

# Tobacco Settlement Revenue Oversight Committee

## Briefing – MARKETING IN BIPOC COMMUNITIES

### Introduction:

**NMAAT**, the *NM African American Tobacco Prevention Network*, is a coalition of Organizations and Entrepreneurs working to educate our neighbors across NM to learn more about the dangers of smoking and vaping. We've been operating as a statewide coalition since 2004.

We provide materials, information, and education to businesses and schools about the smoking cessation alternatives available to residents in the state.

While **NMAAT** focuses the majority of its activities to provide African Americans alternatives to smoking and vaping, we hope to present as many options as we can to EVERYONE in the state!

- **Jay Blackwell & Kenneth Winfrey are NMAAT Co-Chairs.** NMAAT is a community project of the *Umoja Wellness Foundation* and *Umoja Behavioral Health, PC*. Kenneth has worked with NMAAT from its inception and Jay joined these efforts in 2019.

Thank you for allowing us to present this information to you today as we discuss the impacts of Nicotine Marketing Efforts in NM BIPOC communities.

We'd like to discuss 3 Overarching Views today:

- Assisting NUPAC In Its Efforts to Combat Nicotine Marketing in BIPOC Communities (*Improve Health Promotions*)
- Discuss the importance of evaluation and data when looking at possible solutions to Reducing Nicotine Use in NM Communities and Populations (*History and impact of nicotine, smoking in BIPOC communities*)
- Urge for increased funding to QUANTIFY THE IMPACT OF TOBACCO MARKETING in BIPOC communities. (*Strategically expanded funding*)

### Background and Context:

- NMAAT has operated in NM since 2004. We've seen many changes in how the tobacco settlement funds have operated. **We continue to plead for better data** so that we might work better across BIPOC communities in addressing tobacco control in NM.
  - ✓ We want to advocate for greater clarity in learning and discovering how and why NM has been successful in reducing nicotine BIPOC usage over the last 10 years.
  - ✓ Tobacco rates among BIPOC communities have dropped 2-3 percentage points since the 2020 pandemic in NM. Of course, it depends on which data you use. More about that shortly!

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- NMAAT has had its share of struggles with NUPAC. Over the last 3 years, we have endured inconsistencies and vagueness with NUPAC around the following.
  - ✓ Start dates, program activities, and general communication with its lead contractor, and
  - ✓ Vagueness of roles/responsibilities with subcontractors and network partnerships (*Priority Populations/BIPOC/HELIOS*).
- There's been a lack of clarity on the synergistic, strategic purpose of the effectiveness of how the Tobacco Settlement Funds are being spent.
  - ✓ When it comes to health promotions in BIPOC communities, our Networks are siloed in how we are tasked to evaluate our effectiveness.
  - ✓ Tobacco advertisers are able to simultaneously pick away at BIPOC communities with \$34 million in strategic marketing, while NUPAC funding to African American populations has averaged at \$68,800/year since 2019.
  - ✓ NMAAT, and all the Priority Population Networks, has been tasked with formulating its own messages and programs. Operationally, NUPAC refrains from directing Networks with strategic information, messages, or combined success markers. This makes it difficult to impossible for public health practitioners to determine what specific activities have led to our reducing nicotine use among BIPOC populations across the state.

### Current Situation:

- **Lack of Data** on Black/African American, Asian American, and LGBTQIA+ communities across NM. There is also a lack of data on our disabled communities and those people impacted by behavioral health challenges. Each of the populations and communities has been shown to have higher than average nicotine use rates.
  - ✓ **Additional Evaluation Activities** need to occur – such as oversampling techniques being employed to garner a clearer understanding of the impact that nicotine has on NM BIPOC communities.
- **Lack of a Cohesive Plan from NUPAC** on the direction that we might collaborate towards. NUPAC is vague on whether or not current BIPOC activities have been successful in our tobacco control efforts. Communication from NUPAC has actually improved since LeAnn Allison and her NUPAC Team stepped up this Fiscal Year. We sincerely applaud them for their efforts. And, BIPOC networks are still waiting to hear from them on the next steps and desired goals that exist for the state.

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### Proposed Solution:

- Urge for increased funding to quantify the impact of tobacco marketing in BIPOC communities. (*Strategically expanded funding*)
  - ✓ **Improve community health promotion collaborations** with NUPAC and among the other Priority Population Networks.
  - ✓ **Better evaluate** the extent of BIPOC nicotine use and their KAB (*knowledge, attitudes, beliefs*) of tobacco/nicotine products throughout the state by supporting more robust evaluation methods such as *oversampling techniques*.

### Benefits and Implications of Strategically Improved Funding:

- Promote a healthy lifestyle of BIPOC empowerment, and generally invite NM residents to participate in healthier activities over their lifespan.
- Reduce the dependence on nicotine in highly vulnerable populations such as BIPOC youth, disabled communities, and behavioral health populations.+
- For example – last fiscal year NUPAC sponsored a series of excellent trainings to help the BIPOC networks improve their messaging. But there was no increase in health promotions funding, no performance measures to indicate if the changes were successful, and no coordinated response from the Office on the impact of this expenditure. We need NUPAC’s guidance if we want to ensure whether these separate activities are meaningful or not to the health of our communities.

