



**RACIAL EQUITY
IN PUBLIC POLICY**

Message Guide

February 2021

Messages and tips to help advocates

- ▶ Advance the conversation on racial equity
- ▶ Link racial inequity and structural racism to policy
- ▶ Obtain specific racial equity language in policy



American Heart Association.



DEAR ADVOCATES,

The call for racial equity and real systemic change is urgently echoing throughout our nation, among businesses, nonprofits, faith communities, government agencies and many others. From increased public support of the #BlackLivesMatter movement to demands that COVID-19 vaccines be prioritized in communities of color and Indigenous communities* hardest hit by the pandemic, the eagerness to remove barriers to equitable health and well-being is palpable.

We need to do everything in our power to persuade decision-makers at each level of government to use policy as a force for change. We need to do what we do best—advocate. And advocate explicitly for racial justice and equity in policies. To do that, we must be more fluent and unapologetic about our efforts to prioritize racial equity.

Voices for Healthy Kids is an initiative of the American Heart Association, a

health nonprofit committed to improving cardiovascular health. We acknowledge that the Association has not always adequately recognized structural racism** or used our voice to actively dismantle it. We are committed to exploring and embracing opportunities where we can use our power to dismantle systems of oppression, and we are taking action.

One way we believe we and our collaborators can contribute to the pursuit of racial justice is to make sure the policies we support to make every day healthier for all children include efforts to dismantle structural racism. Another is to provide resources like this guide that will help our network explicitly connect the dots between racism, policy and health.

As our colleague Jennifer Arice White, senior policy and community engagement officer at the Horizon Foundation, shared during development

of this guide: “The work of racial justice, even in the context of health, cannot continue to fall on Black and brown people. It requires initiatives like Voices for Healthy Kids to be bold and to use language that may ruffle a few feathers.”

Ruffling feathers is hardly new for advocates. It’s why we do what we do—to move one step closer to creating the world our children deserve.

In partnership,



Lori Fresina
Executive Director and Vice President
Voices for Healthy Kids,
American Heart Association

Voices for Healthy Kids’ guiding principles

We can’t ask others to do this work without taking a hard look at our own actions. Our staff is learning, evolving and examining everything from our policies to our grantmaking to our internal operations. Our desired outcome is to make each day healthier for all children, using policy interventions to tackle the many systems and structures that influence children’s health. In order to achieve equitable health outcomes, we strive to apply these principles:

Read American Heart Association’s [Presidential Advisory on Structural Racism](#).

- 1 We continually ask, “How does this help meet our goal that every child, adult, family and community has what they need?”
- 2 Community members are key stakeholders in our work, and it is our responsibility to include them in a material and meaningful way.
- 3 Across each team, every member takes responsibility for making our strategies more equitable.
- 4 We create time and space to test our assumptions about our internal and external strategies and goals.
- 5 We ask ourselves, “Is this the most we can do, and is this the most we can do in this moment?”

* We are using the phrase “communities of color and Indigenous communities” when we talk broadly about who is affected by structural racism. We recognize the importance of naming specific populations and communities that are affected by inequitable policies and conditions, rather than using these broad terms, in our policy work. This is reflected in the message frame.

** For consistency we use the term “structural racism” to describe the system in which public policies, institutional practices, economic decisions, cultural representations and other norms work in various, often reinforcing, ways to perpetuate racial group inequity. This term is often used interchangeably with systemic and/or institutional racism. See our [online glossary](#) for other definitions.



For more resources and glossary of terms, please refer to the [online guide](#).

THE CALL FOR

Racial Equity in Public Policy

The intention of this guide: Advance equitable policies and conversations about structural racism.

This is an update of Voices for Healthy Kids' 2018 health equity message guide, which grew out of a request from advocates for ways to inspire decision-makers to embed equity in policy language—because equal (giving everyone the same thing) isn't equitable (ensuring everyone has what they need). We strengthened the messages to focus on racial equity.

