



The History of Commercial Tobacco Control Through the Lens of Equity

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**We are in a pivotal moment of
reckoning with historical and
present-day racial injustices.**



WE ARE LIVING in the midst of an anti-racist revolution... Americans can realize that they are at a point of no return. No returning to the bad old habit of denial. No returning to cynicism. No returning to normal—the normal in which racist policies, defended by racist ideas, lead to racial inequities.

- Ibram X. Kendi

States are calling racism a public health crisis. Here's what that means

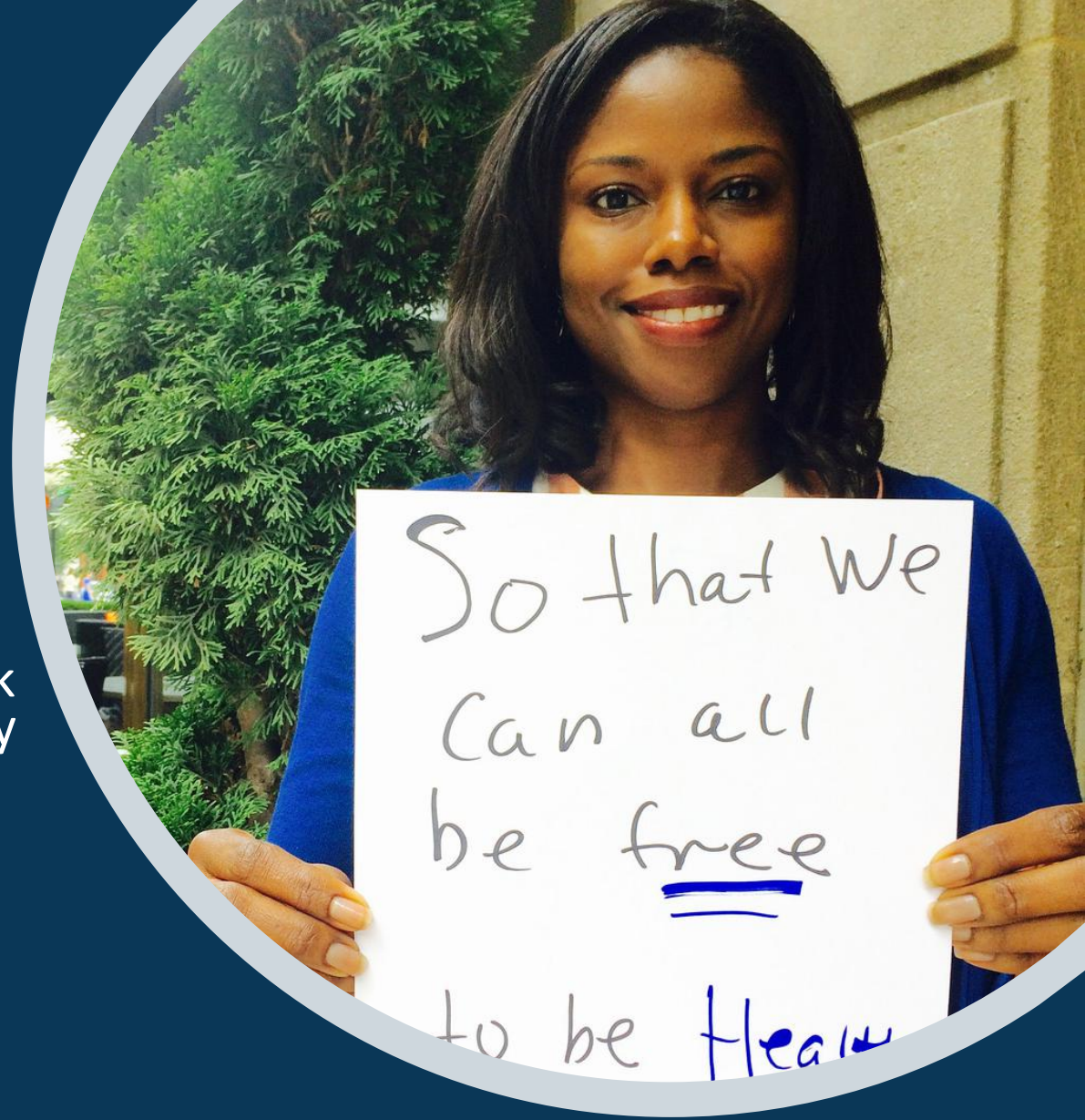
By [Harmeet Kaur](#) and Skylar Mitchell, CNN

🕒 Updated 10:32 AM ET, Fri August 14, 2020



ABOUT DR. JUDY

- Miami native
- Daughter of Haitian immigrants
- Applied sociologist
- Grew up navigating dual identity of being Black and from a marginalized immigrant community
- Learned the power of narratives and policy (based on exclusion) to structure lived experiences
- My purpose and passion – dismantle institutional racism and create the conditions for equitable and just organizations, communities and nation



Considerations

- Some portions of our discussion may feel uncomfortable.
- White people may feel defensive as histories and experiences of white supremacy/dominance and its impacts on Black, Indigenous and People of Color are described.
- People of color may also experience discomfort as you witness and listen to explicit descriptions of harm and violence perpetrated against our communities.
- Some suggestions may rattle your public health bone and counter/challenge CDC guidance and “best practices” in the field.