### Conclusion and Call to Action:

- BIPOC communities alone cannot make a dent in countering the \$34 million in advertising being spent by tobacco agencies. We need a more effective relationship with NUPAC to work with us in targeting our efforts and their intended impacts across the state.
- Agencies, networks, and workgroups supporting BIPOC populations need better surveillance instruments and products to understand the behaviors, risks, attitudes, and solutions to experiencing healthier lives in this wonderful state.
- BIPOC communities need a strategic plan that specifically addresses how we can continue to see a decline in the dependence on nicotine among our youth, elders, and working populations across NM.

**JAY N BLACKWELL, MA, CPSW, LMHC**  
**DIRECTOR OF PROGRAMS; UMOJA BEHAVIORAL HEALTH, PC**

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**QUALIFICATIONS & BIOGRAPHICAL SUMMARY**

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For more than 20 years Jay Blackwell has focused his activities on providing a wide range of capacity building and organizational infrastructure activities, trainings and tools to assist agencies improve their ability to respond to public health concerns and disparities. He has assisted in the development of state and territorial health equity reports and plans as well as authoring a resource development curriculum that has been demonstrated to increase the fiscal capacities and writing skills of several agencies and organizations. He has worked throughout the United States focusing to improve, increase and respond to his clients demands and the change indicators of the communities being engaged.

Mr. Blackwell is the current Director of Programs at Umoja Behavioral Health PC in Albuquerque, NM. He is a Certified Peer Support Worker and a resident therapist. He continues to utilize his extensive background in public health, community development and organizational excellence by participating in several community and regional activities. He previously consulted with the US Department of Health and Human Services in the Office of Minority Health and Resource Center. There, he focused on assisting underfunded and underserved communities and organizations. For the last two decades, his professional services in the public health field have included assisting his clients improve health care access and treatment services to at-risk populations. Mr. Blackwell is considered an expert trainer and facilitator in organizational infrastructure and resource development strategies and techniques.

Grant writing and Resource Development are areas where his ability to assist agencies develop both their human capital and fiscal strength have excelled. He created a grant writing course that is still successfully teaching the fundamentals of grant writing and resource development to technical writers across the United States and US Territories and Jurisdictions. These Vision, Design and Capacity (VDC) Workshops have been delivered since 2002 and are greatly sought after by community organizations and federal agencies to this day.

Mr. Blackwell holds an undergraduate degree in Psychology from North Carolina Central University and a Master of Arts in Agency Counseling from the University of Northern Colorado. A North Carolina native, he travels extensively providing development workshops to a wide range of businesses, associations, partnerships and government grantees. His professional passion has centered on assisting agencies, communities and local stakeholders improve their effectiveness, networking and professional collaborations through local, regional and national activities.

**JAY N BLACKWELL, MA, CPSW, LMHC**  
**DIRECTOR OF PROGRAMS; UMOJA BEHAVIORAL HEALTH, PC**

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**PROFESSIONAL EXPERIENCE**

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- **Program Manager**, Umoja Behavioral Health, PC; Albuquerque, NM: 10/18 - Present
- **Independent Consultant**, New Paradigms in Consulting, Roxboro, NC; 12/15 - Present
- **Director of Capacity Building & Development**, Office of Minority Health Resource Center/HeiTech Services, Inc., Landover, MD: 11/01 - 12/15
- **National Training & Information Manager**, National Minority AIDS Council, Washington, DC: 03/00 - 11/01
- **Technical Specialist – Capacity Building Assistance Project**, National Minority AIDS Council, Washington, DC: 12/99 - 03/00

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**EDUCATIONAL REFERENCES**

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*M.A., Agency Counseling, University of Northern Colorado, Greeley, CO*  
*B.A., Psychology, North Carolina Central University, Durham, NC*

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**FUNCTIONAL SKILLS & EXPERTISE**

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**Business Change Management**

- Expertise in collaboratively integrating activities and adapting outcomes that will capture, organize, translate, share, and apply knowledge to my client's programs and development outcomes.
- Expertise in business oriented, data-driven solutions to deliver strategic change, infrastructure design and governance, culture and strategic solutions to support the success of an organization's transformation goals.
- Public health solutions across for-profit, non-profit, clinical and institutional settings.

**Public Health & Social Services**

- Expertise in public health and health policies and its impact on marginalized communities, populations, organizations and institutions.
- Over 25yrs experience successfully engaging businesses, communities, institutions and health management systems in health promotions, behavior change campaigns, prevention activities and other strategies to address health disparities throughout the United States and its Territories.
- Participated in planning, implementing and reporting on public health campaigns for federal and local agencies for 14yrs in the Department of Health and Human Services. Expertise in working in multi-sectorial environments with governments, businesses, community groups and online audiences.

References Upon Request

**JAY N BLACKWELL, MA, CPSW, LMHC**  
**DIRECTOR OF PROGRAMS; UMOJA BEHAVIORAL HEALTH, PC**

**Training, Programming & Resource Development**

- National trainer building business acumen and programmatic effectiveness for the last 20yrs.
- Curriculum and programmatic development. Building the capacity of agencies to identify, evaluate and respond to external and internal challenges within the organization.
- Working with foundations, governments, organizations, businesses and other groups and institutions improve their ability to raise funds and respond to each business's environmental pressures.
- Training non-profit agencies to improve their ability raise funds for their programs, agencies and organizations. Assisting clients improve their ability to communicate the flexibility of their infrastructure to win public and private grants and awards.

