



About STEPP's Health and Racial Equity Talking Points

Black, Indigenous, and people of color are more likely to die from a tobacco-related disease than white people. This is a public health crisis rooted in racism. Health outcomes are not simply a matter of personal choice. Centuries of racist policies and practices - not individual choices or genetics - negatively impact the health and well-being of people of color. These talking points are not the only approach to dismantle the impacts of racism within our work, however, they are a necessary, foundational step for all grantees and one of the cornerstones of the commitment we are making in the ongoing fight for justice. This is not the work of one or two grant cycles, but of decades.

These talking points were developed to support the [LPHA Core Framework's](#) foundational requirement of community education, and use clear, explicit language to adopt a shared narrative and frames about the impacts of structural racism, oppression, and power on health outcomes. They are provided to reduce the need for grantees to develop their own, although you are welcome to do so. Each grantee will select for themselves which talking points to use and when. We encourage you to use these talking points regularly and often.

Grantees will incorporate these talking points into their existing and ongoing community education efforts to build understanding of the impacts of root causes, including structural and systemic racism, oppression, and the social determinants of health, on health outcomes. You may use these talking points to support your community champions, your coalitions, as part of education and support of community mobilization efforts that facilitate and promote local policy and environmental change, and when developing your communication and media plans. The talking points intentionally do not focus on or include interpersonal racism, which is a biased response when people interact with one another. You can learn more about the [levels of racism here](#). We think you will also find the Colorado Office of Health Equity's [Glossary of Equity Terms](#) helpful. To support the foundational activity of expanding tobacco expertise to include dismantling structural racism, systemic oppression, and addressing the root causes of health inequities, you will find a list of suggested resources to get you started [here](#).

STEPP also encourages grantees to incorporate this [Statement on Structural Inequity](#) into reports that include data on health disparities. When it comes to reporting data on health disparities, data or information can easily be misinterpreted and create unintended consequences like perpetuating negative stereotypes and victim-blaming. To avoid this, the Office of Health Equity developed the statement on structural inequity to reflect the department's commitment to racial justice.

If you have any questions about how to use these talking points, contact your STEPP POC.

STEPP Talking Points on Health and Racial Equity January, 2021

TOPICS

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SYSTEMIC RACISM

- Today and throughout this country's history, the hallmarks of American democracy - opportunity, freedom, and wealth - have been largely reserved for white people through the intentional exclusion and oppression of Black, Indigenous, Latinx and all people of color. The deep racial and ethnic inequities that exist today are a direct result of structural racism: the historical and current policies, practices, and norms that create and maintain white supremacy. -Adapted from [The Urban Institute](#)
- We need to work together at all levels-(individual, family, school, neighborhood, city, state and federal government) to identify racism, take responsibility for our individual roles in maintaining practices or policies that benefit white people, and to transform systems to be equitable for Black, Indigenous, Latinx and other people of color.
- Addressing and combating racism is the only way to ensure Black, Indigenous, and all people of color have equal access to the same opportunities as white people.
- Whenever any of us sits at a decision-making table, let's challenge each other to take a look around and say, who is not here who should be? Who's health and wellbeing could be impacted by this decision? And then our job is to ensure their voices are included and we co-create solutions.
- There's no scientific basis for race - it's a made-up label not a biological fact. What we understand as a person's "race" has a long history dating back to colonialism and has been shaped by social, cultural, and political forces in the United States. White people, who have traditionally held power, have embedded white racial superiority in our systems and laws.

- As a result, individuals who are white have access to opportunity, while people who are Black, Indigenous, Latinx, or other non-white racial/ethnic groups experience disadvantage.
- While all people may experience prejudice for their race, gender, or other identities, racism exists when racial prejudice is combined with institutional power, which is the authority to create or limit access to resources.
- Racism exists in every system across the country. It is built into the creation and ongoing policies of our government and other institutions including financial, healthcare, housing, the justice system, and policing. The unequal conditions caused by racism continue to harm Black, Indigenous and people of color, preventing them from living their healthiest lives.
- Inequality can be experienced from generation to generation as the result of discriminatory policies and lack of investment in a specific community. These injustices continue to harm and disadvantage Black, Indigenous, and communities of color.
 - Without investment, low income neighborhoods and communities of color are left in a vicious cycle of poverty: Not having access to loans from large financial institutions means new businesses cannot start and existing ones cannot grow, hire more workers, and offer more services. Without access to credit, businesses walk a daily tightrope. Opening or maintaining a business may not be possible without other substantial assets like owning a home or credit cards with high available credit limits.

