



SRNT

SOCIETY FOR RESEARCH ON NICOTINE & TOBACCO • 2424 American Lane • Madison, WI 53704-3102
Tel: 1-608-443-2462 • Fax: 1-608-443-2474 • E-Mail: info@srnt.org • Website: <http://www.srnt.org>

SRNT Racial Equity Task Force

Final Report

January 2022

Contents

Section 1: Context for the Racial Equity Task Force's Formation and Work

Section 2: The Racial Equity Task Force

Section 3: Task Force Findings

Section 4: Recommendations

1. Need for Continued Engagement, Common Language, and a Culture of Anti-racism
2. SRNT Policies and Procedures
3. SRNT Bylaws
4. SRNT Annual Meeting
5. SRNT Networks
6. SRNT Chapters
7. SRNT University
8. *Nicotine & Tobacco Research*
9. Broader Research Community

Section 5: Conclusion

Section 6: References

Suggested Citation: Kelvin Choi, Mignonne C. Guy, Megan E. Piper, Yessenia Castro, Hershel Clark, Tres Hinds, Raglan Maddox, and Patricia Nez Henderson. (2022). SRNT Racial Equity Task Force Final Report to the Board of Directors.

Section 1: Context for the Racial Equity Task Force’s Formation and Work

Racism and anti-racism have been increasingly highlighted by recent events, such as the murder of George Floyd by a police officer in Minneapolis, Minnesota, USA, in 2020, the renewal of the Black Lives Matter (BLM) movements around the world¹⁻⁴, the increase in anti-Asian racism related to COVID-19 around the world¹⁻⁴, as well as ongoing deaths among Indigenous peoples^{a5}, sparking the Missing and Murdered Indigenous Women and Girls (MMIW) movements across Turtle Island (North America) and discussion following the 30-year anniversary of the 1991 Aboriginal Deaths in Custody Royal Commission in Australia. Further, COVID-19 has highlighted racial inequities and differential access to treatment and resources across the globe, with observed inequities likely reflecting the pre-existing unequal distribution of risk factors for COVID-19 illness within and across populations, as we have quickly undergone, and continue to experience substantial everyday changes as a result of COVID-19⁶⁻⁸.

Race is widely accepted as a social construction^{9,10}. Race is not biological; yet race has tangible and meaningful impacts on the health and wellbeing of racialized groups; the effects of race exists, and it is weaponized to reproduce a racialized social hierarchy that benefits White populations. Race is powerful and material⁹. Ideas about race are formed and validated through social, cultural, and political structures, practices, and beliefs. They play out in our languages, knowledges, the production of knowledge through academic discourse, personal and social interactions and popular cultures, and other domains that assign and negotiate the meanings and values (or lack of) attached to race^{9,11}.

Human groups are racialized. They come to be understood, to see themselves, and be seen and treated as distinct racial, ethnic and/or Indigenous categories¹²⁻¹⁴. The social construct of these distinct social categories unfairly disadvantages, and oppresses some individuals and communities, and unfairly advantages and privileges other individuals and communities¹⁵. Racism includes the system of structuring opportunities and assigning values based on this social construct of race, and the belief of white superiority. Racist structures are evident in many institutions across the globe and in all institutions in the United States including the United States Constitution: “*He has excited domestic Insurrections amongst us and has endeavoured to bring on the Inhabitants of our Frontiers, the merciless Indian Savages, whose known Rule of Warfare, is an undistinguished Destruction, of all Ages, Sexes and Conditions.*”

Scholars have studied the many ways that racialization and racialized hierarchies have been created by dominant groups in different locations, contexts and times in order to support their interests¹³. For example, the colonial project of the United States of America and European colonization of the Americas required dispossession of Indigenous communities and a reliance on Black enslaved labor to fuel racial capitalism⁴¹. To justify the former, colonizers’ racialization of Indigeneity undermined it as fragile. Thus, Indigeneity was quickly eliminated or defined away through blood quantum, Status Cards and Indigenous communities were forced into Reserves and a Reservation system. At the