Conversations about race and racism have been treated delicately, often with difficulty, discomfort and even fear or avoidance from allies and critics alike. This is particularly true in conversations between advocates and decision-makers where there is an inherent power imbalance.

In these updated messages, we're overt that policies and funding to improve health must prioritize communities that have been disadvantaged by structural racism, and that members of those communities need to be involved in policy formation, implementation and accountability. That's true even if it means policy change takes a bit longer.

On pages 7-8 you'll find tested messages for advocates to use with decision-makers—specifically at the moment when they agree with your policy concept, and you are negotiating policy language with a focus on racial equity. The messages are designed to be adapted to a wide variety of policies and audiences and to be delivered by a range of messengers. Therefore, some users of the guide may feel that the messages aren't strong

enough. Others may feel challenged to even begin the conversation and may struggle with the implicit and explicit racism they hear when they start using the messages.

We want to be upfront about three things:

- ▶ This is an evolving conversation and we all continue to learn. As an initiative, we're owning our past and present mistakes and thinking carefully about the way we do our work.
- ▶ Conversations about racial equity are an art, not a science. Every situation is unique; homework and personal reflection are vital to make the messages work.
- ▶ **This guide is not a one-stop tool for talking about racial equity in every situation or for fully understanding structural racism.** It must be accompanied by equity training and support and by actions that go far beyond these initial conversations. That said, we hope it gives you a starting point and sharpens your policy tools.



Using Policy to Advance Racial Equity

Some policies have led to unjust outcomes in communities of color and Indigenous communities, in both rural and urban areas. By embedding racism in law enforcement, schools, banks and other institutions, policies oppress opportunities—across generations—for American Indians and Alaska Natives, Latinos, Black and African Americans, and Asian and Pacific Islanders.¹ This is structural racism. A few of the many examples of policies that create or uphold structural racism include:



For decades, backed by law, banks denied mortgages for creditworthy borrowers based solely on their race or the neighborhood where they wanted to buy a home or land. This resulted in lower rates of home ownership among Black and Latino people and is a large factor in the gap in wealth between whites and people of color to this day.²



Zoning laws and lack of funding for community development have led to gaps between communities that have access to healthy foods and those that do not. The greatest disparities are in communities of color and Indigenous communities.³



Across the country, school district funding relies on local property taxes. Therefore, the quality and availability of amenities and resources within a school depend on the neighborhood's income and wealth.⁴



In rural communities, where approximately 20% of residents are people of color, lack of sidewalks, high levels of food insecurity, along with economic hardship, contribute to health inequities.⁵

¹ Keith Churchwell et al., "Call to Action: Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory from the American Heart Association," *Circulation* 142, no.24 (November 2020), www.ahajournals.org/doi/10.1161/CIR.0000000000000936

² *Ibid.*

³ "Access to Healthy Food and Why it Matters," The Food Trust, PolicyLink, 2013, www.thefoodtrust.org/uploads/media_items/access-to-healthy-food.original.pdf

⁴ Cory Turner, "Why America's Schools Have a Money Problem," Morning Edition, NPR, April 18, 2016, www.npr.org/2016/04/18/474256366/why-americas-schools-have-a-money-problem

⁵ Robert A. Harrington, et al., "Call to Action: Rural Health: A Presidential Advisory from the American Heart Association and American Stroke Association," *Circulation* 141, no.10 (February 2020), <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000753>

We have an opportunity to develop policies that create more equitable communities. Voices for Healthy Kids encourages these critical elements to be included in written policy language:

- ▶ Address the root causes of inequities: Does the policy aim to address the underlying barriers that create inequities in opportunities and resources (social/structural determinants, such as education, economics and environment) needed to live healthier lives?
- ▶ Focus the policy to produce the greatest health benefit, prioritizing action in communities experiencing a history of structural racism.
- ▶ Include the communities intended to benefit from the proposed policy change to play a leading role in shaping, implementing and assessing the policy impact.
- ▶ Create accountability: Is there monitoring or evaluation that looks at measuring both the policy and equity impact?