**Management & Leadership Development**

- 20+ years direct supervision and management of staff in improving the health care systems across the United States.
- Educating business and thought leaders on strategies to improve their performance indicators and health outcomes at personal, community and institutional levels.

**Community Development**

- Supporting marginalized and mainstream communities, businesses and direct care agencies increase their ability to provide constituent services across the United States and US territories and jurisdictions.
- Working with African immigrant and refugee populations and the agencies that serve them across the United States to increase their ability to navigate the American health care system, improve their programmatic readiness and partner with other organizations interested in working with them to address and combat health disparities in a new country.

**Diversity & Inclusion**

- Regularly conduct organizational development and strategic planning activities in minority and marginalized communities throughout the United States to increase the efficiency and growth of regional and local health care services.
- Have successfully worked with African American, American Indian/Alaska Native, Asian American, Native Hawaiian and Pacific Islander and Hispanic populations in the US and its Territories to address health disparities, organizational governance, community development and infrastructure development activities for the last 20+ years.
- Increased partnerships and collaborative opportunities between minority populations and local, state and federal governments.

## SUMMARY

I am a yoga psychotherapist specializing in work with populations experiencing social disparities as determinates of behavioral health. I am the founder of Umoja Behavioral Health, P.C., and Intensive Outpatient Agency operating in the State of New Mexico.

## EDUCATION

**Master of Social Work** *New Mexico State University* 2011

**Additional coursework:** Health Promotions for Older Adults, Social Work with Native American Populations

**B.A. in Psychology (psychobiology)** *University of Missouri* 1999

**Additional coursework:** Certificate in Writing

**High School Diploma (visual art, vocal music, dance, and theater)** *St. Louis HS of Visual & Performing Arts* 1990

## EXPERIENCE

**CEO (05/2011 – Present)** *Umoja Behavioral Health, PC*

I supervise and provide individual and family therapy for clients with an emphasis on cultural relevance, resiliency, mindfulness, as well as Yoga Psychotherapy to clients in the office, at their homes or remotely via secure telehealth regardless of ability to pay. Work includes those with anxiety, mood disorders, addiction issues, individuals with pervasive developmental disabilities (and their caregivers) via Medicaid, Medicare and other private insurers. Work also includes training and collaboration with interdisciplinary team members, including medical staff and case managers, on methods to effectively implement culturally relevant treatment plans. Oversee the use of a HIPAA-compliant, DSM-V-based, Electronic Health Record system with revenue management and clinical supervision integration. Founded a group agency (Umoja Behavioral Health, P.C.) in 2018 via application for BHA-423 status, which advances the agency in fulfilling its mission “to provide culturally-resonant, mindfulness-informed care, and prevention education to effectively address mental illness in disparate populations.” Supervision experience includes students from Adams State College, Southwestern College, Highlands University, and New Mexico State University, New Mexico Highlands University and others. Since independent licensure in 2015, this experience also includes psychiatric nursing and physician assistants’ preceptorship and other non-licensed and non-independently licensed clinicians.

**Clinical Supervisor (02/2017 – 11/2017)** *Rape Crisis Center of Central New Mexico*

Oversaw the implementation of Electronic Health Record System and modernization from outmoded paper charts. Oversaw staff caseloads, client scheduling, coordination of services, and programming and documentation issues. Supervised individual, family, couples, and restored various components of service including group therapy. Prepared periodic departmental reports. Oversaw quality assurance in documentation and maintenance of client files, and other record-keeping requirements. Maintained ethical and quality clinical care per professional standards. Developed and implemented policies and procedures as needed to improve counseling services program. Completed performance evaluations for staff therapists and administrative personnel. Coordinated program needs with agency funding activity; participated in funding application activities including grant preparation; coordinated and met compliance with funder requirements including reports and audits. Participated in funder-required meetings and community coalitions as needed. Assisted in developing budget through preparation of budget for Counseling Services Program. Provided individual and group supervision to staff clinicians. Identified clinical staff training needs; developed training opportunities and coordinated out-of-agency training for clinical staff. Coordinated graduate student internship as needed. Provided presentations and training in the community and within the agency; assisted with volunteer training. Maintained licensing and training per agency and professional standards. Carried a manageable client caseload including conducting assessments, treatment planning, case management, and group or individual therapy. Participated in crisis intervention activities. Informed Director of developments and trends in the mental health field that may have a bearing on agency programs, clients, staff, or the mental health profession. Successfully oversaw the credentialing of the agency to accept Medicaid, and secured the agency’s first commercial fee-for-service contract.

**Instructor *Multicultural Perspectives in Counseling* (01/2015-05/2015)** *Southwestern College – Santa Fe*

Served as instructor on course which “explores the impact of cultural diversity on the counseling process. Students examine their cultural assumptions and learn how to work effectively with clients of different racial backgrounds, cultural traditions, gender identities and sexual orientations.” Recreated and expanded the course curriculum to emphasize humanism in culture, and to explore cultural oppression as a determinate of behavioral health.

