importance. Centuries later, while governments and individuals attempted to silence the Black political voice, Jazz became an outlet.[276]

Context is our lived experience. It is the material reality, both social and psychological, which shapes daily life and profoundly impacts well-being. 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 racism, and relatedly, disparities. Context is where systemic racism expresses itself by way of the institutionalization of inequity. To further provide examples that 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 child is punished at school, reflecting the disproportionate punishments accrued to Black children in the nation's school systems;
- Your community fails to get its share of resources for schools, housing, healthcare, economic development, etc., because systemic racism allocates according to race or gerrymandered political power, 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, and theater groups.

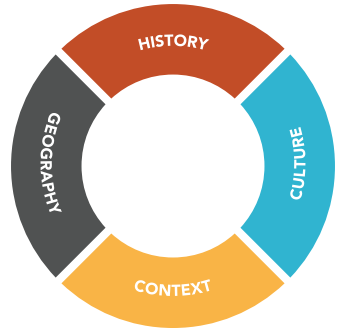
Geography is the determinant that may best capture the overarching diversity existing within the African American community when viewed from a national perspective. It underscores a public health axiom that, "one shoe does not fit all feet." Think about geography when considering that:

- 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 impacting African Americans. Music and 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 where they live. Examples of place matters include residents of Flint, Michigan, dealing with rotten pipes and lead in their water and poison in the body of their children; 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, New York. 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 exist 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 to be developed. Using the model to lay the groundwork when determining the next steps will ultimately result in a better understanding of the community being served.

UNDERSTANDING THE COMPONENTS OF COMMUNITY DEVELOPMENT

The second task is 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 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 collaborative efforts that require cooperation and trust. 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. Leadership can exist among adults or youth in the community.

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 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 comprising community, statewide, regional, 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 are 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
- Synergy

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 is the way 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.

Synergy results from the enhanced outcomes of the creative foundation of social capital – the unexpected benefits that accrue and add to the assets available to the community.

In essence, capacity, infrastructure, and social capital serve as the arms and legs of effective initiatives 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, or the dissemination of policy regulations – effectively reflect the community they seek to serve. In essence, the material foundations we create for change are more effective if they actually reflect the respective underpinnings of the target audience (community, group, strata, individual/family population) they are seeking to serve. Community competence acknowledges the inherent complexity of each target audience. It is a more complex protocol than cultural competency because it explicitly acknowledges that a community, for example, is more than its culture. Community competence resolves the error inherent in the reductionist ethos

of cultural competency. There are two components of community competence, which are labeled as primary and secondary.

PRIMARY

The primary components will be recognized as being the core determinants of community and race/ethnicity. 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 and organizing initiatives 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.

The U.S. Public Health Service Syphilis Study at Tuskegee (commonly referred to as the Tuskegee Study) could serve as 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 COVID-19 vaccination could be that while Black men were denied treatment in Alabama without our consent, we cannot also be denied 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. The mantra: "You can fool me once; but not twice."

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 provides valuable insights into the issues that should take priority in educational programs, and this applies to both the challenges and the strengths within a community. For instance, examples of racism can be identified and illustrated as well as successes in defeating racism, as it is equally important to highlight the successes achieved in combating racism. By showcasing both the problems and the progress, we can motivate individuals to actively engage and take action toward addressing these issues.

For example, the extensive targeted advertising by the tobacco industry can be exploited. In 1990, RJ Reynolds introduced Uptown Cigarettes – the first brand specifically targeting the Black community.[277,278] RJR's strategy for targeting young adult African Americans had two major features. One was the reliance on the image of cigarettes as a " 'classy,' 'quality' product associated with success and the 'good life' " and an entrée into a " 'fantasy world' that Black young adult smokers can be part of."[279] The other was the building of close com-

munity relationships through involvement in community-based organizations, corporate giving, and corporate image advertising.[280] To counter that, 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's 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 that adheres to its desires; but it can also be plausibly argued that paternalism does not exist when the intent and the actual outcome is the diminishment of disease and the saving of lives. The idea of Black leaders assuming this counterproductive line of reasoning can be described as inverted paternalism.

Geography, much like context, can reveal the most significant challenges a community faces. A prime example of this is environmental injustice, where the pollution from an industry disregards the well-being of the people living nearby. Through imagery, we can portray these grievances and advocate for both the recognition of the problem and the search for solutions.

Essentially, when creating and promoting successful programs, developing materials, and establishing research protocols, it is crucial to consider the complexity (i.e., diverse and intricate aspects) of a community. This ensures a comprehensive understanding of the problem at hand and helps identify potential ways to generate or encourage solutions.

The secondary components of community competence are the following:

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

Language can be understood in two ways: common usage and common knowledge. Essentially, it involves using words and phrases that connect with a particular community or target audience. When people don't have to spend time looking up the meaning of a word or phrase, it increases the likelihood that it will deeply impact their awareness and understanding.

Literacy is commonly regarded as reaching the ability to read and write at a sixth-grade reading level in order to reach a wider audience. However, an equally important factor that often goes unnoticed is the product's design. Take, for instance, Pathways to Freedom, a cessation guide created specifically for the African American community. This guide is intentionally designed so that each two-page spread focuses on a single idea or concept. The underlying

assumption is that individuals with lower literacy levels may struggle when faced with retaining multiple ideas across several pages of reading. By limiting each idea to just two pages, the guide becomes more user-friendly and potentially more effective in helping the target audience.

Salient imagery involves selecting images that hold significant importance within a target audience. It entails strategically emphasizing key factors through foreground placement, object size, and contrast in tone or color, thereby enabling them to stand out prominently. For instance, salience or focal point can be employed to vividly depict the impact of environmental and health hazards. 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.[281] 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, it is critical to 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 effectively utilized. Mothers may wish to exert that extra bit of energy to ensure well-being for their children. Similarly, the youth of a community may aim to make healthier choices, like avoiding smoking or quitting if they've started, as a way to honor their grandparents or other elders in their lives.

Diversity serves as a constant reminder that every community comprises a multitude of unique perspectives and demographic composition. To effectively engage and connect with the entire community, it is essential to incorporate themes and images that resonate with and encompass the diverse range of experiences within the 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.

Importantly, every target audience is characterized by diversity. Competency in reaching any target audience will be enhanced by incorporating an understanding of their diversity in the formulation of communication, program and policy initiatives.