^a Indigenous peoples comprise over 476 million people across 90 countries around the world, representing a diversity of cultures, knowledges, perspectives and experiences that brings vibrancy to our world⁵. Within this diversity, many Indigenous peoples share a common history of colonization that continues today⁴⁰. We humbly acknowledge and respect that Indigenous people are diverse and constitute many nations, languages, cultures and practices. For the purposes of this Report, Indigenous peoples include self-identified individuals and communities who have historical continuity with pre-colonial/pre-settler societies; are strongly linked to their natural environments; and often maintain their own distinct language(s), belief and social systems.

same time, to justify the latter, Blackness was widely framed as resilient¹⁶. These ideas about race were fortified by academic and scientific discourses, legal and political structures such as the US Constitution and Treaty Promises with Indigenous peoples, resulting in socially and state sanctioned violence thereby entrenching white supremacist colonial regimes. Ideas about race are made in this way to exist as real, tangible, meaningful, and material, encoded in structures and systems where they continue to be reinforced¹⁶. These processes are not limited to the US. For example, the Constitution Act (1982) in Canada refers to the Aboriginal Peoples of Canada as inclusive of three groups (“Indians,” Métis, and Inuit). However, these groups have substantially different social, political, and legal contexts¹⁷⁻²¹. Further, the registration of status “Indians,” predetermined by qualifications and provisions outlined in the Indian Act and maintained by Indigenous Services of Canada (ISC) is captured in the Indian Register, a continuous statutory administrative file. For an individual to be included on the Indian Register, they must successfully apply for “Indian” status and be eligible under the provisions of the Indian Act. However, this system of registry has been employed as a tactic to disenfranchise Indigenous Peoples because of the widely recognized gendered and discriminatory nature of coloniality and the colonial system of exclusion perpetuated by the Indian Act, in addition to the ongoing mechanics of colonization (for examples, see ^{19, 22-26}).

Race, ethnicity, and Indigeneity are commonly used as proxy indicators of health outcomes⁸. This is because the race or proxy that are commonly measured in research, which generate evidence, is the same race that is seen by the health professionals, police, a courtroom judge, a teacher, an academic, and society more broadly^{9,10}. That is, race is a social construct and social classification in our race-conscious society which actively conditions most aspects of our daily lives, in ways that result in profound inequities in health outcomes²⁷.

Progress has been, and continues to be, made toward racial equity^{28,29} but more work is required. Evidence clearly supports the continued impacts of racism through implicit and explicit biases, institutional structures, and interpersonal relationships³⁰⁻³². Acknowledging, understanding, and intervening on racism and the way race, ethnicity, and/or Indigeneity operates and the intersectionality in which it operates through social, political and cultural structures is essential³³ to eliminating health inequities among all members of targeted groups, including children, adolescents, emerging adults, their families, communities, and future generations.

It is imperative that SRNT, as a scientific society, acknowledge and strive to understand and intervene on racism in its structural and individual forms to advance our nicotine and commercial tobacco research and reduce the harms related to the use of commercial tobacco products. This involves not only understanding patterns of racialized, ethnic, and Indigenous-based outcomes specific to the local context of interest³⁴⁻³⁶, but also reflecting on our own policies and practices that influence representation in presentations, meetings, publications (*Nicotine & Tobacco Research*), and leadership under the auspices of the SRNT. “A society structured through and upon race and racial dominance is itself inherently racist and will remain so until the violence inherent in these structures can be challenged or overcome - even as racial idiom in language, policy and the practice of racism changes”⁹. For the purposes of this report, we recognise that ceremonial tobacco is grown, harvested, and prepared for specific ceremonial and cultural purposes, with the intent and spirit to promote wellness for individuals and communities. In contrast to ceremonial tobacco, commercial tobacco has been colonized through its modification, mass production, and distribution for recreational use or ‘misuse’ and often seeks to return a financial profit.

Section 2: The Racial Equity Task Force

To tackle the complex and highly charged issues around racial equity and SRNT, the Board of Directors seated the Racial Equity Task Force in the summer of 2020. The members are:

Kelvin Choi, Co-chair
Mignonne Guy, Co-Chair
Megan Piper, Co-Chair
Yessenia Castro
Hershel Clark
Tres Hinds
Raglan Maddox
Patricia Nez Henderson
Bruce Wheeler, Staff

The Racial Equity Task Force was charged with identifying problem areas and recommending changes within SRNT that would move the Society toward becoming anti-racist through the promotion of racial equity within SRNT, itself, as well as in the field of nicotine and commercial tobacco research.