**Community Health Promotions Consultant (07/2003 – Present)** *Self*

I provide program development support to H.E.L.I.O.S (Health Equity Leaders in Our Systems) including FiercePride, The NM African American Tobacco Network, Nuestra Salud, and the Southwest Tribal Coalition, among others, with developing program goals, literature and evaluation. Past clients include organizations such as the University of New Mexico Center for Prevention Studies, the New Mexico Department of Health Tobacco Use Prevention and Control Program (TUPAC), and the Coalition on Alcohol, Tobacco and Other Drugs. This includes grant writing, advisement on development of health promotion materials, outreach strategies (including conference/workshop planning), as well as graphic design. Most recently co-taught “LGBTQAI+ Healthy Relationships” course which explores and encourages interpersonal empowerment skills for healthier interpersonal relationships.

**Software Consultant (10/2000 – 03/2002)** *Office Temps*

Provided software and computing support in a variety of roles including instruction on various desktop computing applications including Microsoft, Lotus, and others e.g., Lotus Notes, MS Access, VB Scripts, legacy transitions, etc.

**Computing Instructor (1999 – 2002)** *Mt. Airy Learning Tree*

Provided instruction on various software programs and provided IT support to the school as needed.

**Assistant Account Executive (1995 – 1999)** *Shandwick USA Public Relations*

Helped design, implement a variety of media marketing and public relations outreach efforts as part of the corporate publicity team, responsible for promoting commodities and various other complex brands.

**Secretary/Administrative Assistant (1993-1995)** *Office Team/ Account Temps*

Provided administrative support to various corporate leadership personnel at a variety of Fortune 500 companies.

**PUBLICATIONS/ PRESENTATIONS**  
(ABBREVIATED LIST)

**Multi-Faceted Approaches to LGBT Tobacco Data Collection in New Mexico**

James L. Padilla, MS, New Mexico Department of Health, Public Health Division, Chronic Disease Bureau, , Dona Upson, MD, djupson@aol.com, Coletta Reid, Linda Peñaloza, PhD, Rebecca Dakota, rebdakota@aol.com, Eric Chrisp, MA, Kenneth Winfrey

Learning Objectives: Describe qualitative and quantitative methods for collecting LGBT tobacco data

Problem/Objective: Little is known about the health and risk behaviors of Lesbian, Gay, Bisexual, Transgender (LGBT) people, but they may be disproportionately affected by tobacco. The New Mexico Tobacco Prevention Program and partner organizations have undertaken various approaches to collecting LGBT data.

Methods: Several LGBT focus groups provided valuable qualitative information about tobacco and other health priorities. An LGBT-specific Palm Pilot tobacco survey at three Pride events and the inclusion of a sexual orientation question in two population-based health surveys in the state have provided quantitative data. In addition, a sexual orientation demographic question was added to the NM Tobacco Helpline, which provides information about the LGBT community accessing cessation resources.

Results: Data gathered through these methodologies provide important details about smoking behaviors, beliefs, attitudes, and whether tobacco is a priority in the LGBT community. Some findings include: LGBT individuals are more likely to smoke than their heterosexual counterparts; bisexuals may smoke at higher rates than their LGT counterparts; there is strong support for smoke-free venues among LGBT people, and; there is little awareness of disparity in LGBT versus heterosexual smoking rates. Also, LGBT people are more likely to use the Helpline than expected.

Conclusions: Progress toward considering sexual orientation a standard demographic question in any data collection system is important in building baseline information and tracking trends in this understudied population. LGBT-specific data can be used to better understand and serve them more effectively with tobacco and other public health services.



**"Make Public Health a New Mexico Priority!"**

New Mexico Public Health Association (NMPHA) Annual Conference and Health Disparities Summit

**It's a Drag: Smoking in the LGBT Community**

April 4-6, 2007

Rebecca Dakota, James Padilla, Andrea Quijada, Kenneth Winfrey

This presentation demonstrates creative ways the STOMP LGBT committee moved from awareness to action, including cessation and policy initiatives.

**Elaboration and Extrapolation of Attribute Scores on the Belief Systems Analysis Scale**

2009 - Present

This practice-based research seeks to elaborate upon Optimal Psychology and its instrument, Belief Systems Analysis, to further utilize the 10 attributes measured for customized, resiliency-based treatment planning and culturally resonant interventions. Methodology include various non-parametric statistics, and their interpretation for culturally resonant treatment planning.

**Belief Systems Analysis Treatment Planner**

2014 to Present

The BSAS Planner software app is a comprehensive comparative compilation of interventions and practices across numerous psychospiritual and diagnostic frameworks for use with Umoja Behavioral Health and relevant partners. Interventions include exploring symbols and archetypes, engaging in mind-body practices like yoga and meditation, developing self-awareness and emotional intelligence, practicing mindfulness, and cultivating a sense of harmony and balance. The framework is based on Linda James Myers "Understanding and Afrocentric Worldview" and Optimal Conceptualization Theory. Expertise includes mastery of the evidence-based measure, the Belief Systems Analysis Scale.