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.[282] 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 of some communities to reach their potential because potential is often predetermined and existing relationships routinized in a manner reflecting counterproductive 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.

When racism goes unacknowledged, it erodes the ethical foundation that is essential for meaningful collaboration within coalitions. This blind spot has an outsized impact on those coalition members who have fewer resources compared to their stronger counterparts, effectively sidelining their contributions and reducing their influence. As a result, the broader community is also affected, losing its ability to effectively guide and control the outcomes that are crucial for its well-being and future. The adage that we are only as strong as our weakest link is pregnant with meaning.

Failure to view problems systematically creates a circumstance where one problem is solved while other related problems are ignored or even worse, exacerbated. This can be particularly irksome when coalition members who do not live in the community come in to "fix" a problem and then they are long gone and tackling another issue elsewhere. The community is left wondering, "What do we do now?" A dilemma that could've possibly been avoided with a more inclusive and 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 toward 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. People connected to and living within the community know the secrets that a person disconnected to and 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 (and very often who) a community outsider may recognize. 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 to address 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, Apr. 30 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.

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.

PLAN-DO-CHECK-ACT OR PDCA

PDCA is an iterative method for continuous quality improvement.[283] 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.[284]

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, building a needed cessation program, or advancing a policy initiative, means to their community sets the stage for the action planning process,

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. If community members don't have the skills or comfort to take the necessary actions, it can be helpful to practice or role-play. 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

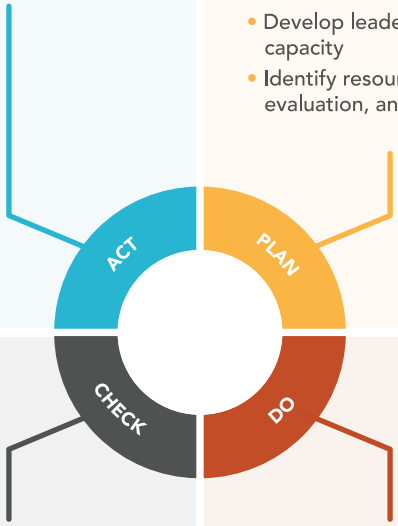
This step is critical as it allows for the identification of problematic parts of the current process and eliminates them in future. This means that recurring mistakes are avoided, and continuous improvement is successfully applied. If something does go wrong as the plan is being implemented, then the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

ACT

Act is the implementation of the change. It 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.[285]

- Re-image the plan based upon findings
- Reduce mistakes and learn from experiences to improve efficiency
- Share results with community members, key stakholders, 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 capacity building trainings
- Implement effective interventions
- Engage in relationship building
- Use strategies for African American community outreach
- Implement educational campaign tied to community derived messaging

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.[286] 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 longstanding 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. These individuals are often called " gatekeepers". 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, over 80% of the U.S. population resides in urban areas, which are generally defined as localities with 50,000 or more people. On the other hand, areas with populations between 2,500 and 50,000 are categorized as rural. Some individuals prefer the term "small towns" over "rural" to avoid potentially negative connotations. These rural or "small-town" areas are home to 10.3 million people of color, constituting one-fifth of the overall rural American population.[287] Of this group, approximately 40% are African American. Engaging with African American communities in these rural or small-town settings may present a distinct set of challenges compared to urban areas.

Make sure community members are included in the outreach efforts. Populations living in small towns rely heavily on getting information through word-of-mouth, making places where people naturally congregate ideal places to spark conversations. Faith-based groups and places of worship are central in many of these communities. 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 in culture. To reach members of the African American community, spend time in the African American community. Consider attending events and religious services and visit business and civic organizations. Communities may have museums, galleries, 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).[288] Visit sites such as the Association of African American Museums to find information on museums in the local area. 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 than the general population. 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.[289]

As of the publication of this guide, there are 104 colleges and/or 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, respect, and synergy form the cement that enables diverse resources to work as a collective. This 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, networks, 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 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, anthropology, sociology, economics, geography, law, 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.[290]

KWANZAA

Many African American communities practice Kwanzaa. Developed by Dr. Maulana Karenga in 1966, the holiday is based on the ideals of the first-fruit harvests (which have been celebrated in Africa for thousands of years) and centers around the Seven Principles of Kwanzaa,[292] 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 always do 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.

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 sets aside 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, visit www.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 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.[291]

TIP: Some communities may have their own cultural celebrations. Take time to get to know the rich culture of the community. Share in their unique and special events to build relationships.

CESSATION SERVICES FOR AFRICAN AMERICANS

African Americans experience tobacco-related inequalities because of a complex mix of factors such as racism, tobacco industry influence and targeting, a lack of access to cessation services and support, and the absence of comprehensive tobacco control policies. A 2017 longitudinal study of young people in a multi-ethnic 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, in 2019, approximately 85% of non-Hispanic Black or African American adults who smoked used menthol cigarettes.[293] 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 (73%) want to stop smoking, but do not have access to the same cessation resources as others to help them to quit tobacco.[294] 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.[295] 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.[296] Blacks are more likely to report attempting to quit in the past year (63%), compared to non-Hispanic whites (53%).[297]

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. Additionally, less than 30% of non-Hispanic Black adults who smoke reported using cessation counseling or medication when trying to quit,[298] and the use of quitlines amongst Blacks remains low.[299]

PATHWAYS TO FREEDOM

Pathways to Freedom has proven to be one of the most important and effective approaches to disparity elimination. A free resource available from the Centers for Disease Control and Prevention (CDC) and The Center for Black Health & Equity, it is 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.[300]

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 of 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 Webb Hooper with the help of Dr. Robert Robinson.[301] The DVD retains the framework of the written Pathways to Freedom Guide. The guide and the DVD incorporate 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.

SUCCESSES 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,[302] 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.[303] 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 (1990 – 2001) 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 in the years 1990 to 2001, 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 aid 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 Bishop 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 toward 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." It was tried again in Los Angeles, but failed due to community outrage.[304]

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 become new daily smokers each year in the state.[305] 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 (which later became The Center for Black Health & Equity), 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.[306] 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% decline in cigarette and e-cigarette use among 18-to-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.[307] Additionally, the law adds a 75% excise tax for e-cigarettes and vape products and includes cessation coverage. 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 FOUR

1. Why is it important to evaluate a community inclusive of its diversity and complexity?

2. Why is it important to understand the history, context, geography, and culture of the community?

3. What happens when members who live in communities do not 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 system-level thinking improves communities.