This means policies must spell out where implementation will be prioritized—geographically and demographically—to benefit the communities where the need is greatest, and how the policy should be designed to address the communities' specific contexts, issues and barriers. This could mean that some interventions are implemented only in communities experiencing structural racism (or are funded at higher levels in those communities) and are not expanded to other communities until specified progress benchmarks are reached.

BUILDING EQUITY INTO SUGARY DRINK TAX POLICY

Sugary drinks are disproportionately advertised to Black and Hispanic consumers.⁶ Studies have shown that more Black and Mexican American youth were likely to drink sugary drinks than white youth.⁷ Drinking too many sugary drinks can lead to higher rates of sugary drink-related diseases, like type 2 diabetes and heart disease.⁸ Sugary drink taxes can reduce consumption of those drinks but, alone, would not inherently advance equity. Including policy language that requires authentic community input and oversight, including using the tax dollars for needs identified by the communities hardest hit by health impacts of sugary drinks, advances equity. For example:

- ▶ In Philadelphia, funding from sugary drink taxes has been used to support thousands of pre-K slots, more than a dozen community schools, and improvements to parks and recreation centers. The city prioritizes funding to areas lacking child care options and communities with disproportionate numbers of families with low incomes.
- ▶ In Seattle, a community-driven campaign directed tax revenues where the community sees its greatest needs, including to help feed families who are food insecure during COVID-19.
- ▶ San Francisco has used the tax revenue to improve school food, health and recreation programs for families and children who have low incomes and to create Peace Parks to increase recreation options for teens and young adults who live in neighborhoods impacted by crime.
- ▶ In 2014, the Navajo Nation passed the Healthy Diné Nation Act in an effort to address health concerns impacting the Diné community. It is the first such policy in the world serving as an example of tribal sovereignty to support community wellness. The Act places a 2% tax on calorie-dense food and drinks with little-to-no nutritional value and waives a 6% tax on healthy foods like fruits and vegetables. The Act has funded more than 1,300 community-selected wellness projects across Navajo Nation, including community fitness classes, greenhouses, youth clubs, clean water initiatives, Navajo language and culture classes, and more.



⁶ Jennifer Harris, Willie Frazier III, Shiriki Kumanyika, and Amelie Ramirez, "Increasing Disparities in Unhealthy Food Advertising Targeted to Hispanic and Black Youth," Rudd Report (January 2019), <http://uconnruddcenter.org/files/Pdfs/TargetedMarketingReport2019.pdf>

⁷ Sarah N. Bleich, Kelsey A. Vercammen, Jonathan Wyatt Koma, and Zhonghe Li, "Trends in Beverage Consumption Among Children and Adults, 2003-2014," *Obesity*, 26:4320-441 no.2 (February 2018): 432, doi: 10.1002/oby.22056.

⁸ Natalie D. Muth, William H. Dietz, Sheela N. Magge, and Rachel K. Johnson, American Academy of Pediatrics, Section on Obesity, Committee on Nutrition; American Heart Association, "Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents," *Pediatrics* 143 no. 4 (April 2019): e2019-0282, doi:1542/peds.2019-0282.

The Messages

You agree on the policy issue. Now it's time to ask for specific policy language to advance racial equity.

These messages are for use with decision-makers, with the objective of securing policy language specifying where and how the policy will advance racial equity. They assume you are talking with someone who already agrees with the policy concept and is now working through the details, and they are useful whether you have proposed the policy yourself or are serving as an expert.

These messages were developed with advocates across the country, and then tested with decision-makers across the aisle. The objective was not to soften our messages; rather, we wanted to understand how to advance and normalize conversations about structural racism and policy. Even after testing, we wanted to be stronger in some word choices and made some final adjustments, such as changing “unfair” to “unjust” to underscore the fact that inequities are a matter of justice. For testing details, please visit the [online guide](#).