**CONFERENCES**

**HIV+ Lived Experience Presenter**

Presenter 2002-2005

*University of New Mexico*

**Native American Training Institute**

Presenter 2012

*Belief Systems Analysis as a Cross Cultural Assessment Tool*

**National Association of Social Workers**

Presenter 2017

*Healthy Relationships (LGBTQLA+ Interpersonal Resilience)*

**New Mexico Counseling Association**

Presenter 2018

*Culturally Relevant Counseling Interventions*

**BOARDS AND VOLUNTEERING**

Chronic Disease Prevention Council of New Mexico

*Board of Directors (2019)*

Southwest Behavioral Health Independent Practice Association

*Board of Directors (2022), Treasurer*

New Mexico Black Mental Health Coalition

*Board of Directors (2018) President/Executive Director*

**BOARDS AND VOLUNTEERING (cont)**

Albuquerque Center for Spiritual Living

*Leadership Council (2017) President*

New Mexico African American Artists' Guild/

New Mexico Artists of the African Diaspora

*Membership President (2016)*

New Mexico AIDS Services

*Board of Directors (2005 – 2007), Secretary*

Fierce Pride

*Founding Past Member (2003)*

2/7 (Black HIV Awareness Day)

*Organizing Committee*

*President (2005)*

Circle of Harmony (Native American HIV Awareness)

*Organizing Committee*

*Member (2005 – 2010)*

**ORGANZIATIONAL MEMBERSHIPS**

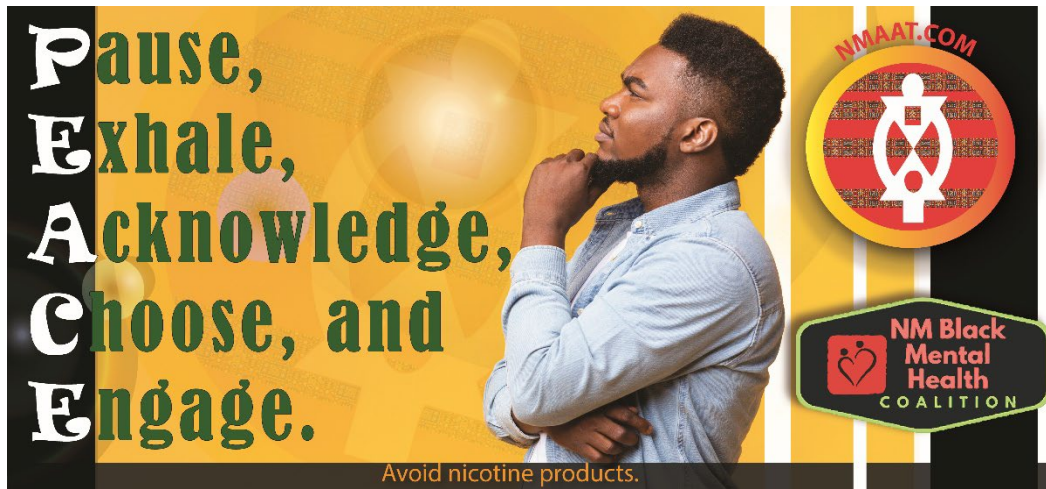
National Association of Social Workers

Yoga Alliance

Kemetic Yoga Institute

**PROFESSIONAL REFERENCES  
PROVIDED UPON REQUEST**


# NMAAT Promotional Samples (2021 – 2023)



**Pause,  
Exhale,  
Acknowledge,  
Choose, and  
Engage.**

Avoid nicotine products.

NMAAT.COM



NM Black  
Mental  
Health  
COALITION



I Celebrate My **BEST** Life  
I Celebrate My **BLACK** Life

Avoid nicotine products.

NMAAT.COM



NM Black  
Mental  
Health  
COALITION



**Our Lungs, Our Breath, Our Breathing, Precious Air**


*Smoking and Vaping can cause lung disease by damaging your airways and the small air sacs (alveoli) found in your lungs.*

Choose Healthier!  
[www.NMAATP.com](http://www.NMAATP.com)

The Great  
American  
Smokeout is  
November 18th



# NMAAT Promotional Samples (2021 – 2023)



**The Immune System** is a complex fighting system powered by 5-liters of blood and some serious lymph node actions.

Smoking & Vaping *mess that up* by lowering protective antioxidants in the blood.

**Choose Healthier!**  
[www.NMAATP.com](http://www.NMAATP.com)

November 18th = Great American Smokeout



**Chemicals in Vape Make COVID-19 Worse!**

- 1. Vaping makes it easier to catch and die of COVID-19.\***
- 2. Vape chemicals can spread COVID-19 when exhaled by people with COVID-19.Δ**

[\\*https://stan.md/3ze2Dot](https://stan.md/3ze2Dot) [Δhttps://bit.ly/3exd24M](https://bit.ly/3exd24M)

New Mexico African American Tobacco Prevention Network  
 a program of Umoja Behavioral Health, PC



**NATIONAL DEPRESSION AND MENTAL HEALTH AWARENESS OCTOBER 2022**

**NMAATP.COM**

The challenge these days, is to *be somewhere*, to *belong* to some particular place, invest oneself in it, draw strength & courage from it, to *dwell in a community*.