For additional information:

[Government Alliance on Race & Equity HealthEquityGuide.org](https://www.healthequityguide.org/)

- In 1978, Black households in the United States earned 59 cents for every dollar of income whites earned. 37 years later, in 2015, Black families still earned 59 cents for every dollar of income that white families received. The racial wealth gap is even wider. For every dollar of wealth that whites have, Black families have six pennies and Latinx families have seven pennies. These differences resulted from racism across our systems.
 - Source: Williams, David R. (2016, November) How Racism Makes Us Sick [Video file] Retrieved from https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick
- People are not low income. People earn lower incomes because they've been marginalized, in a lot of cases, into earning low wages because of their essential work. It is hard to be an essential worker, and harder to be an essential worker and a person of color, undocumented, living in a rural area with limited educational opportunities, and with no transportation or health care options. Rural southeastern and central Colorado have the greatest number of Coloradans living with multiple chronic conditions—these are also some of the lowest income areas of our state.
- Residential segregation, which continues to this day, creates more income, wealth, and education inequality than any other policy. Neighborhoods near industrial areas and highways that expose residents to pollutants are the same communities that also have an abundance of tobacco retail stores, liquor shops, and fast food restaurants.

Denver Metro example: Globeville.

- Across Colorado, restrictions were placed on where people could live because of how they looked. Historic policies and practices kept communities of color from owning farm land and homes and continue to lead to disadvantages today. For example, leases and deeds placed restrictions on property ownership based on race. Families of color in rural Colorado also experienced loss of land and displacement. Land has been systematically taken from Native American communities throughout the U.S., including in Colorado.

For additional information:

[A History of Residential Segregation in the United States](#)

[Additional material on A History of Residential Segregation in the United States](#)

- [Native American boarding schools](#) were established in the late 19th to mid 20th century to not only provide education but to ‘civilize’ Native American children and strip them of their culture. This included forcing the removal of native culture symbols, such as the ceremonial use of traditional tobacco, the adoption of European-style haircuts, and not allowing the use of their native names and languages. The experience in the schools could be harsh and even deadly, especially for younger children who were separated from their families. This school experience prompted the Native American drive for political and cultural self-determination in the later 20th century, including the [Indian Child Welfare Act of 1978](#).

For additional information:

[The Southern Ute Drum: Project seeks to identify Indian students who perished while attending Grand Junction Indian Boarding School](#)

[Colorado Sun: Colorado boarding school, where government sought to assimilate tribal students, listed as a “most endangered” place](#)

[Chipeta: Ute Peacemaker Thoughts on Reading, Research, and Writing](#)

- **School-to-Prison Pipeline**
According to the [Colorado Department of Education](#), Black students made up 4.5% of all enrolled children in 2018-19 in Colorado schools, but they accounted for 8% of all school-related arrests, 10.7% of in-school suspensions, and 10.3% of out-of-school suspensions. Youth of color face a variety of barriers to success, including being disciplined at higher rates than their white classmates and being detained, placed in custody and sent to prison more than white youth. An important contributing factor to our state’s level of incarceration is this “school-to-prison pipeline,” which overly impacts youth of color.
 - **Schools** can directly address the fact that students of color are suspended and expelled from schools more often, and ensure enforcement policies are equally enforced across all students. Implement programs that aim to disrupt the school-to-prison pipeline and promote positive school justice partnerships by providing Suspension and Expulsion Alternative Programs for tobacco and other substance use violations. Talk with school Administrators about tracking data on discipline practices like suspensions/expulsions and arrest demographics to ensure enforcement practices are administered equally to

all students.

- **Communities** can support judicial diversion programs that provide alternatives to harsh punishment practices like suspension, expulsion, fines and incarceration that enhance students' emotional and physical well being, and support youth after they have been released from incarceration to reduce their chances of re-entering the criminal justice system.