UNDERSTANDING DECISION-MAKER MINDSETS

Testing emphasized that our messages make a credible case with decision-makers, all of whom value expanding opportunity for people in the community. How we enter and have the conversation will vary depending on their mindsets. Testing identified two subgroups:

Those who *may be less ready* for direct conversations about racial equity.

These decision-makers (34% of all respondents) lean conservative; do not see structural racism as a problem in the U.S. today; and prefer messages that avoid suggesting causes of inequities or assigning blame. Stewardship of public funds and personal liberty are values that drive their decision-making. They may be in various stages of readiness when it comes to having these conversations and doing the work.

Those who *may be more ready* for direct conversations about racial equity.

These decision-makers (66% of all respondents) are mostly progressive; see structural racism as a problem in the U.S. today; and respond well to messages that acknowledge the need to redress unjust practices. They hold equity as a core value. Note that even these champions may not always be comfortable or fluent in these conversations or may not have thought about why or how to target policies.

USING THE MESSAGES

Because the subgroups are at different stages of readiness for this conversation, we offer two message pathways. You'll notice similarities, as well as subtle but important differences in order, language and detail.

Where possible, use the blue column. Some advocates have expressed frustration that the grey column doesn't directly name structural racism. We agree we need to be as direct as possible. However, the testing shows that for some decision-makers, opening with structural racism is a nonstarter. The two paths allow us to find a way to talk directly about race and the need to target policies in a way that people can hear and support.

No decision-maker will fall neatly into one of these categories, so we've suggested a broader continuum, and you'll likely find many more shades in between. Your homework on decision-makers will inform your path, and it may weave grey and blue together; the [worksheet in the online guide](#) can help.

Note that we do *not* provide messages for people actively opposed to conversations about racial equity and/or the specific policy in question. This is likely not where conversations with those decision-makers will start.

DECISION-MAKER MINDSETS AND READINESS FOR CONVERSATION

All agree with policy concept
 Shared value driver: opportunity for people in the community

May be less ready for direct conversations about racial equity
 Value drivers: stewardship of public funds, personal liberty

May be more ready for direct conversations about racial equity
 Value driver: equity

May not yet understand structural racism or racial inequities

May not acknowledge different impacts of policies

May default to “one-size-fits-all” policies that allocate resources equally

May be curious to explore structural racism and role of policy

May not have considered why/how to focus policy language

May believe in focusing policy language but fear it may derail the policy

May be committed to racial justice but don't yet see connection to our policies

MESSAGES BASED ON MINDSETS AND READINESS

We will know that we have achieved health and racial equity when race can no longer be used to predict health, well-being and longevity.

Policies—past and present—influence the physical, economic, cultural and social environments of communities. They often have different and unjust outcomes in [*communities of color and Indigenous communities, in both urban and rural areas**], including poorer health, lower incomes, higher medical costs and limited opportunities for social, economic and financial advancement.

- ▶ Use the shared proof points,** plus:
- ▶ The COVID-19 pandemic showed that disparities in health, economic and social conditions put people of color at much higher risk of illness and death than white people.¹¹

Policies—past and present—influence the physical, economic, cultural and social environments of communities. They often have different and unjust outcomes in [*communities of color and Indigenous communities, in both urban and rural areas**], including poorer health, lower incomes, higher medical costs and limited opportunities for social, economic and financial advancement.

New policies cannot undo the damage of structural racism and ongoing discrimination, but they can advance health and prevent future harm.

- ▶ For generations—and continuing today—the life expectancy for people of color has often been a decade or more shorter than for white people.⁹
- ▶ In large part, that is because for generations policies have placed people of color at significant disadvantage by denying education, mortgages, loans and health benefits provided to white people.¹⁰
- ▶ Add the shared proof points.**

Continued on the next page.