- bell hooks

a program of Umoja Behavioral Health, PC

# African Americans and Tobacco

Smoking-related disease is the number one cause of death for African Americans.<sup>1</sup>

Each year in the U.S, smoking-related illnesses are responsible for taking the lives of approximately 45,000 African Americans, surpassing all other causes of death including homicide, AIDS, diabetes and accidents. In New Mexico, about 7,500 African American adults smoke cigarettes, exposing themselves and their loved ones to the known harmful health effects of tobacco. Among racial and ethnic groups in New Mexico, death rates are highest among Blacks and Whites, nearly double those of American Indian and Asian/Pacific Islander adults.<sup>2</sup>

There is no doubt that the overall history of African Americans is one of demonstrated strength, resourcefulness and resiliency. However, our history with tobacco is one that has resulted in devastating and disproportionate impact on the health and lives of African Americans.

## The Development of an Industry: Tobacco and Slavery

In the early days of commercial tobacco farming, most of the tobacco in the United States was cultivated by slaves. Tobacco plantations utilized the largest percentage of enslaved Africans imported into the U.S. prior to the American Revolution.<sup>3</sup>

As early as 1619 and lasting for centuries, generations of enslaved African Americans labored to create wealth for tobacco plantation owners. Slaves planted, harvested, cured and packaged tobacco in an extremely labor-intensive process.<sup>4</sup>

It's fair to say, that the foundation for today's tobacco industry was built long ago on the backs of slaves.



## A History of Targeting African Americans

The tobacco industry has a long history of going to great lengths to target marginalized populations, specifically the African American community, with aggressive marketing tactics.<sup>5</sup> Beginning in the 1950s, the tobacco industry was one of the first commercial products to specifically feature and market to Black Americans to build brand identity. “African Americans were an untapped market in the 1950s and were attractive because they were earning good incomes in post-war jobs,” said Dr. Robert G. Robinson, chair of the first chapter of the National Black Leadership Initiative on Cancer.<sup>6</sup>

***“We don’t smoke that s \_ \_ \_ . We just sell it. We reserve the right to smoke for the young, the poor, the black and stupid.”***

*R.J. Reynolds Tobacco  
Company Executive*

When television advertising of cigarettes was banned in 1971, the tobacco industry continued and expanded its marketing efforts, employing multiple campaigns and strategies to target and reach African Americans. A review of tobacco industry internal documents shows these relentless tactics include:

- promoting menthol cigarettes by heavily targeting African Americans through culturally tailored advertising images and messages.<sup>7</sup>
- placing larger amounts of advertising in African American publications, exposing African Americans to more cigarette ads than Whites.<sup>1</sup>
- utilizing giveaways and price promotions such as discounts and multi-pack coupons to increase sales to African Americans and other minority groups, women, and young people.<sup>8</sup>
- taking advantage of the fact that more tobacco retailers are located in areas with large racial and ethnic minority populations, contributing to greater tobacco advertising exposure.<sup>7</sup>
- increasing shelf space to menthol products in retail outlets within African American and other minority neighborhoods.<sup>7</sup>
- buying their way into to the Black community by supporting cultural events and making contributions to minority higher education institutions, elected officials, civic and community organizations, and scholarship programs.<sup>1</sup>



Tactics such as these, along with flooding the market with images of beautiful, happy, famous and successful Black people smoking cigarettes, has paid off for the tobacco companies.

Perhaps nowhere is this more evident than in the marketing and sale of menthol cigarettes. A 1953 industry study showed that 5 percent of African American smokers preferred Kools (menthol cigarette) versus 2 percent of White smokers. The industry capitalized on this slight preference and began targeting African Americans with menthol advertising. The aggressive menthol marketing campaign had a huge impact. From just 1968 to 1976, the percentage of African Americans smoking Kool jumped from 14 percent to 38 percent, with even greater preference for Kool among young African American males.<sup>9</sup>

The amount of money spent for magazine advertising of mentholated cigarettes increased from 13 percent of total ad expenditures in 1998 to 76 percent in 2006. Today, an estimated 87 percent of Black smokers smoke menthol cigarettes, with Newport being the preferred brand of more than two-thirds (69.1%) of African American youth smokers.<sup>10</sup>

The tobacco industry investments to target African Americans continues. To this day, there are up to 10 times more tobacco advertisements in Black neighborhoods than in other neighborhoods. With these concentrated, targeted and tactical marketing efforts and extensive public relations campaign, it is no coincidence that tobacco has had a disproportionate and devastating effect on the health and lives of African Americans.<sup>11,12,13</sup>

## **Saving Black Lives**

Understanding the history between the tobacco industry and African Americans is critical for taking back the health of our community. Breaking free from tobacco, its related diseases and the barrage of more than half a century of relentless marketing by the tobacco industry, is a long fight that must be fought on the individual, community and world fronts.

We are winning the battle. Uncovering the tobacco industry's tactics, creating awareness and educating on the harms of tobacco are working!

Smoking among Black Americans has declined from 21.5 percent in 2005 to 14.9 percent in 2019.<sup>14,15</sup>



We know the facts. Smoking-related death and diseases are 100 percent preventable.

Knowledge is power. With it, individuals can make good decisions about their personal health and wellbeing. Cities, schools and communities can enact policies to protect the health of their citizens and members. Black organizations and elected officials can align their funding with values that promote, not harm, the health of their supporters and constituents. In saving Black lives, our future is one free of tobacco.

To learn more on the fight against tobacco, visit the New Mexico African American Tobacco Prevention Network at [www.nmaat.com](http://www.nmaat.com).