The Task Force's work was introduced to the membership at the end of the President's Symposium, "Reducing Tobacco-Related Health Inequalities," during the SRNT 2021 Virtual Annual Meeting.

Since its seating, the Racial Equity Task Force has:

- conducted a comprehensive review of SRNT's foundational documents, policies, and procedures to identify where racial equity is or is not found in the written documents used to guide Society activities and decision-making;
- conducted a series of listening sessions with seven key informant member groups including Chapter leaders, Network leaders, Program Committee representatives, the N&TR Editor-in-Chief, SRNT University leaders, and the founders of the SRNT Health Disparities Network;
- reviewed and analyzed the information gathered; and
- developed a set of recommendations intended to move SRNT toward becoming an anti-racist scientific society.

Section 3: Task Force Findings

The SRNT Bylaws — which have not been reviewed or revised since 2005 — do not address racial equity, nor do SRNT written policies and procedures.

The listening sessions conducted by the Racial Equity Task Force were very informative, challenging and occasionally quite difficult. SRNT members in at least two listening sessions voiced concerns that SRNT is a racist organization. It also was stated that this feeling is not uncommon among some SRNT members.

There were no examples of overt or intentionally racist actions given, but the Task Force found that SRNT's foundational documents and policies are not designed to combat institutional racism. For example, the policies do not have an explicit statement about a commitment to diversity of membership and leadership. SRNT leadership is and has been overwhelmingly white and there has been limited racial diversity among speakers at the Annual Meeting. However, 7 of the 8 most recent Presidents have been women, suggesting SRNT has fostered safer spaces for gender equity and has the ability to develop safer spaces, but clearly more work is required.

The Racial Equity Task Force findings are not consistent with SRNT's values of inclusion and social justice. Therefore, the Task Force developed a series of recommendations across all aspects of SRNT that, if implemented, will bring about systemic, institutional, policy and programmatic change to advance racial equity.

Section 4: Recommendations

4.1 Need for Continued Engagement, Common Language, and a Culture of Anti-racism

Striving to become an anti-racist scientific society will involve increased awareness of this issue among members, education about various aspects and facets of how racism (including structural racism) impacts tobacco and nicotine science, and safe spaces where these conversations can happen in a thoughtful manner. One key piece of this change will be identifying common language that is appropriate, safe, and not triggering.

Recommendations:

- Create a standing Racial Equity Committee to continue monitoring SRNT's progress with recommendations from the Racial Equity Task Force; monitor and assist with ongoing and new initiatives; provide support and consultation to the Board and other SRNT groups; and continue to have conversations with stakeholders and members about issues of racial equity within SRNT.
- When using terms to describe socially constructed identities of various populations and peoples, we recommend that the Board consider the relevant context and relationships of power, positions of power, and structures of power in understanding patterns of race, ethnic, and Indigenous-based based and ancestral outcomes. We recommend that the Board engage with the population group(s) of interest when discussing these issues, adopting an approach led by the population group of interest, or co-led approach(es) with the population of interest to help balance power relationships by prioritizing self-determination and sovereignty. This is consistent with the principle of "nothing about us without us" and will help to ensure the respective SRNT processes aid in dismantling white supremacy, recognize and support cultural preservation, and appropriate language and practices are used without doing harm.
- Adopt and advocate for a clear distinction between ceremonial and commercial tobacco use. Indigenous knowledges, sciences, research and values and the health and wellbeing of Indigenous peoples are commonly sidelined through the ongoing mechanics of colonization. Prior to colonization, many Indigenous peoples used tobacco as a sacred medicinal plant in ceremonial and cultural practices. Tobacco has often been used to promote wellness for individuals and communities, and Indigenous peoples across the

world have unique practices, protocols, and relationships with a variety of plants. While some Indigenous peoples use tobacco for ceremonial purposes, a significant change came through colonization and the commercialization of tobacco; selling back an appropriated and distorted culture to Indigenous peoples as consumers. Further, “Tobacco” is a term in Taíno, a language of the Arawakan people of the Caribbean, but was claimed by the Spanish in 1550. This claiming of language was one of the first forms of colonization, and we continue to see this play out in Indigenous languages, knowledges, and academic discourse as we continue to sideline Indigenous knowledges, sciences, research and values¹¹.