For additional information:

[Lessons in Racial Justice and Movement Building: Dismantling the School-to-Prison Pipeline in Colorado and Nationally](#)

Video: [Fighting the School to Prison Pipeline: Restorative Justice in Denver](#)

HEALTH AND RACISM

- Every 7 minutes, a Black person dies before their time in the United States. That is more than 200 Black people dying every day who would not die if the health of Black and white people were equal.
 - Source: Williams, David R. (2016, November) How Racism Makes Us Sick [Video file] Retrieved from https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick
- Lifestyle choices, like the decision to smoke, are often not a matter of choice, but a matter of environmental, social, and economic factors. It's important to consider all the elements that can make it harder to make the healthiest choices: A lack of power to influence the policy decisions that shape our lives and the resources necessary for communities to have access to healthy food, housing, clean water, quality medical care, schools, and employment.
- Only about 30% of your overall health is influenced by biology and health care. 70% is because of the environment in which you live.
 - Your zip code influences your health and predicts how long you will live because it determines your access to opportunities, such as safe areas for recreation, quality housing, education and employment opportunities, as well as public transportation to help you get there.
 - Place matters. It's much easier to make healthy choices and live a healthier life if you live in a community where the neighborhood is safe, there are opportunities for physical activities that are welcoming and inviting, and you have safe and affordable housing. If you live in a community with lots of liquor and tobacco stores, no grocery store, where sidewalks aren't safe or they are poorly lit, it's much harder to stay safe, stay healthy, and to make healthy choices.
 - Source: McGinnis, J.M and Foege, W.H. (1993). "Actual Causes of Death in the United States," Journal of the American Medical Association.
- Research shows that higher levels of discrimination are linked to an elevated risk of several diseases, from high blood pressure to obesity, breast cancer and heart

disease--even premature death. This includes major experiences of discrimination, like being unfairly fired or being unfairly stopped by the police, and subtle experiences, like being treated with less courtesy than others, receiving poorer service in restaurants or stores, or people acting like they are afraid of you. This has led several cities and public health agencies to name racism as a public health crisis.

- Source: Williams, David R. (2016, November) How Racism Makes Us Sick [Video file] Retrieved from https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick
- 11 to 14 percent of Americans don't have money for food for their households.
 - For Native and Indigenous people around the country, the rate is three to four times higher. Food-related illness is high among Native Americans, including diabetes and obesity. This is not due to genetics. Native people were forced to move from their homelands where they had grown healthy, traditional foods.
 - Black and African-American communities inundated with marketing for unhealthy food. Due to the lasting harms of redlining, many majority Black neighborhoods don't have grocery stores or other places to buy healthy food. Few Black and African-American farmers own land to grow food due to ongoing bias in receiving loans.
 - Latinx communities are also inundated with marketing for unhealthy food. For folks who speak primarily Spanish, most job options are limited to those that don't pay a wage that is enough to buy food. Many Latinx folks work to harvest and process vegetables, meats, and other foods in dangerous work conditions, but aren't paid well enough to buy food for their households.
- Racism is also a mental health issue. Discrimination and other forms of racial trauma harm emotional and mental well-being, and can increase risk for substance use disorders. The subtle and obvious effects of racism should be considered when looking for ways to promote mental health and prevent and treat substance use disorders.

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COVID-19 AND RACISM

- The risk of COVID-19 is not connected with race, ethnicity, nationality, sexuality, or gender. Viruses do not discriminate. However, data show that COVID-19 is impacting lower-income communities, and in particular, communities of color, more than others.
- Black, Indigenous, and Latinx communities have experienced racism, economic hardship, and ongoing stress for generations. As a result, people of color often have higher rates of chronic diseases.
 - People with underlying health conditions are more likely to die of the virus. Chronic diseases due to unequal access to preventive care, healthy food, safe and stable housing, quality education, reliable transportation and clean air, have continued over generations. Structural racism is the most critical underlying condition in the COVID-19 pandemic.
- Census data from 2018 shows that across the country, 43% of Black and Latinx workers are employed in service or production jobs that cannot be done remotely.

Only one in four white workers held the same jobs.

- Working in lower-paying, essential jobs often means having less flexibility to stay home or to socially/physically distance and increases exposure to COVID-19. Many people may not have sick leave or other benefits, and need to keep working to afford food and housing.
- Native Americans living in tribal areas have some of the greatest housing needs in the U.S., with exceptionally high poverty rates, low incomes, overcrowding, lack of plumbing and heat, and unique development issues. These conditions put Native communities at extreme risk during the pandemic.