## ***Healthy Me. Healthy Community. Healthy World.***

1. US Department of Health and Human Services (HHS), "Tobacco Use Among US Racial/Ethnic Minority Groups—African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General," 1998, [http://www.cdc.gov/tobacco/data\\_statistics/sgr/1998/complete\\_report/pdfs/complete\\_report.pdf](http://www.cdc.gov/tobacco/data_statistics/sgr/1998/complete_report/pdfs/complete_report.pdf).
2. 2017-19 New Mexico Behavioral Risk Factor Surveillance System
3. Jubilee: The Emergence of African-American Culture by the Schomburg Center for Research in Black Culture of the New York Public Library (National Geographic Books, 2003).
4. Sisler, C. Manager of Exhibitions and Collections, Tobacco on the Chesapeake, National Underground Railroad Freedom Center, <https://freedomcenter.org/content/tobacco-chesapeake>, March 21, 2019.
5. Bach L., Tobacco Company Marketing to African Americans, Campaign for Tobacco-Free Kids, March 7, 2018.
6. Blum, A: Of Mice and Menthol, A Targeting of African Americans by the Tobacco Industry., online exhibit, University of Alabama Center for the Study of Tobacco and Society, April 6, 2019. <https://csts.ua.edu/minorities/table-of-contents/>
7. National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use Cdc-pdf[PDF–6.50 MB]External. Smoking and Tobacco Control Monograph No. 19, NIH Pub. No. 07-6242, June 2008 [accessed 2018 Jun 12].
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New Mexico African American Tobacco Prevention Network [www.nmaat.org](http://www.nmaat.org)

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# African Americans and Menthol Cigarettes

Menthol cigarettes are the main tobacco product used by African Americans.<sup>1,2</sup> Nearly 9 out of 10 African American smokers aged 12 and older use menthol cigarettes, and a black smoker is 400% more likely to smoke menthols than a white smoker.<sup>1</sup> Menthol products wield lots of power in the industry: Newport is the second most popular cigarette brand in America and is the brand of choice for nearly 60% of Black smokers.

## What is Menthol?

Menthol is produced from the peppermint plant and adds a minty flavor and a cooling sensation that masks the tobacco taste and throat irritation associated with smoking.<sup>2,3</sup> Menthol in cigarettes is thought to make harmful chemicals more easily absorbed in the body, likely because menthol makes it easier to inhale cigarette smoke.<sup>4,5</sup>

The U.S. Food and Drug Administration (FDA) reports that menthol cigarettes lead to increased smoking initiation among youth and young adults, greater addiction, and decreased success in quitting smoking.<sup>6</sup> Menthol is the only flavored cigarette that has not been banned.

## Targeted Marketing

In the past, tobacco companies called African Americans a “market priority.”<sup>7</sup> Evidence from tobacco industry documents revealed that for decades these companies have specifically targeted minority communities, particularly African Americans, with intense advertising and promotional efforts.

To build and sustain a menthol market, big tobacco has profiled Black communities, appropriated Black culture in their ads, initiated mobile van programs in Black neighborhoods to give away free samples of menthol cigarettes, sponsored music and special events,



**Menthol cigarettes offer no health benefit to smokers, and, in fact, make it easier to start smoking and more difficult to quit than regular cigarettes.**



culturally tailored advertising images for Black publications, included youthful imagery to attract new young Black smokers, and have given philanthropically to Black organizations.<sup>8</sup>

This targeted marketing of African Americans continues today. A recent study shows that menthol cigarettes cost less in Black communities and there are more and larger advertisements for menthols in Black communities.<sup>9</sup>

## Impact on the African American Community

Menthol cigarettes have had a profound negative impact on public health, and have had a particularly destructive impact on the African American community. The FDA and FDA's Tobacco Product Scientific Advisory Committee (TPSAC) concluded that African Americans are disproportionately burdened by the health harms of menthol cigarettes.<sup>6</sup>

African Americans suffer the greatest burden of tobacco-related mortality of any racial or ethnic group in the United States, killing approximately 45,000 African Americans each year. Smoking-related illnesses are the number one cause of death in the African-American community, surpassing all other causes of death, including AIDS, homicide, diabetes, and accidents.<sup>10</sup>

## Banning Menthol

Tobacco companies have spent nearly 50 years targeting African American communities. But change is coming. Cities across the U.S. are starting to ban menthol and the FDA has the power to ban menthol from tobacco products nationwide.<sup>8</sup> Banning menthol tobacco products could save countless lives. Nearly 45% of African American menthol smokers say they would quit smoking altogether if menthols were banned.<sup>1</sup>



<sup>1</sup> Giovino GA, Villanti AC, Mowery PD, et al Differential trends in cigarette smoking in the USA: is menthol slowing progress? *Tobacco Control* 2015;24:28-37. <https://tobaccocontrol.bmj.com/content/24/1/28>

<sup>2</sup> Kreslake J, Wayne G, Connolly G. The menthol smoker: tobacco industry research on consumer sensory perception of menthol cigarettes and its role in smoking behavior. *Nicotine & Tobacco Research*. 2008;10(4):705-715.

<sup>3</sup> Giovino G, Sidney S, Gfroerer J, et al. Epidemiology of menthol use. *Nicotine & Tobacco Research*. 2004;6 (suppl 1):S67-S81.