⁹ <https://www.rwjf.org/en/library/collections/racism-and-health.html>

¹⁰ Keith Churchwell et al., “Call to Action: Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory from the American Heart Association,” *Circulation* 142, no.24 (November 2020), www.ahajournals.org/doi/10.1161/CIR.0000000000000936

¹¹ Samantha Artiga, Bradley Corallo, and Olivia Pham, “Racial Disparities in COVID-19: Key Findings from Available Data and Analysis,” Issue brief, KFF (August 2020), www.kff.org/report-section/racial-disparities-in-covid-19-key-findings-from-available-data-and-analysis-issue-brief/

MESSAGES BASED ON MINDSETS AND READINESS (CONTINUED)

When people make decisions about their health—or the health of their children—we should be sure that policies do not limit their options and opportunities. We need to recognize and address the ways in which policies impact communities differently.

When people make decisions about their health—or the health of their children—we should be sure that policies do not limit their options and opportunities. We need to recognize and address the ways in which policies impact communities differently, especially those most affected by structural racism.

Together with the *(insert specific)* communities, we have an opportunity to make this policy most effective by prioritizing action where it will meet the greatest need, and by working with the communities to specify how it should be implemented. The policy language needs to specify *(customize the “ask”***)*.

Together with the *(insert specific)* communities, we have an opportunity to take a step toward racial equity with this policy by prioritizing action in communities where structural racism limits options and leads to worse health outcomes and by working with the communities to specify how it should be implemented. The policy language needs to specify *(customize the “ask”***)*.

(As your conversation allows)

Let’s continue this conversation and learn together. We can go even farther by intentionally creating policies that do not continue giving white people advantages not offered to communities of color. We can help.

(As your conversation allows)

We are committed to having direct conversations about racial equity—it’s as important to us as advancing the policies themselves. We have research-based messages that we’re using with other decision-makers who are less ready for these conversations. How might we work together to make racial equity a prominent part of this policy conversation?

* Tailor this message to include the populations in your area who have been affected disproportionately by specific policies.

** Effective proof points are:

- ▶ A study by the financial company Citigroup¹² estimates that systemic racism faced by Black people over the last 20 years has cost the U.S. economy up to \$16 trillion, including gaps in wages, access to housing and higher education and investment in Black-owned businesses.
- ▶ Even among working people earning low wages, people of color are at a greater disadvantage because of barriers that impact their health, limit their access to quality health care and shorten their life expectancy.¹³ In fact, even at high-income levels, people of color have worse outcomes than white people at the same income level.¹⁴ For example, Black, American Indian and Alaska Native women are more likely to die from pregnancy-related causes than white women, even at higher income and education levels.¹⁵
- ▶ (Insert proof points from your area.)
- ▶ (Insert examples of policies that have disproportionate impact in the way they are implemented or enforced and/or limit options and opportunity for communities of color and Indigenous communities in your area. Also offer policies that are advancing racial equity.)

*** Critical points to include when you customize the “ask” are:

- ▶ How the most impacted communities will guide the policy design, implementation and enforcement.
- ▶ Identification of and rationale for geographic and/or demographic priorities for policy benefits or resource allocation.
- ▶ How outcomes will be measured, assessed and reported.
- ▶ How implementation and compliance should happen, by whom, guided by the community.

¹² Dana M. Peterson and Catherine M. Mann, “Closing the Racial Inequality Gaps: The Economic cost of Black Inequality in the U.S.,” Citi Global Perspectives & Solutions Report (September 2020), <https://www.citivelocity.com/citigps/closing-the-racial-inequality-gaps/>

¹³ Office of Disease Prevention and Health Promotion, “Healthy People 2020, Self Determinants of Health, Poverty,” www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty

¹⁴ Kanetha B. Wilson, Roland J. Thorpe, Jr, and Thomas A. LaVeist, “Dollar for Dollar: Racial and Ethnic Inequalities in Health and Health-Related Outcomes Among Persons with very High Income,” Science Direct, Preventive Medicine 96 (March 2017): 149-153, <https://www.sciencedirect.com/science/article/abs/pii/S0091743516302444?via%3Dihub>