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CHAPTER 5
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 and soft as a newborn baby's 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 as 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[308] 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 processes 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, community development, and policy change efforts.

COMMUNITY CAPACITY BUILDING PROCESS

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 4 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 networks and forming deep relationships. These relationships lead to community members working together to collectively mobilize and guide others, to facilitate solutions, and to think about the long-term health of the community and its people.

The Community Capacity Building Process offers participants with measurable milestones that allow for community members to see the progress made toward their goals and objectives. 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.

Historical precedents, such as immunization campaigns, advocacy for smoke-free public spaces, the global response to COVID-19, the civil rights movement, and the widespread success of child immunization, serve as powerful case studies, demonstrating the profound impact capacity building can have on public health. Specific outcomes and effectiveness of such initiatives can vary based on a multitude of factors, including the level of community engagement, the appropriateness of the strategies employed, the resources available, and the socio-political context. It is important to note that community change can be ushered into existence without a highly structured process. However, having a documented process makes achieving success replicable.

ASSESS, LEARN, PLAN, DO, AND CELEBRATE

Starting with Assess and ending with Celebrate, the Community Capacity Building Process wraps around continuous support for those undertaking the training, it is detailed as follows:

STRATEGY ONE: ASSESS

The best way to discover who makes up the community is to go out into the community and talk with the members of the community, not just heads of organizations, churches, politicians, and stakeholders. Without community analysis, the understanding of how to properly solve problems, construct messages that resonate, and guide decision-making and resource allocation will be deficient. To learn about the community, start by asking 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 are the major industries or sources of employment in the community?
- ☐ What are the primary social or cultural events that take place in the community?
- ☐ What are the local educational institutions available in the community?
- ☐ How does the community engage in environmental sustainability and conservation efforts?
- ☐ What are the recreational facilities and activities available to residents in the community?
- ☐ Are there any notable historical or architectural landmarks in the area?
- ☐ What are the main challenges or issues that the community is currently facing?
- ☐ Are there any community organizations or groups that actively work toward improving the well-being of residents or organizations that are already working on the issue you want to impact? Do they target diversity as regards sexual orientation, religion, economic status, ethnicity, etc.?
- ☐ How does the community celebrate and promote its unique heritage and traditions?

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

Understanding why a community is unique opens the door for a strong foundation to be developed that allows authentic change to happen. Take time to assess the community and become grounded in its history, culture, context, and geography. Although connected by common African ancestry, African American culture is also influenced by geographic region, distinct networks of social links, and differential exposure to the greater world. Each community is different. Remember, outreach efforts benefit from inclusion and diversity, which are best viewed as assets.

Fostering a mindset of diversity and inclusion is crucial in promoting representative decision-making processes. It is also important to distinguish between diversity and inclusion. Diversity is representational

and reflects the multiplicity of people and interests sitting at the table or who are members of the network or coalition. Inclusion reflects the nature of decision making; the quality of transparency, and the involvement of diverse people in the decisions being made. Ideally, both diversity and inclusion are prioritized and implemented.

It is essential to invest time in identifying the individuals who should be included at the table. By taking this fresh approach to diversity and inclusion, it ensures a genuine commitment to forming a coalition that truly represents the community it serves. To achieve this, consider using the following questions as a starting point when contemplating the formation of a multicultural, multi-ethnic coalition that accurately reflects your community:

- ☐ Do coalition members possess the necessary foundation to initiate authentic understanding and effective communication among themselves to drive meaningful change?
- ☐ If not, it may be beneficial to encourage coalition members to undergo racial equity or diversity and inclusion training to enhance their awareness and skills.
- ☐ If they do possess the foundation, urge coalition members to critically examine their core beliefs about racial equity or diversity and inclusion within the specific context of their communities.

By asking these questions and addressing them honestly, the coalition can take significant steps toward building a diverse and inclusive environment that fosters understanding, cooperation, and ultimately, drives positive change within the community.

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.

Creating change within a community is a gradual process that requires the involvement and commitment of multiple community members. It is important to recognize that this process cannot be rushed. To effectively design and implement social change, it is crucial to avoid taking a unilateral, top-down approach that disregards the input and voice of a diverse community. Instead, it is essential to actively engage and empower the community by identifying organizations deeply rooted within it. By prioritizing diversity and inclusivity, community members can be directly involved in the efforts of social change. This approach not only fosters collaboration but also potentially uncovers valuable information and opportunities that may have been overlooked if solely relying on the influence of a single individual. 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 who have been negatively impacted by tobacco use and who have 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?

CONDUCT COMMUNITY ASSET MAPPING AND COALITION GAP ASSESSMENTS

Multiple tools and resources have been 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 an influence on changing the problem. Again, communities, in most circumstances, know what is best for them. Oftentimes, community members who take on the unofficial leadership role within communities are often unknown to outsiders because of the lack of opportunity (and recognition) 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 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 or the basics of tobacco from plant to policy
- 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

Take time to learn about the political and interpersonal dynamics of the community and of the organization and/or group. This is a critical step in helping to foster an understanding of the skills that underpin negotiation and collaboration in generating group solidarity. Research shows that politically skilled leaders are adept at reading others' behaviors and motives, influencing others to achieve important goals, building diverse relationship networks, and interacting genuinely and sincerely with others. These skills enable leaders to maximize and leverage their relationships to get things done efficiently and effectively.[309]

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. Opposition is real. Recognize that there is almost always someone opposed to whatever it is that 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 puzzling. Knowledge is power, especially when it comes to understanding the opposition. A well-understood opponent is far less formidable than one shrouded in mystery. By taking the time to understand the opposition's tactics, beliefs, and motivations, the coalition can bolster its position. It's particularly important to be vigilant about how industries, like the tobacco sector, may attempt to infiltrate and undermine community-led efforts. These companies often employ a range of tactics to counter policies aimed at limiting their influence over public health. Be prepared to anticipate and counteract such maneuvers. To fortify your strategy against opposition, it may be helpful to consider the following questions: To help, consider the following:

- ☐ What specific concerns or objections does the opposition have regarding the proposed community policy?
- ☐ Who are the key individuals or groups leading the opposition, and what are their motivations or interests?
- ☐ How has the opposition organized themselves and what strategies are they using to communicate their message?
- ☐ What alternative solutions or approaches are being proposed by the opposition?
- ☐ How widespread is the opposition within the community? Is there a consensus among community members or are there differing opinions?
- ☐ Are there any legal or regulatory implications that the opposition is raising in relation to the proposed policy?
- ☐ What potential impacts or consequences are the opposition highlighting that may arise from implementing the proposed policy?
- ☐ Has there been any attempt to engage in dialogue or negotiation between the proponents and the opposition? If so, what has been the outcome?