For additional information:

[Structural Racism, Social Risk Factors, and Covid-19 – A Dangerous Convergence for Black Americans](#)

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TOBACCO AND RACISM

- The tobacco industry markets and targets their deadly products in under-resourced communities. As a result, certain racial and ethnic communities, low-income communities, and LGBTQ+ communities, among others, are exposed to more tobacco advertising, live in places with more retailers that sell tobacco products, and have higher rates of commercial tobacco use.
- Tobacco companies use price promotions such as discounts and multi-pack coupons, to increase sales among African Americans and people of color, women and young people.
- Menthol products are given more shelf space in retail outlets within African American and other communities of color.
 - Source: [CDC: African Americans and tobacco use](#)
- American Indians/Alaska Natives have the highest commercial tobacco use in the United States. The leading cause of cancer death among American Indian and American Native populations is lung cancer.
 - Source: [Keep It Sacred Commercial Tobacco](#)
- The Arapaho, Cheyenne, and Ute Nations and peoples have a long history of using traditional tobacco in ceremonies to connect to the spiritual world. The customs related to growing and respecting tobacco have been worn down over time through historical trauma such as boarding schools, genocide, being forced off of the land, and banning Native American religious practices. The tobacco industry has a history of targeting American Indians and Alaska Natives with price reductions, coupons, giveaways, gaming promotions, charitable contributions, and sponsorships. The industry used tribal tobacco to validate commercial tobacco products by using American Indian imagery, like headdresses and other cultural symbols, in their branding. Tobacco companies built alliances with Tribal leaders to help improve their corporate image, advance ineffective youth prevention programs and ultimately defeat tobacco control policies.

- Source: [Tobacco Industry Promotional Strategies Targeting American Indians/Alaska Natives and Exploiting Tribal Sovereignty](#)
- More than 1 in 5 (22.6%) adult American Indians and Alaska Natives vs. 13.7% of all U.S. adults, smoke commercial tobacco products. American Indians have some of the highest rates of heart disease, cancer, and postneonatal mortality found in the United States.
 - Sources: [Tobacco use in the American Indian/Alaska Native community](#), [Why the World Will Never Be Tobacco-Free: Reframing “Tobacco Control” Into a Traditional Tobacco Movement](#)
- Tribe-specific data shows that smoking commercial tobacco products begins before age eight and develops into regular use during the tween (8-12) and teen (13-19) years.
 - Source: [Keep It Sacred Commercial Tobacco](#)

For additional information:

[Tobacco Industry Marketing to Low Socio-economic Status Women in the US, 2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress](#)

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EXAMPLES FOR STARTING A CONVERSATION

- Racism exists in every system across the country. It is built into the creation and ongoing policies of our government and other institutions including financial, healthcare, housing, the justice system and policing. Can you think of any policies either historically or modern, that were designed to give preference to white people and disadvantage Black and Indigenous people? (Jim Crow, Redlining, etc)"
- The unequal conditions caused by racism continue to harm Black, Indigenous, and people of color, preventing them from living their healthiest lives. How do you feel when you know there's a system you need to thrive, but it is working against you?

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LEARN MORE- share with selected talking point(s):

[Change the Story](#) [Subscribe](#) The Office of Health Equity’s monthly newsletter provides inspiration and tools for health equity and environmental justice work. We hope you’ll join us in changing Colorado's story!

[Checking Assumptions to Advance Equity](#)

These questions are intended to be a starting place to routinely examine daily decisions with an equity lens. They are not intended to be an ending place or an in-depth assessment

[Root Causes Fact Sheet: Getting to the source of inequity](#)

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KNOW THE DIFFERENCE BETWEEN TRADITIONAL AND COMMERCIAL TOBACCO

Many American Indian tribal nations have a long history of using traditional tobacco in ceremonies to connect people to the spiritual world. In the last few decades, American Indian people started turning away from using commercial tobacco in non-traditional ways and restoring traditional tobacco to its role as a powerful medicine.

The colonization of America disrupted the connection between Indigenous Peoples and the role of community elders in many communities, and generations of American Indians lost the understanding and knowledge of traditional ceremonies and culture.

Commercial tobacco companies exploited American Indian traditions and targeted them with advertising to use commercial cigarettes. Companies that make commercial tobacco products process the leaves from modified tobacco plants with chemical additives that change the smell and flavor, as well as the amount of nicotine released. When this highly processed tobacco burns in a cigarette, these additives turn into thousands of toxic chemicals and are highly addictive.

Over the last few decades, American Indian tribal communities have been reclaiming their spirituality and traditions and are educating younger generations about the power of traditional tobacco, its role in American Indian cultural and spiritual ceremonies, and the negative impact of using commercial tobacco.

For additional information: [American Indian Commercial Tobacco Program](#)