- Adopt a statement about to denounce the racist history of commercial tobacco use (e.g., targeted marketing, regulation loopholes, cultural appropriation).

4.2 SRNT Policies and Procedures

Race, ethnicity, or Indigeneity are not explicitly mentioned in any SRNT policies. To address the issue of structural racism inherent in SRNT, it is important that there be explicit policies addressing racial/ethnic inequities. In addition, there are other procedures or activities SRNT could engage in to advance equity in our science and among our members.

Recommendations:

- Update SRNT’s Policies and Procedures to promote a culture of inclusivity across all SRNT programs and activities, ensuring that research on minoritized populations is valued and promoted (e.g., the equivalent to basic science, policy, or treatment research), transparent and inclusive decision-making processes.
- Appoint a member of the Racial Equity Committee to serve as an ex-officio, non-voting member of the Board of Directors.
- Update SRNT’s Guiding Principles to reflect the value of racial equity and anti-racism across SRNT
- Update SRNT’s Society Values page to reflect SRNT’s commitment to being an anti-racist scientific society, including (but by no means limited to):
 - Recognition and denouncement of historical and ongoing patterns of discrimination and dehumanization
 - Commitment to respect of the humanity of all persons, acknowledging race, religion, sex and gender, sexual orientation, abilities, age, and/or national origin
- Adopt a policy of no Tobacco Industry employee involvement in SRNT-sponsored activities (see ^{37, 38}).
- Seat a racially, geographically, and discipline-diverse Membership Committee, whose responsibilities will include the development of exploring, tracking, and increasing representation among under-represented racial and ethnic groups in membership and leadership. Until such time as a committee is seated, staff will undertake this responsibility
- Develop procedures for encouraging more diverse researchers and researchers who work in diverse contexts to engage with SRNT, taking into account financial, cultural, and other hurdles unique to under-represented racial and ethnic groups. This might include:

increasing access to SRNT and SRNT Annual meetings, fostering a safe environment for diverse membership and member needs, and revising membership dues to recognize scientists from under-represented groups, and/or scientist from HBCUs, Tribal Colleges and Universities or smaller institutions with financial hurdles.

- Utilize the Nominations Committee to enhance racial diversity on the SRNT Board, especially Presidents.
- Develop a clear statement of commitment from the Board to cultivate a safe space for diverse perspectives, respectful discourse, and thoughtful decision making. This would apply to the Board of Directors as well as any and every appointed group (Network leadership, committees, etc).
- Require that staff review current vendors and prioritize working with minority-owned businesses.
- Encourage SRNT's management company, The Rees Group, Inc., to engage in hiring practices that promote a diverse workforce.
- At the beginning of SRNT-sponsored meetings, acknowledge the original inhabitants of the land in accordance with local practice.

4.3 SRNT Bylaws

SRNT's Bylaws were approved by the membership in 1994 and amended in 2005. While the Bylaws address, to some extent, geographical diversity on the Board of directors, there is no mention of racial/ethnic diversity in the SRNT Bylaws.

Recommendation:

- Conduct a comprehensive review of SRNT Bylaws related to membership eligibility, voting eligibility, and eligibility to run for elected office; identify, remove, and/or mitigate barriers that impact SRNT members from minoritized communities and priority populations. Member(s) of the Racial Equity Committee should be part of the comprehensive Bylaws review.

4.4 SRNT Annual Meeting

The Annual Meeting is the largest, most interactive SRNT-sponsored activity, and serves as a critical venue for the exchange of scientific ideas. Members have shared experiences of feeling marginalized and/or excluded based on their race/ethnicity/Indigeneity and/or their research focus on specific underserved and priority populations (e.g., racial, ethnic, and Indigenous populations, gender and sexual minorities). There is also a concern that this venue(s) is not accessible to trainees who do not

attend tier 1 research institutions and do not have the associated financial support for conference attendance, which may disproportionately affect racial/ethnic minority groups and priority populations.