- ☐ What steps, if any, has the opposition taken to raise awareness or gain support for their position within the community?
- ☐ Are there any historical or contextual factors that may have influenced the formation of the opposition to the proposed policy?

CHALLENGING AFRICAN AMERICAN STEREOTYPES

Putting together a highly functioning team committed to change is not easy and requires people who have various skill sets to work in concert with each other to get the job done. Make sure to be aware of underlying biases. Discrimination is often seen as a behavioral component of racial prejudice. However, it is better understood as an interaction of social cognitions about race and behavioral outlets that bring congruence to a person's racial preferences and social settings.[310] African Americans are stereotyped as being poor, criminals,[311] overly athletic, oversexed, lazy, unsophisticated, unintelligent, and/or unattractive.[312] 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.[313] Attention was drawn away from legitimate issues such as health, economic inequities, and educational disparities. Antics like these, unfortunately, work to pit society against African Americans. To defuse this, it is critical to recognize this and be mindful when working in communities. Question 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 toward real change. Remain curious and humble about the community and the differences that may exist among 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 and its assets rather than focusing on deficits. 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 cessation or quit services, advocacy skills to impact policy decision-making, and/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.[314] Members will have a greater sense of ownership and empowerment, knowing that they did and can again exercise some control over their collective future.

A critical point to remember is that ultimately, communities will be asked to embrace change, and change is challenging to achieve without community input. Recognizing the significance of involving grassroots individuals, ordinary people collectively driving change at various levels, is crucial. Solely relying on influential leaders capable of mobilizing networks to garner support for a cause without grassroots involvement can severely hinder desired change or even make it change unattainable. In summary, to effectively navigate change, it is imperative to prioritize the diversity and inclusion of community voices from the outset. By doing so, the process of achieving the desired change becomes more feasible and impactful.

"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 Blackbody Health, 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

To establish a solid foundation for success, prioritizing planning becomes essential. The investment of time in developing a thorough plan plays a critical role in achieving optimal results or outcomes. Through the creation of a comprehensive action plan, effective strategies can be established, capable individuals can be identified to execute tasks, and the success of the campaign can be ensured. The focus of a well-crafted plan should not be solely on delivering specific "products" such as tobacco control policies or access to cessation guides, but also on enhancing the community's capacity to address future community challenges. Although planning can be time-consuming,

particularly for larger projects, the upfront effort is highly worthwhile as it sets the stage for a cohesive coalition and equips the community with the necessary tools and resources to effectively tackle health equity challenges in the long run.[315]

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)[316] or a similar tool will help coalitions set and achieve short-term goals while keeping sight of the long-term vision.

It's essential for a coalition to first gain a comprehensive understanding of the community it serves. Once that understanding is in place, the next step is to set well-defined goals, objectives, and milestones. Utilizing the **SMART** framework can simplify this process.[317]

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 you move into the planning phase, it's crucial to already have your end goals clearly in sight. Use these guiding questions as a checklist to help shape the coalition's objectives and tactics. They serve as a roadmap, ensuring that your plans are both effective and considerate of community nuances.

- ☐ 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?
- ☐ Make sure to consider any possible unintended consequences.

"At the end, it's not about what you have or even what you've accomplished. It's about who you've lifted up, who you've made better. It's about what you've given back."

–Denzel Washington

DEFINE ORGANIZATIONAL STRUCTURE AND OPERATING MECHANISMS

After identifying strategies, goals, objectives, and milestones, it becomes crucial to assign responsible individuals or organizations to lead the implementation process. Establishing a clear organizational structure and defining operating mechanisms are essential steps in effectively distributing activities and reducing the overall workload. Assigning activities to individuals or organizations that possess the necessary skill sets for their execution is highly desirable. This approach ensures that everyone can contribute based on their strengths, maximizing their potential impact on the campaign's success. By

leveraging the expertise and capabilities of each participant, the implementation process becomes more efficient and effective, bringing the campaign closer to achieving its desired outcomes.

TIPS: Use open-access tools such as the Atlas of Public Management and the Community Toolbox to help you learn about the various aspects of organizational management.

ROLES AND RESPONSIBILITIES

The planning process begins by carefully considering the roles and responsibilities of the individuals comprising the coalition and determining the structure of subcommittees to effectively accomplish the work. Leadership and membership roles and their corresponding responsibilities may vary based on the unique needs of the coalition.

One crucial aspect to determine is the method of leadership selection. Will leaders be elected through a voting process, or will they be appointed? Additionally, it is important to establish the duration of leadership terms, defining how long leaders will serve before potential changes or reselections. Alongside leadership positions, other key roles to consider include those of treasurer, secretary, and past chair, which may not be explicitly listed but are often integral to the coalition's functioning. By addressing these aspects early in the planning process, the coalition can establish clear lines of responsibility, decision-making processes, and effective coordination to facilitate the successful execution of its objectives.

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

- ☐ Be 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 members of the coalition has been determined, break members into groups or subcommittee who will work on specific issues. 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 activities aimed at promoting collaborative strategies or actions.

