

Tobacco Disparities Framing Project

Training Modules



INTRODUCTION

Welcome to the Tobacco Disparities Framing Project Training.

This training is designed to help you use evidence-based framing to effectively communicate about tobacco-product related disparities. Effective communications can build support for public health strategies to identify and eliminate tobacco-product related health disparities and inequities and advance health equity.

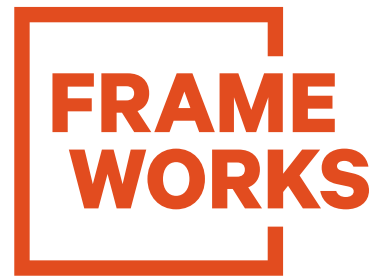
Navigating the training modules

You can move through the pages in this training by using:

- The **Next Page** (↓) and **Previous Page** (↑) buttons that appear in the Page Navigation toolbar.
- The arrows on the scroll bar
- The buttons on the bottom right corner of the page.

ACKNOWLEDGMENTS

The content included in these training modules was developed by the FrameWorks Institute that was supported by Cooperative Agreement Number NU38OT000307 awarded to ChangeLab Solutions and funded by the U.S. Centers for Disease Control and Prevention (CDC). This training module was designed by ICF Next in conjunction with CDC.



About FrameWorks Institute

FrameWorks Institute is a nonprofit think tank that advances the mission-driven sector's capacity to frame the public discourse about social and scientific issues. For more information about FrameWorks Institute, visit www.frameworksinstitute.org.



About ChangeLab Solutions

ChangeLab Solutions is a nonprofit organization that works to create healthier communities for all through equitable laws and policies. ChangeLab Solutions provides legal information on matters relating to public health. The legal information in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state. For more information about ChangeLab Solutions, visit www.changelabsolutions.org.



Training Modules

- 1** Tobacco Disparities Framing Project Overview
- 2** Framing Fundamentals
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- 4** Tobacco Disparities Framing Recommendations
- 5** How to Apply the Tobacco Disparities Framing Recommendations
 - Resources
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M O D U L E

1

**TOBACCO DISPARITIES
FRAMING PROJECT
OVERVIEW**

Achieving Health Equity

Everyone deserves a fair and just opportunity to be as healthy as possible. This is called health equity. To improve health equity, we must consider the role of commercial tobacco.*

Commercial tobacco-product related health disparities and inequities are responsible for preventable disease, disability, and death.

While commercial tobacco protections (e.g., policies) have steadily increased since 1964, these protections are less likely to implicitly and explicitly cover certain populations groups, based on sociodemographic, environmental, economic and other characteristics (e.g., disability, behavioral health status)—and the places where they are born, live, learn, work, play, worship, and age.^{1,2}

*Commercial tobacco means harmful products that are made and sold by tobacco companies. It does not include "traditional tobacco" used by Native Americans for religious or ceremonial purposes.

Tobacco Disparities Framing Project

Thanks to the tremendous public education efforts of the tobacco control movement, the public understands that commercial tobacco use and exposure are harmful to health.

However, most people are unaware of the commercial tobacco-product related health disparities that adversely affect certain population groups and communities. The default assumption is that people who use tobacco products have caused the problems they experience—and the most sensible solution is to “fix” people’s values and behaviors. This mindset makes it more difficult for people to see the important role that prevention and control of commercial tobacco can play.

Careful communications that highlight commercial tobacco-related disparities can help avoid inadvertently reinforcing biases about communities most harmed by tobacco products and leading people to support ineffective approaches.

Goal of the Tobacco Disparities Framing Project

The Tobacco Disparities Framing Project was designed to build support for public health strategies to eliminate commercial tobacco-product related health disparities and advance tobacco-related health equity by:

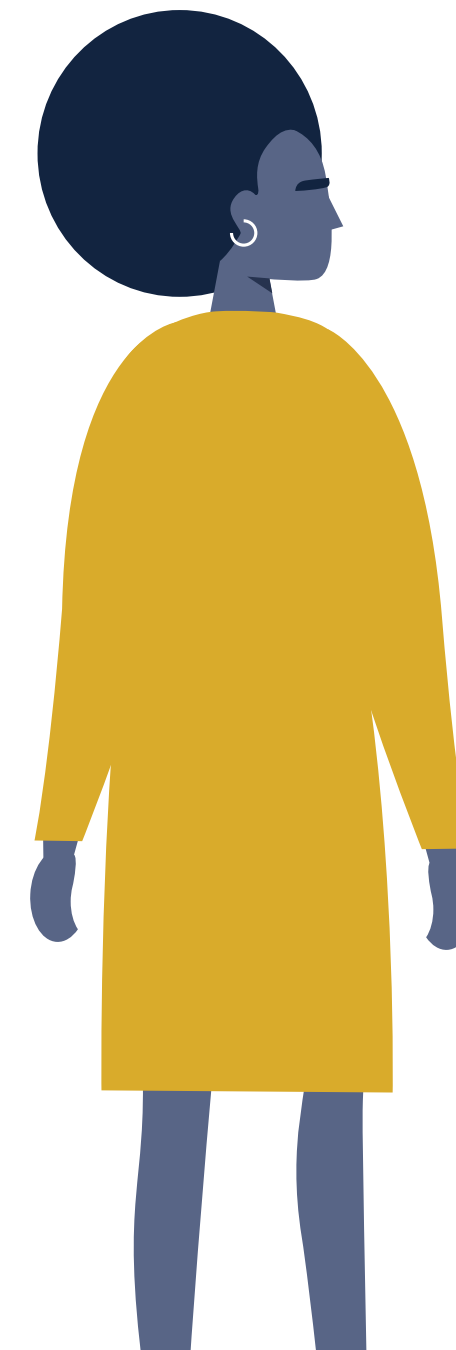
- Boosting salience of the tobacco disparities issue in the public discourse.
- Building public understanding of tobacco-product related disparities, their causes, and solutions.
- Shifting attitudes toward collective responsibility and collective efficacy.
- Reducing/avoiding stigma and blame.



Advisory Leaders

FrameWorks Institute and ChangeLab Solutions formed an advisory group of leaders in the tobacco control field to help sharpen the project including the research and strategy development. The group included:

- **Americans for Nonsmokers' Rights**
- **Community Anti-Drug Coalitions of America**
- **California LGBT Tobacco Education Partnership**
- **Campaign for Tobacco Free Kids**
- **National African American Tobacco Control Leadership Council**
- **National African American Tobacco Prevention Network (Center for Black Health and Equity)**
- **National Behavioral Health Council**
- **North Carolina Tobacco Prevention and Control Branch**
- **Nuestras Voces**
- **Self-Made Health Network**
- **Truth® Initiative**
- **Walsh Center for Rural Analysis**



M O D U L E

2

**FRAMING
FUNDAMENTALS**

What Is Framing?

Framing refers to the choices we make in what we say and how we say it:

**These
Choices
Matter**



- + What we emphasize
- + How and what we explain
- + What we leave unsaid

They affect how people **hear** us, what they **understand**, and how they **act**.



For more information about framing, visit the [FrameWorks Institute website](#).

What Is a Frame?

A frame is a guide. It directs people where to look, but more importantly, helps them interpret what they see.

Every message—whether written, spoken, illustrated, or signed—is presented through a frame of some kind. **Simply put, every communication is framed.**



For more information about framing, visit the [FrameWorks Institute website](#).

What are the Elements of Framing?

A frame comprises several elements. Each frame element affects how people understand, interpret, and respond to social issues. These elements include:

- **Context**
- **Explanatory chains**
- **Explanatory examples**
- **Explanatory metaphors**
- **Values**

For more information about framing, visit the [FrameWorks Institute website](#).



What are the Elements of Framing?

CONTEXT

sets the scene. It illuminates—or, by omission, obscures—the ***environmental conditions and social factors that give meaning*** to people’s actions and experiences. By shedding light on the context that surrounds individuals, communicators can bring the bigger picture into view, allowing people to see how improving policies and restructuring systems—rather than just altering behaviors—is needed to create social change.



What are the Elements of Framing?

EXPLANATORY CHAINS

help people connect the dots. Each chain offers a sequence of ideas, or series of steps in a process, ***that clearly illustrates links between the underlying causes of social ills or problems and their visible symptoms.***



What are the Elements of Framing?

EXPLANATORY EXAMPLES

depict instances within a general pattern, or ***specific cases that represent a broader trend***. They offer detailed real-world scenarios (or intricately imagined future-world ones) that make the possibility of change more relatable and plainer to see.



What are the Elements of Framing?

EXPLANATORY METAPHORS

help people think about an ***abstract, unfamiliar, or misunderstood system or process by comparing it to something familiar and concrete.*** Metaphors bring people's everyday knowledge to the task of rethinking complex social issues.



What are the Elements of Framing?