Recommendations:

- Create a Health Equity track for the Annual Meeting, this will include having a 5th co-Chair to support this track.
- Examine the possibility of using financial strategies (i.e., reduced conference registration fees; support for investigators paying out of pocket) to support initial attendance and retention in conference attendance among racially minoritized scientists, and those conducting health disparities research with priority populations, such as Indigenous populations.
- Prohibit commercial tobacco-industry employees from attending the SRNT Annual Meeting due to the inherent conflicts of interest with health as well as its racist history and continuous practices in targeting racial/ethnic minority populations³⁷⁻³⁹ (except for nicotine replacement therapy approved by the FDA, Therapeutic Goods Administration, or equivalent).
- Prohibit commercial tobacco-industry funded research from being presented at SRNT due to the inherent conflicts of interest with health as well as its racist history and continuous practices in targeting racial/ethnic minority populations³⁷⁻³⁹.
- Assess diversity through the abstract submission system with respect to race/ethnicity, gender, and country, with the ultimate goal of increasing the diversity of presenters.
- In addition, the Program Committee should:
 - Include representation of researchers from diverse racial, ethnic, and Indigenous populations who conduct research with these populations
 - Consider allowing non-members with relevant racial equity/health equity expertise and/or lived experience to serve as Program Committee members and/or reviewers as appropriate.
 - Make addressing health equities a criterion for symposia evaluation.
 - Make racial/ethnic/Indigenous diversity of presenters a criterion for symposia evaluation.
 - Include racial equity in the abstract scoring (e.g., require each submission to state how the work promotes health equity and/or addresses racial/ethnic disparities); score racial equity as a separate domain.
 - Provide racial equity training for all Program Committee members and reviewers, including the fact that race and ethnicity are socially constructed categories.
 - Work to ensure at least one of the speakers in a podium presentation session is from a racial/ethnic/Indigenous minority or priority population.
 - Make racial/ethnic/Indigenous diversity in theme lecturers (Basic, clinical, public health/policy, health equity) and Presidential Symposia a priority
- Develop an anti-racist procedure for identifying diverse Program Committee members and abstract reviewers
- Find creative ways to encourage diversity among meeting attendees and presenters and create safe spaces to engage with diverse researchers and researchers who work in diverse settings, including, but not limited to, those who study health disparities. For example, this might include listening sessions with SRNT Health Disparities Network

- members, outreach to HBCU/tribal colleges/Hispanic serving institutions (and comparable institutions in non-US countries), and other ways to improve the pipeline.
- Include “has strong racial equity/social justice policies” as a consideration when identifying potential host cities and hotel chains for the Annual Meeting

4.5 SRNT Networks

The SRNT topical Networks are intended to provide scientific “homes” for SRNT members by area of research interest/discipline; however, not everyone feels welcome and/or represented in the Networks. Networks also function as the bridge to the broader membership via communications and educational opportunities and work directly with the Board on various activities. There is a clear need for the Networks to adopt anti-racists policies and work within each topic area to address the racial/ethnic disparities in nicotine/tobacco science and foster a safe environment for scientific excellence.

Recommendations:

- Ban tobacco industry employees from participating in webinars or other Network activities due to inherent conflicts of interest³⁷⁻³⁹.
- Have each Network adopt an equity statement or explicit commitment to promoting equity and diversity.
- Have each Network actively work to engage SRNT members from minoritized communities and priority populations, both for the purpose of expanding Network participation, as well as to bring new and diverse perspectives to Network projects/activities in stimulating the generation and dissemination of new knowledges.
- Allow Networks to recognize scientific accomplishments as well as Network service. Seat a joint task force of Awards Committee members and Network representatives to recommend guidelines for ways Networks can expand and enhance SRNT’s efforts to recognize excellence in science.

4.6 SRNT Chapters

SRNT’s Chapters, Europe and Oceania, were started by SRNT members in these two regions to provide members outside the US with ways to present science and network with one another, as well as to address key nicotine/tobacco issues in these regions, including different issues with respect to racial/ethnic minorities and Indigenous populations.

Recommendations:

- Ban tobacco industry employees from participation in Chapter events due to inherent conflicts of interest³⁷⁻³⁹.