Some of the subcommittee roles and responsibilities include the following:

EDUCATION/COMMUNICATION SUBCOMMITTEE

This subcommittee is 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 strategies include:

- ☐ Earned media
- ☐ Paid media
- ☐ Social media
- ☐ Messaging (community forums)
- ☐ Spokespersons

DATA SUBCOMMITTEE

This subcommittee is 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 communities within national, state, and local boundaries. 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 strategies include:

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

POLICY/LEGISLATIVE SUBCOMMITTEE

This subcommittee is responsible for providing leadership pertaining to

negotiating with city council/county commissioners and 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 strategies 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
- ☐ Manage dealbreakers
- ☐ Contribute to the direction of the Community Mobilization Subcommittee

COMMUNITY MOBILIZATION SUBCOMMITTEE

This subcommittee is 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 toward 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 strategies 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

CESSATION SUBCOMMITTEE

This subcommittee is responsible for identifying existing cessation resources. Providing training on evidence-based strategies for tobacco cessation with healthcare providers, contributing to the education campaign promotion of cessation resources, and recruiting healthcare providers to join the coalition. The strategies include:

- ☐ Create a cessation resource list
- ☐ Identify healthcare providers to join the coalition
- ☐ Identify healthcare providers as potential spokespersons

IDENTIFY A COALITION SPOKESPERSON

It is customary to identify a spokesperson(s) 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 Action Plan should have a specific timeline identified. 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 on a timeframe for action, identifying resources (human, financial, and technical), finalizing the plan, and evaluating the results.

Please find below a breakdown of the checklist to help develop each part of the action plan:

- ☐ Well-Defined Goal: Provide a clear and concise description of the specific goal to be achieved.
- ☐ Required Resources: Identify the resources, such as funding, materials, or expertise, needed to successfully complete the tasks.
- ☐ Tasks/Steps: Outline the specific actions or steps that need to be taken to progress toward the goal. Break down the tasks into manageable components.
- ☐ Timeline: Create a timeline or schedule that indicates the deadlines or target dates for each task to be completed. Establish a realistic timeframe for the overall action plan.
- ☐ Responsible Individuals: List the names and contact information of the individuals or team members who will oversee the execution of each task. Clearly assign responsibilities to ensure accountability.
- ☐ Key Performance Measures: Define the metrics or indicators that will be used to evaluate the progress and success of the action plan. These measures should align with the goal and provide a means of assessing outcomes.

By addressing each of these elements in the action plan, you can ensure a comprehensive and well-structured approach to achieving your objectives. Regularly review and update the plan as needed to track progress, adjust timelines, and reassess resources and responsibilities.Remember, the action plan must be realistic if it is to work. Watch out for overestimating 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. 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:

- Clear direction - as an action plan highlights exactly what steps to be taken and when they should be

completed and members will know exactly what needs to be done

- Reasons to stay motivated and committed - as a result of having goals written down and planned out in steps
- Ability to track progress - as written goals, objectives, and milestones allow one to know what happens next and hold those accountable for reaching them.

Since all the steps to complete the action plan are written down, it is easier 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 monitors the policy/legislation in order to further protect the public, and who will enforce violations. No piece of legislation is worth the paper it is written on if the legislation is not being equitably enforced. Indeed, inequitable enforcement will often result in disparities across diverse (i.e., race/ethnic) communities.

ASSESS PROGRAM EFFECTIVENESS

Planning doesn't 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."[318] 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, while borrowing from the richness of the African American cultural experience. A health equity lens means prioritizing and addressing health disparities by analyzing data, understanding social determinants, centering marginalized populations, reducing healthcare barriers, promoting equitable policies, and fostering collaboration to create a more equitable and just healthcare system and society. It also means that the emphasis should be on how people are experiencing the program. A benefit of this approach is to allow the consideration of the unique circumstances that exist within some aspects of 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. Make sure to focus on whether a policy, program, or project is working or not (and uncovering the reasons why or why not). As a result, you can avoid a pitfall of traditional evaluation that may be 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.[319] An equity lens will facilitate maintaining a focus on the people involved and not just an evaluation of outcomes.

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

– Rabindranath Tagore

To assess the effectiveness of a program, consider the following questions as a starting point:

- ☐ What is the underlying need for the program within the community?

- ☐ Does the program actively involve the participants in its planning and delivery?
- ☐ Was the program deemed relevant and embraced by the community?
- ☐ Did the program effectively engage the appropriate individuals?
- ☐ Did the program succeed in capturing and maintaining the participants' interest?
- ☐ Was the program implemented according to the intended design and objectives?
- ☐ Was the program technically efficient, ensuring that the allocated resources were effectively utilized within the community?
- ☐ How were the individuals engaged in the program held accountable for the outcomes achieved?
- ☐ What impact did the program or policy have on the community as a whole?
- ☐ 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?

These questions used as a baseline for assessment provide valuable insights into the effectiveness of the program and its impact on the community. Tailor these questions to the specific context and objectives of the program being evaluated.

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.

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 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.
TACTICS	Once the strategy is in place, tactics can be developed. Tactics are specific actions – circulating petitions, writing letter protests – which are building blocks of the advocacy strategy

MOVE BEYOND TACTICS

Use the below questions to help craft an approach that will help move beyond isolated actions and weave activities into a comprehensive, coherent, and powerful strategy. This holistic perspective will maximize the impact and effectiveness of your efforts.

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 is the overarching goal or vision that guides the strategy? 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?

- ☐ What are the short-term objectives that build toward that vision? How do the individual tactics or actions align with and contribute to the larger goal or vision?
- ☐ What does the political map look like?
- ☐ Who/what individuals or organizations are working toward solutions? Are there any key stakeholders or partners whose involvement can strengthen the strategy and broaden its reach?
- ☐ Are there any gaps or overlaps that need to be addressed?
- ☐ 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? What issues do they oppose? What is their approach? What commonalities do both parties have? Can both parties work together to overcome the problem?
- ☐ Are there any synergies or connections between different activities that can be leveraged for greater impact?
- ☐ How can progress and outcomes be measured and evaluated across the entire strategy, rather than focusing solely on individual tactics?

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 into something genuinely compelling?
- ☐ How does the coalition ensure that the messages are 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.[320] 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[321] 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.[322] 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

When aiming to bring about meaningful change, it is essential to identify and evaluate the availability of necessary resources. Resources play a vital role in supporting efforts to effect change, encompassing financial means, skilled individuals, relevant talents, physical spaces, and informative materials. In addition to these commonly considered resources, one crucial but frequently overlooked asset lies within the stories shared by those most impacted by the problem at hand. By recognizing and harnessing this invaluable resource, action planning can be grounded in a comprehensive understanding and genuine empathy.

Evaluating resource availability:
To embark on an effective change journey, it is crucial to conduct a thorough assessment of the resources at hand. This evaluation encompasses key elements such as financial resources, talents and skills, and essential materials such as printed resources. Understanding the availability of these resources provides a foundation for action planning and aids in determining the necessary steps to initiate and sustain change.