VALUES

are cherished ideals or deep-seated principles, which are widely shared across the culture. They ***invite civic thinking about social issues—helping us all see why we should care about them, and what’s at stake.*** Values are especially effective tools for introducing a topic because they prime individuals to adopt a “common good” mindset from the start and then keep an open mind about the message that follows.



Why Does Framing Tobacco-Related Disparities Matter?

The public lacks a clear understanding about commercial tobacco-product related health disparities.

They lack readily available ways to think about the systemic and structural factors that drive racial, social, and geographic inequity. The misconception is that people who use tobacco products are the problem, and the only solution is to change people's values and behaviors.

Careful communications can avoid inadvertently reinforcing biases and misconceptions about tobacco-product related disparities.

With evidence-based framing strategies, voices for tobacco prevention and control can effectively translate public health insights and build support for evidence-based approaches to advancing health equity.

M O D U L E

3

**TOBACCO
DISPARITIES
FRAMING RESEARCH**

Research Overview/Methodology

In 2018-2019, FrameWorks Institute conducted a multi-method research project

TO UNDERSTAND

how the public thinks about tobacco use, disparities, and policy solutions.



TO IDENTIFY

effective new ways to communicate about tobacco disparities.

More information and details about the research methodology can be found in the [Justice in the Air: Framing Tobacco-Related Health Disparities](#) report.



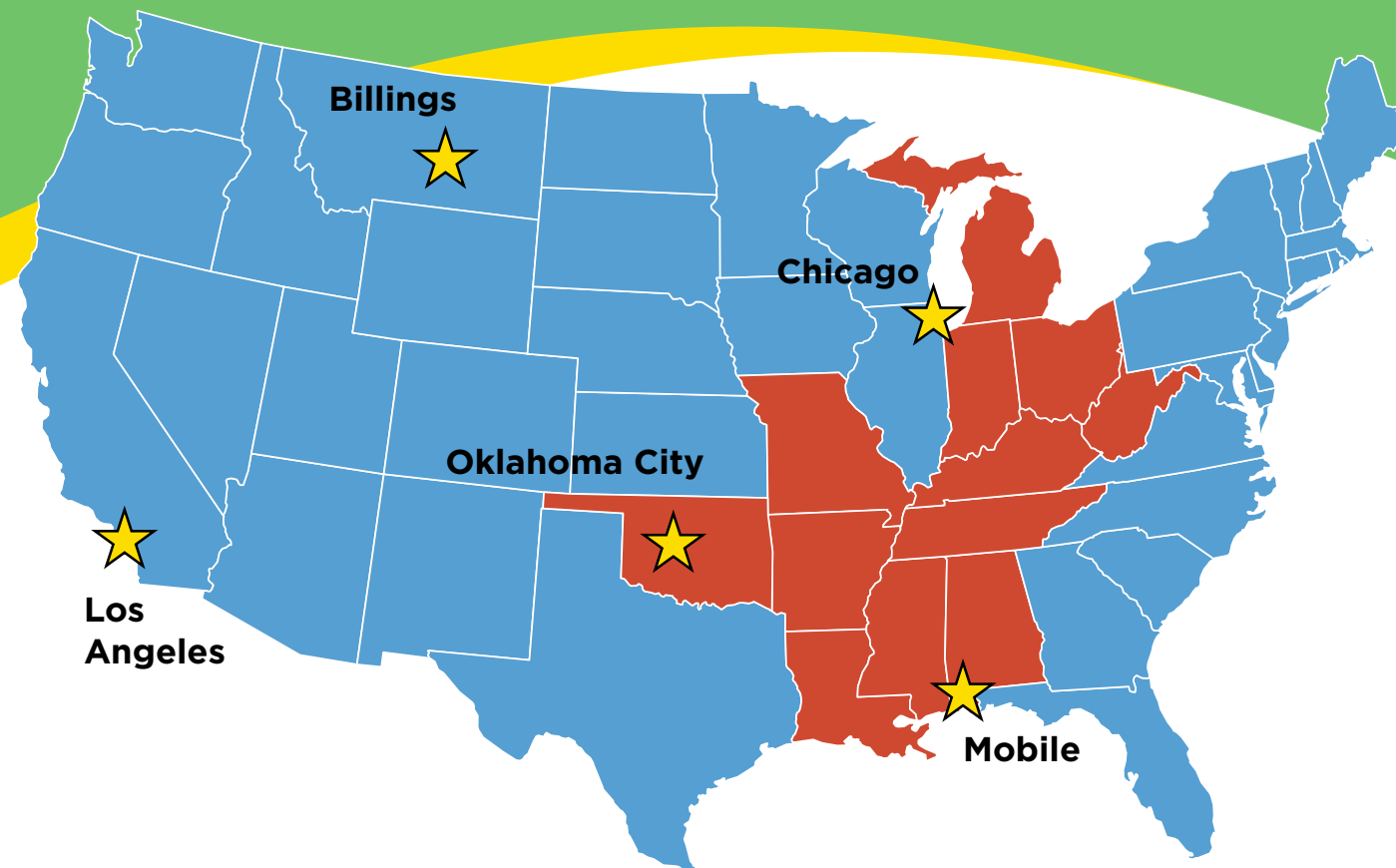
A total of **10,688 people** from across the U.S. were included in the following **research methods**:

In-Depth Interviews

FrameWorks Institute conducted in-depth individual interviews in Mobile, AL and Chicago, IL to **identify common ways of thinking that shape how people reason** about tobacco-product related health disparities.

Short, On the Street Interviews

FrameWorks Institute conducted video-recorded, on the street interviews to **test effectiveness of different framing strategies** in Oklahoma City, OK, Los Angeles, CA, and Billings, MT.



Controlled Survey Experiments

FrameWorks Institute conducted two survey experiments to **test how different framing strategies affected knowledge, attitudes, and preferences** about tobacco prevention and control approaches. The first experiment included over 7,000 participants – a representative sample of Americans. The second experiment was conducted with a sample that matched the demographics of California, and included over 3,000 participants.

These experiments were supported by the California Tobacco Control Program of the California Department of Public Health.

Research Questions

Through their research, FrameWorks Institute sought to understand **what would shift thinking on:**

Causal Responsibility:

Individual » Structural

SAMPLE TEST QUESTION:

How large of a role do you think willpower and personal discipline play in explaining why people use tobacco products?

Solutions Responsibility:

Individual » Collective

SAMPLE TEST QUESTION:

How much of an obligation do you think our state government has to reduce tobacco use among young people, people of lower income, African American people, and LGBTQ people?

Issue Salience:

How important and urgent is this issue?

SAMPLE TEST QUESTION:

How much of a priority do you think it should be to reduce tobacco use among young people, people of lower income, African American people, and LGBTQ people?

Collective Efficacy:

Would a public response make a difference?

SAMPLE TEST QUESTION:

How optimistic or pessimistic do you feel that we, as a state, can reduce tobacco use among young people, people of lower income, African American people, and LGBTQ people?

Equity-Focused Policies:

Reinvestment, menthol ban, retailer density

SAMPLE TEST QUESTION:

Do you think we should reinvest funds collected from tobacco taxes to support health care programs in the communities most affected by tobacco use?

Key Findings



FrameWorks Institute tested several frames and found that to shift thinking about tobacco-product related disparities, the tobacco control community needs to replace the **traditional public health frame** that emphasizes broad health impacts with a **health equity frame** that highlights problems and solutions around disparities:

Emphasizes
the principle of
health equity



Examines
root causes
of disparities



Highlights
solutions designed to
eliminate disparities

“Just”
a health issue



“Unjust”
health issue

Other Key Findings

EXPLAINING DISPARITY DRIVERS OR CAUSAL PATHWAYS

that contribute to disproportionate tobacco use, exposure, and health harms is more effective than unframed data to highlight inequities.

USING SPECIFIC, CONTEMPORARY EXAMPLES OF INDUSTRY TACTICS—

like tailored advertisements, retailer location, and point-of-sale tactics, or flavored products—is more effective than mentioning industry influence in general terms.

OFFERING EXAMPLES FOCUSING ON YOUTH

from diverse backgrounds can help people grasp concepts like health equity and prevention.

USING A “PRESSURE” METAPHOR—

to talk about social and environmental stressors or conditions that drive tobacco use and exacerbate related health problems—can help people understand how environments shape tobacco use and exposure and reduce the tendency to blame people who smoke.

Frames That Did Not Work

× HIGHLIGHTING THE ECONOMIC TOLL

of tobacco use (e.g., health care costs, costs associated with missed work, loss of economic productivity) may lead the public to blame people who smoke for causing preventable costs.

× HIGHLIGHTING THE HISTORICAL PROGRESS

or “past wins” of the tobacco control community may resonate with public health audiences, but it doesn’t move the public. A “last mile” message led the public to conclude that tobacco control is not effective, as people reasoned that most of the problem was solved long ago.

× EVOKING FEAR

through scary stories, stark statistics, or words like “crisis”, “epidemic”, or “emergency” sparks misguided public reactions and short-sighted public policy. Compared to a “crisis/fear” frame, an efficacious, can-do tone is more effective in building support for change.