- Encourage Chapters to incorporate any new SRNT policies/procedures that address racial equity and inclusion in their own governing documents (e.g., promoting racial equity in leadership, membership, and conference activities).
- Promote membership diversity, including exploring race/ethnicity/indigeneity of members, and conference and other program attendees to ensure safe and appropriate programming and allow for evaluation of racial equity efforts.
- The Board should consult the Chapters to better understand racial equity issues/challenges unique to their regions and encourage Chapters to find ways to begin tackling those issues as related to the nicotine and commercial tobacco research community.

4.7 SRNT University

The SRNT University website serves as one of the major routes of dissemination of nicotine/tobacco science to SRNT members and the wider community. SRNT needs to capitalize on this resource for educating the research community about issues related to an array of research disciplines, and issues related to promoting health equity research and racial equity in the field.

Recommendations:

- Develop SRNT-U content addressing:
 - Community-based participatory research
 - Methods for conducting ethical research with Indigenous populations
 - De-colonizing tobacco research (e.g., appropriate language, methods)
 - Exploring privilege and how being White, or a member of a privileged group, can influence worldviews and research.
 - Commercial tobacco's role in health inequity
- Develop Indigenous Research and Health Equity Research content/sections.
- Ban tobacco industry employees from accessing SRNT-U content due to the inherent conflict of interest^{37, 38}.
- At some point, should SRNT decide to restrict access or charge for viewing content, ensure that there is a mechanism to permit access for priority populations and racial minoritized groups, especially member and non-member trainees and early-career researchers.

4.8 Nicotine & Tobacco Research

Nicotine & Tobacco Research (NT&R), SRNT's journal, is the dissemination tool with the widest reach for nicotine/tobacco science. It provides the opportunity to disseminate science critical to promoting nicotine/tobacco-related health equity and reducing disparities, but also stands to be an

arbiter of the most rigorous and ethical methodology with which to address these issues. Therefore, *NE&TR* needs to address the structural racism inherent in the publishing process.

Recommendations:

- Ban tobacco industry employees from submitting research for peer review and inviting tobacco industry employees to serve as reviewers due to the inherent conflicts of interest^{37, 38}.
- Develop ways to track and promote race/ethnicity/Indigenous diversity among all editorial staff (editor, deputies, associates), reviewers, and authors.
- Incorporate use of a specialty deputy editor (or an editorial team) for racial equity, similar to the specialty deputy statistical editor, to review papers that specifically address race, ethnicity, and Indigeneity.
- Develop clear statements about the journal's commitment to promote racial equity.
- Make clear statements about how race, ethnicity, and Indigeneity should be addressed in submissions (e.g., language to address specific population groups, providing context for analyses and/or findings related to race) in the Instructions for Authors and Instructions for Reviewers. This should also include a comment that race has been used to harm specific populations in the past and this needs to be explicitly acknowledged.

4.9 Broader Research Community

While SRNT members are representative of the broader research community, much happens outside of the Society that is beyond SRNT's control. However, that does not absolve SRNT of the responsibility to try to influence the broader community. If SRNT truly is the voice of the field, that voice should be used to help bring about change, particularly in the areas of health inequity in research, and racial inequity imbedded in policy as well as practice within the field.

Recommendations:

- Identify ways to encourage more racially and ethnically diverse researchers, and researchers who work in diverse contexts to engage in nicotine and tobacco research.
- Using SRNT Oceania's Acknowledgement Statement and Ethical Principles, develop a guide for Ethical Research for researchers across the globe.
- Identify ways to address the issue of data sovereignty (i.e., to whom the data belong – the people who collected it or the people who provided it).
- Engage with government agencies, policy makers, funders, etc. to promote equity and improve racial inequities in nicotine/tobacco research and nicotine/tobacco scientists.

Section 5: Conclusion

The data collected by the Racial Equity Task Force makes it clear that SRNT has not lived up to its principles of inclusion and social justice. This report from the Racial Equity Task Force is an

important first step for SRNT in its goal of becoming and maintaining itself as an equitable, anti-racist scientific society. However, it is only the first step. We will rely on the Board and members to continue to implement key changes and monitor progress. We will rely on member feedback to continue to improve and strive toward our guiding principle of being an anti-racist society. Mistakes and missteps will be made and will need correction. It is our intention that members will feel safe and comfortable raising any concerns with the Board or with to-be-formed Racial Equity Committee members. A strong commitment to the guiding principle of anti-racism will allow us all to continue working toward our shared vision of racial equity in our science and among those using commercial tobacco and suffering from the harms of these products.