Identifying resource gaps:
While evaluating existing resources is vital, it is equally important to identify any gaps between the available resources and those required to accomplish the desired change. This analysis should encompass an assessment of financial need gaps, specific talent or skill gaps necessary for implementation, adequate office space, and relevant printed materials. By identifying these gaps, organizations and communities can proactively seek out additional resources and make informed decisions when developing their action plans.

Unveiling the power of personal stories:
Amidst the pursuit of resources, one invaluable resource often remains untapped—the stories shared by individuals directly affected by the problem being addressed. These stories provide firsthand insight into the challenges faced, the impact of the problem, and potential avenues for change. By actively listening and amplifying these voices, organizations and communities can gain a deeper understanding of the problem's nuances and develop more empathetic, targeted solutions.

In the quest for change, understanding resource availability is pivotal. Beyond traditional resources like funding and materials, the power of personal stories cannot be underestimated. They offer authentic perspectives, shedding light on the human experiences connected to the issue at hand. By incorporating these narratives into action planning, communities and organizations can forge comprehensive strategies that address both the practical and emotional dimensions of the problem. Embracing the availability of diverse resources, including the invaluable stories of those most affected, lays the groundwork for transformative change and a more inclusive approach to tackling complex issues.

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 solely on the process of programmatic implementation, is critical.[323] 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 inclusive of the process of implementing the program provides a unique method of ensuring equity.[324]

TIP: To achieve the desired results (outcomes), it is necessary to first implement a process that is necessary to bring about the changes necessary to achieve strategic goals. One is no more important than the other. Both processes and outcomes are conjoined and work together hand in hand.

Community initiatives are complex and dynamic and often present ongoing opportunities for continuous learning about the community and its issues.[325] Make sure to conduct evaluations that engage users in the evaluation process. Encourage them to take ownership of the conclusions and recommendations. In essence, outcome evaluation is sometimes considered to be more important than process evaluation. One should not be favored over the other, and equally important, emphasis should be placed on how the program is actually being experienced by community members and (if positive) how this framing can be maintained. Most importantly, the goals inherent in the community model (community development and community competence) are essentially process goals and it assumes that behavioral changes associated with the elimination of disparities or an increase in well-being will occur after the aims of the model are achieved. Community development is, by definition, a process-focused agenda.

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 Plan, Do, Check, Act or 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 needed community support.

COLLECT DATA TO TELL THE STORY

Part of documentation is data collection.[326] The coalition must collect appropriate/necessary data to illustrate that there is a problem. Data collection will likely be a combination of

qualitative (words and stories) and quantitative (numbers) methods. Most decision-makers want to know if there is community support for the needed policy change. The coalition must show that there is 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.[327] 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.

"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

Use these steps to think through the data strategy.[328]

STEP 1

Determine what data to collect
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 provide 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 surveys 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. Photo graphs, videos, sound recordings, and so on can be considered qualitative data. Qualitative data most likely provide 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 to:

- ☐ Improve your understanding of your audience
- ☐ Identify areas for improvement or expansion
- ☐ Predict future patterns
- ☐ Better personalize 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 well-being. Ideally, a community will have access to either a person or a research entity such as a college or university.

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.[329] 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, for example, by the tobacco industry.[330] 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:

- ☐ 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. To do that, make sure the coalition determines success metrics, gathers and analyzes data, and then 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). Start by recruiting and developing new leaders and delegating responsibilities. Identify and recruit by naming key persons/organizations to lead specific subcommittees within the coalition. No piece of legislation is effective if the implementation plan for the policy, system, or environmental change is not supported by the very people impacted by the system or environmental change. To garner support, work to develop an effective, targeted campaign to educate community members. Consider working to attract earned media. Learn how to identify, educate/train, and conduct effective message delivery or take media spokesperson training. It is important to learn how to develop and utilize images in messaging, disseminate messaging via traditional and social media, and then present a persuasive message to stakeholders. Once the implementation plan has been executed, the coalition or workgroup must participate in campaign monitoring for change to determine its effectiveness.[331]

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-IMAGINE THE PLAN BASED ON FINDINGS

To ensure the accuracy and effectiveness of the coalition's plans, it is essential to thoroughly evaluate their implementation. It is not sufficient for the program to merely carry out its intended work; what truly matters is whether the work is having the desired impact and creating the intended change or shift. This evaluation process should prioritize the experiences and perspectives of the people who were meant to benefit from the program.

Here are some key considerations for evaluating the implementation of the coalition's plans: [332]

- ☐ Consistency with expected outcomes: Compare the actual results of the program with the expected outcomes outlined in the coalition's plans. Assess whether the program is achieving its intended goals and whether the impact aligns with the initial objectives.
- ☐ Focus on the intended community: Ensure that the program is designed and executed with a primary focus on meeting the needs of the impacted community. This approach emphasizes the importance of understanding the community's unique challenges, aspirations, and priorities.
- ☐ Impact assessment: Conduct a comprehensive assessment of the program's impact on the targeted community. This evaluation should consider both quantitative and qualitative measures to capture the full extent of the program's effects. Engage with community members to gather their feedback and perspectives on the changes or shifts they have experienced.
- ☐ Community engagement: Maintain open lines of communication with the impacted community throughout the evaluation process. Seek their input and actively involve them in providing feedback on the program's effectiveness. This collaborative approach ensures that the evaluation reflects the community's voices and experiences.

- ☐ Adaptation and improvement: Use the evaluation findings to inform program adjustments and improvements. Identify areas where the program may have missed the mark or where further efforts are needed to better address the community's needs. This adaptive approach allows for continuous learning and ensures ongoing alignment with the intended stakeholders/community members.

By prioritizing the evaluation of the coalition's plans and placing emphasis on the needs and experiences of the impacted community, the program may not only fulfill the requirements of the funder, if there is a funder, but also make a meaningful and positive impact on the intended stakeholders/ community members.

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

Remembering that measuring performance is not equivalent to evaluating effectiveness.[333] 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. Reimagine efforts based on the information provided.

STRATEGY FIVE: CELEBRATE SHARE RESULTS WITH COMMUNITY MEMBERS, KEY STAKEHOLDERS, AND FUNDERS

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, widely and broadly.