Health Equity means all people and communities have a fair opportunity to lead healthy and long lives.

Achieving health equity requires valuing everyone equally while focusing on eliminating inequities experienced by groups that have experienced greater obstacles to health based on their racial or ethnic group, income, gender, neighborhood or other characteristics historically linked to discrimination or exclusion. It also requires addressing the social, economic and environmental conditions (such as housing, employment, public safety, and education) that create unjust differences in health status and opportunities for health in communities.

**We cannot achieve health equity
without racial equity.**

Racial Equity

is not only a desired outcome or goal, but a proactive process of creating and enforcing practices, policies, values, and actions that produce fair and equitable access, opportunities, treatment, and outcomes for all regardless of race.

Sankofa





Artist: Gregg Deal

Commercial Tobacco Industry Exploitation



Source: D'Silva, O'Gara and Villaluz 2018

Commercial Tobacco Industry Exploitation



Source: Daily Press/Colonial Williamsburg

Beginnings of Commercial Tobacco Control

- **1950s** - research begins to show health dangers of smoking and tobacco products
- **1960-70s**
 - 1964 – Surgeon General’s Report
 - Fairness Doctrine
 - Ban on TV and Radio Ads

Capitalizing on Women's and Civil Rights Gains



Source: Flashbak; Pinterest; TobaccoFreeCa.com

Fighting for Inclusion & Equity

May 1997 – Communities of Color Statement

“a large monetary settlement will only shift the burden of payment from the general public to individual smokers as tobacco companies raise prices on their addictive products to pay the settlement costs. This has the potential to victimize low-income smokers disproportionately...There must be a balance struck so that poor people and people of color, who are most likely to pay the higher cost of such a settlement through increased prices, also receive significant and measurable benefits from any agreement.”

(Themba-Nixon, Sutton, Shorty, Lew and Baezconde-Garbanati 2004)

Fighting for Inclusion & Equity

July 1997 – Initiatives by Organizations to Strengthen National Tobacco Control Activities in the United States

- Created cooperative agreements with national organizations that serve one or more of the following special targeted populations: African-Americans, Hispanics, Asians/Pacific Islanders, American Indians/Alaska Natives, women, and youth, blue-collar workers, and lower education groups, military personnel, and males (ages 12–24).
- One of the first tobacco control efforts at the national level to provide dedicated funding for communities of color


(Themba-Nixon, Sutton, Shorty, Lew and Baezconde-Garbanati 2004)

Fighting for Inclusion & Equity



May 1998 – Master Settlement Agreement

- Helped “integrate” movement; American Legacy Foundation/Truth Initiative
- Tribal leaders provided testimony to guide development of the MSA
- Native American and Alaskan Native populations part of the formula to determine how much states would receive; but excluded from negotiation talks between state attorneys general and tobacco manufacturers

Fighting for Inclusion & Equity




NATIVE PEOPLES' CONCEPTS OF HEALTH AND ILLNESS



[EXHIBITION](#) [INTERVIEWS](#) [TIMELINE](#) [RESOURCES](#) [VISIT](#)

[Timeline](#) / [Renewing Native Ways](#) / 1999: Tribes seek share in tobacco settlement



Fidel Moreno, president of the Native American Indian Chamber of Commerce of New Mexico, holds three cigarettes as he talks about the hazards of smoking during a news conference in

1999: Tribes seek share in tobacco settlement

American Indian tribes file a \$1 billion lawsuit against the tobacco industry, claiming they were unfairly excluded from a large settlement in which the tobacco industry promised to pay \$40 billion over 25 years to settle four state lawsuits and another \$206 billion in a broader deal with the other 46 states. The tribes argue that Indians were counted in census data to determine the financial distribution but were not allotted a share of the money, in violation of Indian sovereignty.