Respectfully submitted,

The SRNT Racial Equity Task Force

January 2022

Section 6: References

1. Sewell T, Alderin-Pocock M, Chughtai A, et al. Commission on Race and Ethnic Disparities: The Report. 2021. Accessed 5 Jan 2022. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331 - CRED Report - FINAL - Web Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331_-_CRED_Report_-_FINAL_-_Web_Accessible.pdf)
2. Bennett B, Ravulo J, Ife J, Trevor G. Making #blacklivesmatter in universities: a viewpoint on social policy education. *International Journal of Sociology and Social Policy*. 2022;41(11/12):1257-1263.
3. Swart K, Maralack D. Black Lives Matter: perspectives from South African cricket. *Sport in Society*. 2021;24(5):715-730. doi:0.1080/17430437.2020.1819693
4. Crooks N, Smith A, Lofton S. Building bridges and capacity for Black, Indigenous, and scholars of color in the era of COVID-19 and Black Lives Matter. *Nurs Outlook*. Sep-Oct 2021;69(5):892-902. doi:10.1016/j.outlook.2021.03.022
5. United Nations. Leaving no one behind; Indigenous peoples and the call for a new social contract. 2021. Accessed 5 Jan 2022. <https://www.un.org/en/observances/indigenous-day>
6. Priest NC, Thurber KA, Maddox R, Jones R. Covid-19 racism is making kids sick. 2020. Accessed 8 Oct 2021. file:///C:/Users/wt2/Downloads/11MAYPRIESTETALFINAL_EDITS.pdf
7. Khazanchi R, Evans CT, Marcelin JR. Racism, not race, drives inequity across the COVID-19 continuum. *JAMA Netw Open*. Sep 1 2020;3(9):e2019933. doi:10.1001/jamanetworkopen.2020.19933
8. Thurber KA, Barrett EM, Agostino J, et al. Risk of severe illness from COVID-19 among Aboriginal and Torres Strait Islander adults: the construct of 'vulnerable populations' obscures the root causes of health inequities. *Aust N Z J Public Health*. Sep 22 2021;doi:10.1111/1753-6405.13172
9. Watego C, Singh D, Macoun A. Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System. Lowitja Institute; 2021. doi:10.48455/sdrt-sb97 https://www.lowitja.org.au/content/Image/Lowitja_PJH_170521_D10.pdf