To enhance accuracy and efficiency in sharing success stories, it is crucial to adopt a meaningful and empowering approach. One effective method is to involve the community in directing the storytelling process. Let the community direct your storytelling.[334] By seeking input from community members on whom to interview and how to present the stories, more authentic narratives can be created. Craft success stories with a focus on their significance and the positive impact they can have on individuals and the community as a whole. By allowing the community to have a say in how the stories are told, the resulting narratives are more likely to resonate with the audience. This involvement promotes a sense of ownership and authenticity in the stories being shared. However, depending on the respective advocacy campaign, key talking points may be deemed as critical as regards strategic goals; such as naming the industry as the core of the problem. These talking points may rely on leaders serving as spokespersons. There are no perfect processes, and a "both/and" approach will often be the most effective. The critical error to avoid is dissonance between the messages of coalition leaders and community representatives. Dissonance or conflicting messages can create confusion, mistrust, and hinder progress. Maintaining clear and unified communication channels between coalition leaders and community representatives is essential for fostering collaboration and achieving shared goals.

Additionally, employing innovative techniques, such as photovoice, can serve as an alliterative way to convey your story.[335] This approach involves using photography and visual elements to

enhance the storytelling process, enabling a deeper connection with the audience. Continuously seek feedback from the community and evaluate the effectiveness of the storytelling methods used. Refine the approach based on input received, ensuring that accuracy and efficiency are continually improved.

Consider using social media to tell the story. Sites such as Facebook, Twitter, and Instagram are popular.

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

– Alaska Native Saying

SUSTAIN THE WORK

Research and work have been conducted using the vast knowledge and community of peoples of color but have had little impact on the overall well-being of those people. It is important that 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.[336]

"The man who moves a mountain begins by carrying away small stones."

– Confucious

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 School's 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.[337]

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.[338]

In 2022 the FDA proposed a ban on menthol tobacco products. This success was the result of accepting the science regarding the impact of menthol cigarettes (i.e., increased uptake, increased addiction, lower quit rates) and succumbing to years of tobacco control advocacy pushing the FDA to do the right thing. It is estimated that public commentary and inevitable legal action by the tobacco industry will take at least two years to resolve the controversy. Meanwhile, it is recommended that networks, coalitions, and advocates continue to educate and mobilize to pressure the FDA. Lives, and in particular African American lives, are at stake.

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.[339] California and Massachusetts acted on this information and moved to end the sale of all flavored tobacco products. As of April 2023, according to Americans for Nonsmokers Rights:[340]

- 1,169 municipalities and 28 states, along with the District of Columbia, Puerto Rico, and the U.S. Virgin Islands, have laws in effect that require all non-hospitality workplaces, restaurants, and bars to be 100% smoke-free; 62.6% of the U.S. population is protected from secondhand smoke exposure by local or statewide smoke-free laws.
- 21 states, along with Puerto Rico and the U.S. Virgin Islands, have laws in effect that require all state-regulated gambling to be 100% smoke-free. (Note: Maine's smoke-free gambling law is for those facilities opened July 2003 or later.)
- 21 states, along with Puerto Rico and the U.S. Virgin Islands, have 100% Workplace, Restaurant, Bars, and Gambling (WRBG) laws.
- One Sovereign Tribal Nation, Navajo Nation, has a law requiring all non-hospitality workplaces, restaurants, bars, and casinos to be 100% smoke-free indoors.
- 2,612 colleges and universities have 100% smoke-free campuses; of these, 2,189 are also 100% tobacco-free.
- 78 municipalities have smokefree multi-unit housing laws.
- 504 municipalities and 22 states, commonwealths, and territories prohibit smoking and vaping of recreational and medical marijuana in one or more of the following venues: non-hospitality workplaces, restaurants, bars, and/or gambling facilities.
- 1,021 municipalities restrict e-cigarette use in 100% smoke-free venues. Twenty-six states, commonwealths, and territories also have such a law. An additional 16 states, commonwealths, and territories restrict e-cigarette use only in other venues such as school district property, public housing, or fairgrounds.
- 662 municipalities and 41 states, commonwealths, and territories have raised the age to purchase tobacco to 21.
- 3,914 states, commonwealths, territories, and municipalities have laws that restrict smoking in one or more outdoor areas, including 1,936 that restrict smoking near entrances,

windows, and ventilation systems of enclosed places.

- 587 municipalities have smoke-free outdoor dining laws.

Note: After 13 years of advocacy, Navajo Nation became 100% commercial tobacco-free on February 5, 2022. This historic health policy promotes Navajo fundamental traditional views on health and wellness as it protects Diné (Navajo people), especially the elders, children, and the unborn, from the dangers of commercial tobacco products. Navajo Nation has by far the largest land mass of any Native American tribe in the U.S. and the largest enrolled population.

As of June of 2023, at least eight states—Connecticut, Hawaii, Indiana, Maryland, New Mexico, New York, Vermont, and Texas—and over 124 jurisdictions have introduced legislation banning all flavored tobacco products including menthol.[341]

To support communities successfully, The Center for Black Health & Equity offers resources and 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: JOURNALING PROMPTS

(QUESTIONS FOR SELF-REFLECTION)

CHAPTER FIVE

1. What are some questions that can be asked to help identify culture in a community?

2. Why is it important that members of communities have a voice in the development and implementation of policies that impact those communities?

3. How do you identify members of the community who may be interested in helping to pass policies? What are ways that you can get to know and build relationships with the people who live in a community?

4. What are some of the stereotypes of African American and how do they impede community change?

5. What are the arguments against banning menthol flavoring? What fears do those arguments raise in the minds of African Americans? Are those fears justified?

6. How does preemption impact legislation in your state?

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CHAPTER 6
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.

"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

MISTRUST OF THE HEALTH SYSTEM

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 in the last 50-plus years, new forms of protest and expression have emerged, potentially bringing us closer to the realization of true freedom. However, it is important to acknowledge that complete attainment of this freedom is still an ongoing journey, yet to be fully achieved. When African Americans demand equity and 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 acts of crime in predominantly African American neighborhoods are a reflection of character deficits, not a result of systemic issues such as poverty and lack of opportunity. However, it is important to consider the complex interplay of social, economic, and historical factors that contribute to such situations. Poverty and limited opportunities can significantly impact communities, leading to higher crime rates. It is essential to approach these issues with a comprehensive understanding of systemic factors and address them through holistic solutions that promote equity, education, and community development.