<sup>4</sup> U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 1998 [accessed 2018 Jun 12].

<sup>5</sup> Ton HT, Smart AE, Aguilar BL, et al. Menthol enhances the desensitization of human alpha3beta4 nicotinic acetylcholine receptors. *Mol Pharmacol* 2015;88(2):256-64 [cited 2018 Jun 12].

<sup>6</sup> FDA, "Preliminary Scientific Evaluation of the Possible Public Health Effects of Menthol Versus Nonmenthol Cigarettes," <http://www.fda.gov/downloads/ScienceResearch/SpecialTopics/PeerReviewofScientificInformationandAssessments/UCM361598.pdf>, 2013.

<sup>7</sup> Special Market Analysis: Black, Hispanic, Military. Rep. no. Jhbf0092. Industry Documents Library.

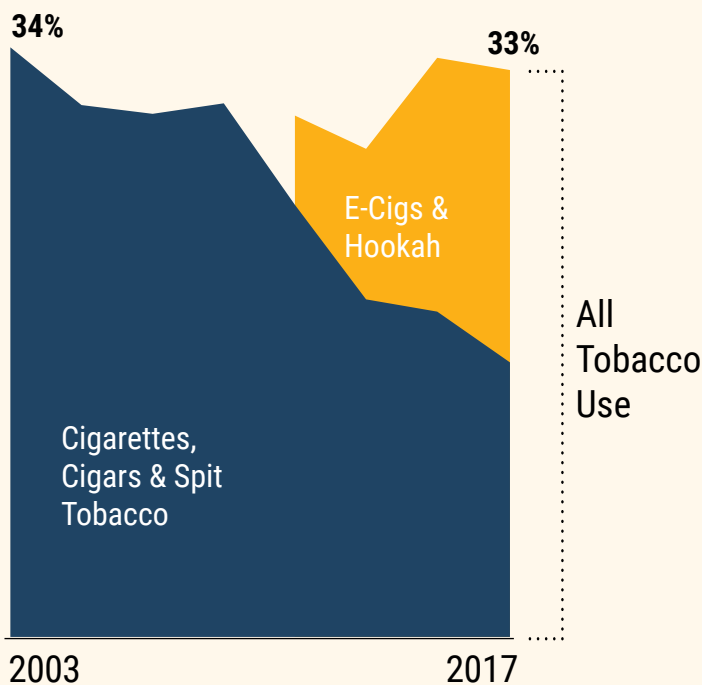
<sup>8</sup> The Truth Initiative, Making Menthol Black; <https://www.thetruth.com/articles/videos/making-menthol-black> [accessed 2019 Apr 2]

<sup>9</sup> Center for Public Health Systems Science. Point-of-Sale Strategies: A Tobacco Control Guide Cdc-pdf[PDF-15.6 MB]External. St. Louis: Center for Public Health Systems Science, George Warren Brown School of Social Work at Washington University in St. Louis and the Tobacco Control Legal Consortium, 2014 [accessed 2018 Jun 12].

<sup>10</sup> CDC, "Vital Signs: Disparities in Tobacco-Related Cancer Incidence and Mortality—United States, 2004-2013," *Morbidity & Mortality Weekly Report*, 65(44): 1212-1218, <http://www.cdc.gov/mmwr/volumes/65/wr/mm6544a3.htm>.

# VAPING & THE NEW FACE OF TOBACCO IN NEW MEXICO YOUNG PEOPLE

PERCENT OF HIGH SCHOOL YOUTH WHO USE ...



Source: 2003-2017 New Mexico YRRS. Hookah question added in 2011, e-cigarette in 2015.

**E-CIGS  
OUTPACE &  
REPLACE OTHER  
TOBACCO  
PRODUCTS**



**1 IN 4**

**NEW MEXICO HIGH  
SCHOOL YOUTH VAPE**

# RISKS TO NEW MEXICO'S FUTURE



## NICOTINE ADDICTION

Nicotine is highly addictive and can harm brain development, which continues until age 25.



## AEROSOL EXPOSURE

E-cigarette aerosol is not harmless. It can contain nicotine and toxins that are harmful to bystanders.



## MORE LIKELY TO SMOKE

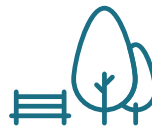
Young people who vape are more likely to become cigarette smokers than non-vapers.

# WHAT CAN YOU DO TO PREVENT E-CIG USE?



## PROTECT YOUTH FROM TOBACCO

by preventing access, increasing prices, regulating marketing and educating on the harms of nicotine addiction.



## KEEP INDOOR AIR CLEAN

by keeping e-cigarette toxins out of the air in public places, homes, and cars.



## ENCOURAGE USERS TO QUIT

by using proven tobacco cessation treatments such as 1-800-QUIT NOW and medication.



For more information, visit [www.nmtupac.com](http://www.nmtupac.com). Information from [e-cigarettes.surgeongeneral.gov](http://e-cigarettes.surgeongeneral.gov).

Icons via Noun Project and created by: Creaticca Creative Agency (brain); Nikita Kozin (person vaping, e-cigarette); Eucalyp (pack of cigarettes); Artem Kovyazin (no vaping symbol); ProSymbols (bench with trees); and Nithinan Tatah (person at podium).