¹⁵ Centers for Disease Control and Prevention, “Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths: Black, American Indian/Alaska Native women Most Affected,” (September 2019), Press release, www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html



CUSTOMIZING The Messages

The [online guide](#) includes a worksheet and more to help you customize the messages for your area and policy. Some important considerations:

- ▶ **FIND YOUR PATH.**
For each person you talk with, gauge their actions and words to determine your entry point.
- ▶ **INTERNALIZE.**
Don't just memorize these words. Take the time to understand, reflect and get comfortable with the concepts and messages.
- ▶ **CUSTOMIZE.**
Align the messages with your community context—including historic and present-day impacts of structural racism—and your policy issue. Specify and support them with data and personal stories that show where the need is greatest. Get clear on the specific language you're asking to include in the policy.
- ▶ **ENLIST OTHERS.**
Work with your colleagues and coalitions, especially leaders from communities of color and Indigenous communities, to determine together how, when and with whom to advance this conversation; and who is the best messenger.
- ▶ **LEARN AND PRACTICE.**
Start with the people you already have a relationship with and practice the messages. Be patient with yourself as you learn and practice.



Example: Applying the messages for work on sugary drink taxes

Here's an example of how an advocate working on sugary drink taxes might customize the messages. This assumes the decision-maker is someone the advocate has worked with before, is at least somewhat open to conversations about racial equity, and is open to a sugary drink tax.

Original message, for a decision-maker more ready for the conversation	The same message, customized for sugary drink taxes
<p>Policies—past and present—influence the physical, economic, cultural and social environments of communities. They often have different and unjust outcomes in [<i>communities of color, in both urban and rural areas</i>], including poorer health, lower incomes, higher medical costs and limited opportunities for social, economic and financial advancement.</p>	<p>Policies—past and present—influence the physical, economic, cultural and social environments of communities.</p> <ul style="list-style-type: none"> ▶ Those policies often have different and unjust outcomes, including poorer health, lower incomes, higher medical costs and limited opportunities for social, economic and financial advancement. Because of historical redlining, zoning policies and budget decisions, here in [<i>our town</i>], Black and Latino families often live in areas of lower income that are saturated with convenience stores that sell sugary drinks and with few grocery stores.¹⁶ ▶ On average, kids drink 30 gallons of sugary drinks per year—enough to fill a bathtub. And it may be higher in communities with fewer affordable, healthy drink options. Consuming sugary drinks sets up children for a lifetime of health challenges that include type 2 diabetes, dental problems and heart disease.¹⁷ ▶ Sugary drinks are disproportionately advertised to Black and Latino consumers.¹⁸ ▶ Policy can play a role here: The sugary drink tax we're discussing can put resources into communities hit hardest by the health impacts of sugary drink consumption and targeted by the industry—if we write it well.

Continued on the next page.

¹⁶ Keith Churchwell et al., "Call to Action: Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory from the American Heart Association," *Circulation* 142, no.24 (November 2020), www.ahajournals.org/doi/10.1161/CIR.0000000000000936

¹⁷ "Sugary Drink Fast Facts," Voices for Healthy Kids, American Heart Association (September 2020), <https://voicesforhealthykids.org/assets/resources/sugary-drink-fast-facts-9.28.2020.pdf>

¹⁸ Harris, "Increasing Disparities in Unhealthy Food Advertising Targeted to Hispanic and Black youth," UConn Rudd Center, <http://uconnruddcenter.org/files/Pdfs/TargetedMarketingReport2019.pdf>