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 invented by those in power to keep poor white and working-class people from joining forces with people of color. They were used to justify the genocide of indigenous peoples and forced labor of and cruelty toward enslaved Africans. Today, racism still is used as a tool to divide and divert attention away from the control and economic exploitation of the masses. "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.[342]

"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

As a result of our collective history, 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, has caused African American men to be 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 had (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

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 those biases can have real-world implications on the health and well-being of patients. 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."

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. 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. A substantial number of white laypeople and medical students and residents hold false beliefs about biological differences between Blacks and whites, demonstrating that these beliefs

predict racial bias in pain perception and treatment recommendation accuracy.

For example, the result in these disparities in pain treatment can be reflected an over prescription of medications for white patients and under prescription of medications for Black patients, resulting in overall harm in treatment.[343] Another example of this shows that 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.[344] This type of bias has implications for 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

Differences exist in informative, supportive, and partnership-building patient-provider communication during medical visits between African American and white patients. Racial/ethnic minorities consistently report lower ratings of interpersonal care by physicians compared to Whites. However, clinicians who demonstrate patient-centered communication and awareness of effective cues specifically with their African American patients have shown improved patient/provider interactions and outcomes.

Health equity represents the pinnacle of patient-centered care. Failing to acknowledge the role of race and racism perpetuates the status quo and reinforces social inequities based on race. The notion of the American Dream often overlooks the structural and systemic racism experienced by African Americans. It was only within the last 54 years that the federal government formally abolished Jim Crow laws, at least on paper. Unfortunately, many discriminatory practices stemming from Jim Crow still affect the health and well-being 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 suggests that stress induced by this discrimination plays a significant role in maternal and infant mortality.[345] 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 that self-reported experiences of racial discrimination were correlated with preterm birth and low birth weight deliveries.

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

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"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 that 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.[346]

WHAT IS THE COST OF RACISM IN AMERICA?

As a result of racism, 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.[347]

The research on the intersectionality among 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."[348]

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 and the establishment of a caste system of sorts.

Black, Latino, Asian, minority ethnic, and poor communities are disproportionately exposed to negative environmental conditions. 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. Industrial pollution, habitats lacking biodiversity, and localized climate change

are less prevalent in affluent urban environments since they typically have access to better green spaces and more vegetation cover and diversity.[349]

IMAGINE HEALTH AND EQUITY

"You can't hold a man down without staying down with Him."

– Booker T. Washington

Engaging fully in the African American community means understanding the complexity of race and racism and their 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.[350] 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.[351] 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.[352]

Racism just doesn't impact the person being oppressed. It also impacts the oppressor. The energy that is used to hold individuals back, and to suppress and oppress respective communities, keeps the entire nation 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 acknowledge that racism continues to benefit the elite on a macro scale and white individuals on a micro scale. As long as Americans are kept ignorant of these facts, or society as a whole doesn't care, then racism will continue to fester.[353]

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 citizens. It means adopting a mindset that all people contribute to society.[354]

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 process begins by shifting perspectives and actively designing and implementing initiatives that are tailored to the specific needs of the community. It also involves recognizing the importance of engaging community members and ensuring their active participation in decision-making processes.

As communities start these conversations, it is critical to ensure the people impacted by the changes are at the table contributing to decisions that are being made. 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 convenience store owners, then convenience 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 have a seat directly at the table and an active voice to ensure that true change is inclusive and happening in the fertile ground of justice that benefits (and does not harm) all people, especially people of African descent.

The community must be genuinely listened to.

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 take anti-racist action. 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 are 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 continue the cycle of racism under another name. True change will only happen with a mind shift. Fostering community change in the quest for health justice requires more than just identifying issues—it calls for a transformative shift in mindset. Instead of solely zeroing in on problems, the focus must broaden to envisioning viable solutions. This paradigm shift from problem-centric to solution-oriented thinking enables community members and stakeholders to creatively address the root causes of health disparities. By visualizing what an equitable healthcare landscape could look like, a more compelling vision that serves as a guiding star can be created. This cognitive transition energizes collaborative efforts, invites innovative approaches, and offers a sense of hope and direction that is indispensable for sustainable change. It starts with a self-reflective attitude that supports the deep and introspective examination of questions such as:

- What policy changes are most urgent to promote African American health justice?
- How can policy be crafted to be both widely applicable and locally relevant?
- How does the geographic distribution of resources affect health justice?
- How do we address the mistrust in systems (especially healthcare systems) that may exist in African American communities?
- What are the most effective ways to involve the community in policy-making?
- What types of partnerships can be formed to sustain long-term health equity?
- How can we ensure that policy solutions are both effective and culturally sensitive?
- What are the economic implications of health justice for African American communities?
- How have past policies, intentionally or unintentionally, perpetuated health inequities?
- What are some context-specific challenges and opportunities in small town vs. urban settings?
- How do social determinants of health vary across different African American communities?
- What lessons can we draw from African American history to inform current efforts towards health justice?
- How can we use storytelling or other cultural expressions to share knowledge and build community engagement? What other strategies can communities use?

- What are the ethical considerations when implementing new policies aimed at health justice?
- How do we navigate the complexity of 'place'—like zip codes and neighborhoods—in the quest for health justice?
- In what ways can traditional African American cultural strengths be leveraged to improve health outcomes?
- How can we track and measure progress in a way that honors the lived experiences of community members?

These questions aim to dig deeper into the nuanced factors that contribute to the complex challenge of achieving health justice. Each question opens the door for meaningful dialogue and exploration.

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.

To begin the process of ending racism, it is essential to embrace self-reflection and not shy away from introspective questions. It requires having the courage to ask ourselves, "In what ways am I contributing to the problem? How can I put a stop to it? What changes do I need to make in order to actively be part of the solution?"

CHAPTER: JOURNALING PROMPTS

(QUESTIONS FOR SELF-REFLECTION)

CHAPTER SIX

1. What does health justice for African Americans look like?

2. What would America look like without racism?

3. How do we make what we imagine into a reality?

4. Who do we need at the table from the community to help us to do that?

5. What do our communities look like without mentholated tobacco products?

6. How am I contributing to the problem and how do I stop?

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