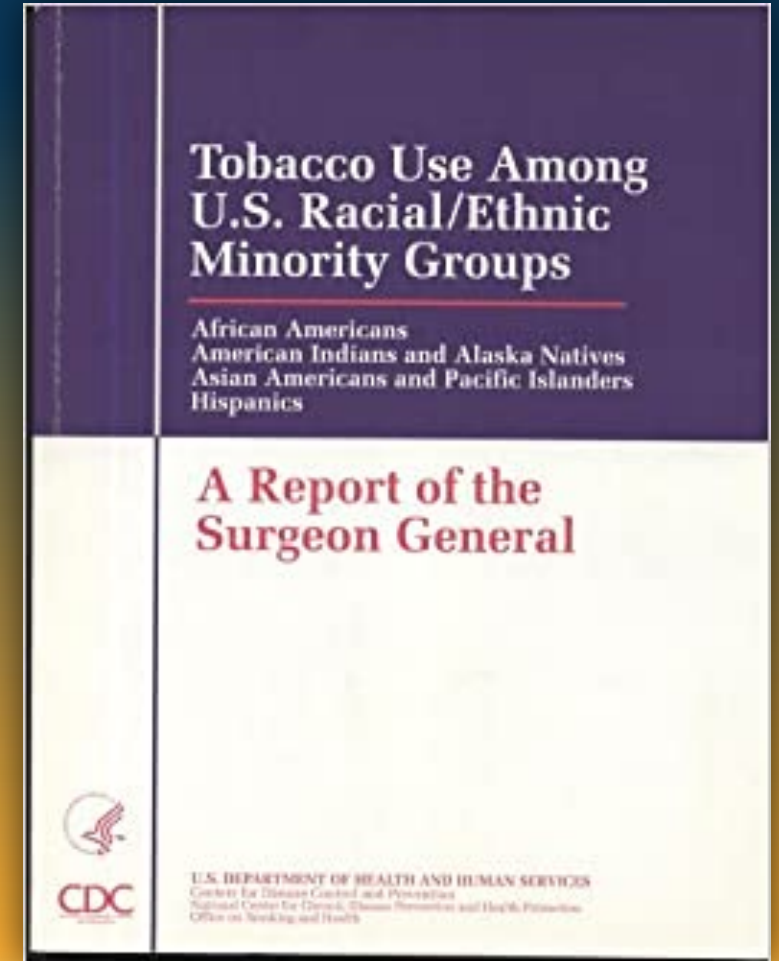
"Once again, we have been left out of the process," said Wilfred Louie, vice chairman of the Confederated Tribes of Colville in Washington

(National Library of Medicine Native Voices)

Fighting for Inclusion & Equity

May 1998 – U.S. Surgeon General's Report on Tobacco Use Among U.S. Racial/Ethnic Minority Groups

- “Data on exposure to environmental tobacco smoke (ETS) among members of U.S. racial/ethnic minority groups are extremely limited.”