Original message, for a decision-maker more ready for the conversation	The same message, customized for sugary drink taxes
<p>New policies cannot undo the damage of structural racism and ongoing discrimination, but they can advance health and prevent future harm.</p>	<p>New policies cannot undo the damage of structural racism and ongoing discrimination, but they can advance health and prevent future harm.</p>
<p>When people make decisions about their health—or the health of their children—we should be sure that policies do not limit their options and opportunities. We need to recognize and address the ways in which policies impact communities differently, especially those most affected by structural racism.</p>	<p>When people make decisions about their health—or the health of their children—we should be sure that policies do not limit their options and opportunities.</p> <ul style="list-style-type: none"> ▶ With our sugary drink tax, we'll support parents' efforts to choose healthier beverages for their kids. ▶ But we can go ever farther. We can use this policy to increase healthy options and opportunities—based on needs identified by community members.
<p>Together with the <i>(insert specific)</i> communities, we have an opportunity to take a step toward racial equity with this policy by prioritizing action in communities where structural racism limits options and leads to worse health outcomes and by working with the communities to specify how it should be implemented. The policy language needs to specify <i>(customize the "ask," see page 8)</i>.</p>	<p>With the support of the Black and Latino communities, we have an opportunity to take a step toward racial equity with this sugary drink tax policy.</p> <ul style="list-style-type: none"> ▶ Let's write into the policy a provision to prioritize action in communities where structural racism has led to poor health outcomes, limiting opportunities for community members. ▶ The policy language needs to specifically state: 1) That tax revenue will put resources into the Latino and Black communities hardest hit by sugary drink related diseases, and 2) That revenues will address what the communities most impacted have prioritized: increasing access to healthy foods through Supplemental Nutrition Assistance Program (SNAP) incentive programs and putting water bottle filling stations in schools. ▶ This has worked in other places. In the seven U.S. cities with sugary drink taxes, sugary drinks purchases have decreased, and revenue has been used to support community programs.¹⁹ Seattle, for example, invested \$5 million for grocery vouchers for those who needed them most during the COVID-19 pandemic.²⁰
<p><i>(As your conversation allows)</i></p> <p>We are committed to having direct conversations about racial equity—it's as important to us as advancing the policies themselves. We have research-based messages that we're using with other decision-makers who are less ready for these conversations. How might we work together to make racial equity a prominent part of this policy conversation?</p>	<p>I know you'll have to convince others to support this idea. We have research-based messages that we're using with other decision-makers who are less ready for these conversations. How might we work together to help you build support for this specific racial equity language in our sugary drink tax policy?</p>

¹⁹ James Krieger, Sara N. Bleich, Stephanie Scarmo, and Shu Wen Ng. "Sugar-Sweetened Beverage Reduction Policies: Progress and Promise." Annual Review of Public Health Vol 42, 2021. <https://www.annualreviews.org/doi/abs/10.1146/annurev-pubihealth-090419-103005>

²⁰ Seattle City Council 2020. <https://council.seattle.gov/2020/03/30/council-passes-5-million-in-food-vouchers-to-address-coronavirus-crisis/>

Additional Resources

VISIT OUR [ONLINE GUIDE FOR ADDITIONAL RESOURCES](#):

- ▶ More background on racial equity, including a glossary of terms.
- ▶ A worksheet to help you use the messages.
- ▶ Pivot points and responses to common questions.
- ▶ Details on how we tested the messages with decision-makers.
- ▶ Tips and points to consider, including understanding the current demographics and racial history of your area, finding and using data, working with communities to tell compelling stories and identifying the best messengers.
- ▶ Building your policy campaign with an equity framework.
- ▶ Links to other resources on structural racism, power and privilege, your personal anti-racism journey and more.



VOICES FOR HEALTHY KIDS

Voices for Healthy Kids strives to make every day healthier for every child. We want every child in every community to have access to affordable healthy foods and beverages, safe places to play and get active, and more. Co-created by the American Heart Association and the Robert Wood Johnson Foundation in 2013, Voices for Healthy Kids works around the country to improve or create equitable policies that will make the places kids live, learn and play healthier. We do this by supporting advocacy campaigns, creating visibility for issues that affect children's health, mobilizing communities, helping to advance science and research via communications and messaging expertise, and fostering partnerships. Learn more at [voicesforhealthykids.org](https://www.heart.org/voicesforhealthykids) and [join us](#) to make a difference in kids' lives.

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