10. American Sociological Association. The importance of collecting data and doing social scientific research on race. American Sociological Association; 2003.
https://www.asanet.org/sites/default/files/race_statement.pdf
11. McPhail-Bell K, Nelson A, Lacey I, Fredericks B, Bond C, Brough M. Using an indigenist framework for decolonizing health promotion research. In: Kliamputtong P, ed. *Handbook of research methods in health social sciences*. Springer; 2019:1543-1562.
12. Omi M, Winant H. *Racial formation in the United States, 3rd edition*. Routledge; 2014.
13. Bonilla-Silve E. Rethinking racism: toward a structural interpretation. *Am Sociol Rev*. 1997;62(3):465-480.
14. Garner S. *Racisms: an introduction*. Sage Publications, Ltd.; 2010.
15. Jones CP, Truman BI, Elam-Evans LD, et al. Using "socially assigned race" to probe white advantages in health status. *Ethn Dis*. Autumn 2008;18(4):496-504.
16. Wolfe P. Settler colonialism and the elimination of the native. *J Genocide Res*. 2006;8(4):387-409.
17. Coates KS. *A global history of indigenous peoples: struggle and survival*. Palgrave Macmillan; 2004.
18. Cornthassel J. Who is indigenous? 'Peoplehood' and ethnonationalist approaches to rearticulating indigenous identity. *Nationa & Ethnic Politics*. 2003;9(1):75-100.
19. Government of Canada. National inquiry into missing and murdered indigenous women and girls. 2020. Accessed 6 Oct 2021. <https://www.rcaanc-cirnac.gc.ca/eng/1448633299414/1534526479029>
20. Joseph B, Joseph C. *Indigenous relations: Insights, tips & suggestions to make reconciliation a reality*. Indigenous Relations Press; 2019.
21. Lavoie JG, Forget EL. Legislating identity: The legacy of the Indian Act in eroding access to care. *Can J Native Stud*. 2011;31(1)
22. Bourassa C, McKay-McNabb K, Hampton M. Racism, sexism, and colonialism: the impact on the health of aboriginal women in Canada. *Canadian Woman Studies*. 2004;24(1):23-29.
23. Hartley G. The search for consensus: a legislative history of Bill C-31, 1969–1985. 2007. Accessed 8 Oct 2021. http://thompsonbooks.com/wp-content/uploads/2020/02/APR_Vol_5Ch1.pdf
24. Jobin S, Kappo T. "To honour the lives of those taken from us": restor(y)ing resurgence and survivance through Walking with our sisters. In: Ladner K, Tait M, eds. *Surviving Canada : Indigenous peoples celebrate 150 years of betrayal* ARP Books; 2017:131-148.
25. Joseph B. *21 things you may not have known about The Indian Act*. Page Two Books, Inc.; 2018.
26. McCallum MJL, Perry A. *Structures of indifference: an indigenous life and death in a Canadian city*. University of Michigan Press; 2018.
27. Jones CP. Invited commentary: "race," racism, and the practice of epidemiology. *Am J Epidemiol*. Aug 15 2001;154(4):299-304; discussion 305-6. doi:10.1093/aje/154.4.299
28. Council On Community P. Poverty and child health in the United States. *Pediatrics*. Apr 2016;137(4)doi:10.1542/peds.2016-0339
29. Australian Human Rights Commission. Aboriginal and Torres Strait Islander social justice. 2021. Accessed 8 Oct 2021. <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice>
30. D'Silva J, O'Gara E, Villaluz NT. Tobacco industry misappropriation of American Indian culture and traditional tobacco. *Tob Control*. Jul 2018;27(e1):e57-e64. doi:10.1136/tobaccocontrol-2017-053950
31. Paradies Y. A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology*. 2006;35:888-901. doi:10.1093/ije/dyl056
32. Paradies Y. Colonisation, racism and indigenous health. *J Pop Res*. 2016;33:83-96.

33. Sivanandan A. RAT and the degradation of Black struggle. *Communities of Resistance: Writings on Black Struggles for Socialism*. Verso; 1990:77-82.
34. Johnson-Jennings MD, Belcourt A, Town M, Walls ML, Walters KL. Racial discrimination's influence on smoking rates among American Indian Alaska Native two-spirit individuals: does pain play a role? *J Health Care Poor Underserved*. Nov 2014;25(4):1667-78. doi:10.1353/hpu.2014.0193
35. Maddox R, Thurber KA, Calma T, Banks E, Lovett R. Deadly news: the downward trend continues in Aboriginal and Torres Strait Islander smoking 2004-2019. *Aust N Z J Public Health*. Dec 2020;44(6):449-450. doi:10.1111/1753-6405.13049
36. Maddox R, Waa A, Lee K, et al. Commercial tobacco and indigenous peoples: a stock take on Framework Convention on Tobacco Control progress. *Tob Control*. Sep 2019;28(5):574-581. doi:10.1136/tobaccocontrol-2018-054508
37. Maddox R, Bovill M, Waa A, et al. Clearing the air: Conflicts of Interest and the Tobacco Industry's impact on Indigenous peoples. *Nicotine Tob Res*. Dec 20 2021;doi:10.1093/ntr/ntab267
38. Gardiner PS. The African Americanization of menthol cigarette use in the United States. *Nicotine Tob Res*. Feb 2004;6 Suppl 1:S55-65. doi:10.1080/14622200310001649478
39. World Health Organization. The WHO Framework Convention on Tobacco Control: an overview. 2015. https://www.who.int/fctc/about/WHO_FCTC_summary_January2015.pdf
40. Axelsson P, Kukutai T, Kippen R. The field of Indigenous health and the role of colonisation and history. *J Popul Res* 2016;33:1-7.
41. Cedric J. Robinson. (2019). On Racial Capitalism, Black Internationalism, and Cultures of Resistance (Black Critique). H.L.T. Quan (Ed.). Pluto Press: London, England.