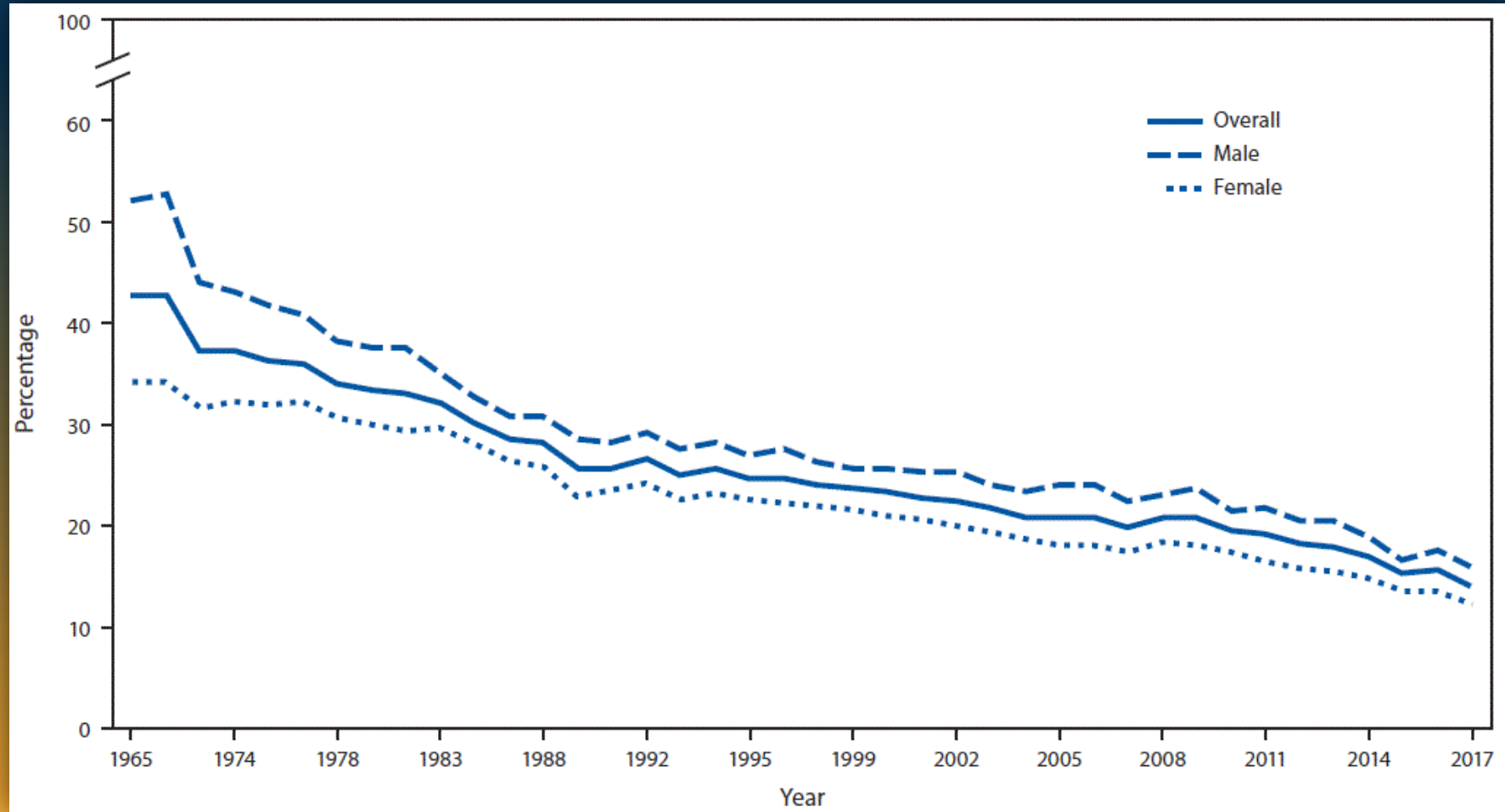
Fighting for Inclusion & Equity

2002 –Asian Pacific Partners for Empowerment and Leadership (APPEAL) Policy Framework

- Increase representation of AAPI on national, state and local planning boards
- Increase grant making and funds for PSAs that target AA and NHPIs
- Conduct surveillance studies adequate sample sizes and in languages of AAPI subgroups(Policy Framework



Tobacco Control: From Education to Policy Approaches



Tobacco Product Use Among Adults — United States, 2017

(Wang TW, Asman K, Gentzke AS, et al. MMWR 2018)

Tobacco Control: From Education to Policy Approaches

Significant decline in cigarette smoking:

- Indoor Smoking Laws
- Tobacco Tax increases
- Anti-tobacco mass media campaigns
- FDA regulation of tobacco products
- Barrier-free access to tobacco cessation counseling and approved medications

(Wang TW, Asman K, Gentzke AS, et al. MMWR 2018)

Tobacco Health Inequities Persist

- **Race/Ethnicity**

- Non-Hispanic American Indian/Alaska Native (32.3%), multiracial (25.4%), white (21.9%), or black adults (19.3%)

- **LGBTQ**

- Lesbian, gay, or bisexual adults (29.2%)

- **Income**

- Adults with household income under \$35,000 (26.2%)

- **Disability Status**

- Adults living with a disability (24.3%)

(CDC 2019)

Tobacco Health Inequities: A Racial Justice Issue



(NAATPN; Tobacco Free CA; Nuestras Voces Network; Indigenous Peoples Taskforce)



Re-Imagining Commercial Tobacco Control Through the Lens of Equity and Justice

Leading with Equity and Justice in Commercial Tobacco Control

- **Act in Solidarity with Movements for Equity and Justice**
- **Shift Power**
- **Move at the Speed of Equity**

Leading with Equity and Justice in Commercial Tobacco Control

Act in Solidarity with Movements for Equity and Racial Justice

Lead with race and consider unintended consequences given histories of injustice

- Are policy strategies that target Black and Brown smokers and potentially implicate the criminal-legal system just strategies for eliminating tobacco health inequities?
- Are policy strategies that exploit economic inequities just strategies for eliminating tobacco health inequities?

Leading with Equity and Justice in Commercial Tobacco Control

Shift Power

Unintended consequences of Tobacco “control” include concerns of dominance and paternalism

- “Tobacco-Free World” negates significance of sacred/traditional tobacco
- Interrogate how “evidence-based” and science reinforces white dominant values and strategies
- History of commercial tobacco control includes marginalization and stigmatization (e.g. low-income mothers)

Leading with Equity and Justice in Commercial Tobacco Control

Move at the Speed of Equity

Challenge sense of urgency and commit to deep work that equity and justice requires

- Sense of urgency is a white dominant cultural ideal that can negate the need to build relationships and not fully account for entrenched nature of health inequities
- Creates undue pressure to demonstrate outcomes within unrealistic time frames
- Undoing structural racism is a long-term project

Leading with Equity and Justice in Commercial Tobacco Control

“You have to act as if it were possible to radically transform the world. And you have to do it all the time.”

Angela Davis

Let's Stay Connected

www.urbandracialequity.org
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