M O D U L E

4

**TOBACCO
DISPARITIES FRAMING
RECOMMENDATIONS**

Framing Recommendations

Through their research, FrameWorks Institute **identified ten recommendations for communicating about commercial tobacco-product related disparities**. Each of these recommendations are explained in detail in this Module.

- 1** Talk about tobacco control as an **issue of fairness and justice**
- 2** Explain the **causal pathways or drivers** that lead to commercial tobacco disparities
- 3** Offer **collective solutions** that directly address disparities
- 4** Use a **pressure metaphor** to explain environmental stressors
- 5** Give specific, **contemporary examples** of tobacco industry tactics that are driving disparities
- 6** Connect the dots between **youth susceptibility**, industry targeting and disparities
- 7** Expand the public's **mental model of tobacco**
- 8** Frame and explain data
- 9** Avoid framing disparities as an **economic issue**, a **“crisis”**, or the **“last mile”** for tobacco control
- 10** Avoid **“cultural deficit”** framing

More information and details about the research can be found in the [Justice in the Air: Framing Tobacco-Related Health Disparities](#) report.

RECOMMENDATION 1:

Talk about tobacco control as an issue of fairness and justice

OVERVIEW



Public health communications typically start with a problem statement that conveys prevalence, health outcomes and/or economic impact information.

Health is a top-of-mind issue for people, but when our communications rely on “health” as the lead message, we reinforce narrow, stigmatizing, and fatalistic thinking. Leading with justice, not health outcomes, can help spark a different kind of conversation.

Research found that **framing around equity, fairness or justice activates a sense of collective responsibility and increases willingness to act as part of the solution.**

RECOMMENDATION 1:

Talk about tobacco control as an issue of fairness and justice

WHY THIS WORKS



WHY THIS WORKS

When we focus exclusively on poor health outcomes, we activate unintended and inaccurate patterns of thinking:

- The idea that **poor decisions (to use tobacco) and lack of willpower (to quit using tobacco products)** are the root causes of tobacco-related illness, disability, and death.
- The belief that these types of “**moral failures**” are more prevalent in social or cultural groups that hold misguided values.
- The assumption that **dire social problems**, like poor health and social disparities, are too difficult or big to solve.

Making the conversation about “**more than**” **health** leads people to focus on the values that we cherish as a society and avoids the tendency to zoom in on the perceived “otherness” of groups facing structural injustices.

RECOMMENDATION 1:

Talk about tobacco control as an issue of fairness and justice

HOW THIS WORKS



HOW THIS WORKS

- Instead of leading with prevalence, health, or economic impact statements, **open communications with an explicit statement about justice, fairness, or health equity.**
- **Develop the theme of justice.** A single instance of using the word “justice” typically is not enough to focus attention on this value.
- **Value-based messages are more effective when they elaborate the idea over a sentence or two, or when they return to the idea periodically** throughout a communication.

RECOMMENDATION 1:

Talk about tobacco control as an issue of fairness and justice

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

- **Everyone deserves a fair and just opportunity to achieve good health**—free from the harm that commercial tobacco can cause.
- **Achieving health equity** means addressing system-wide problems, unfair practices, and unjust conditions that have a negative impact on the health of specific groups.
- **To improve health equity**, we must consider the impact of commercial tobacco products within and across population groups.

RECOMMENDATION 1:

Talk about tobacco control as an issue of fairness and justice

WHAT THIS LOOKS LIKE



» **Example**

INSTEAD OF THIS *(leading with prevalence)*

Cigarette smoking among lesbian, gay, and bisexual (LGB) individuals in the U.S. is higher than among heterosexual/straight individuals. About 1 in 5 LGB adults smoke cigarettes compared with about 1 in 6 heterosexual/straight adults.

TRY THIS *(leading with justice)*

Everyone deserves a fair and just opportunity to attain the highest level of health possible. Commercial tobacco is an obstacle to achieving health equity for LGBTQ+ persons. For example, about 1 in 5 lesbian, gay, or bisexual adults smoke cigarettes—compared with 1 in 6 straight (heterosexual) adults.

RECOMMENDATION 2:

Explain the causal pathways or drivers that lead to tobacco disparities

OVERVIEW



Explaining the causal pathways or drivers that lead to tobacco disparities can help people understand why tobacco inequities exist and persist.

A curated set of talking points—with specific data and full references to peer reviewed studies that have documented these disparities drivers—is available in a companion resource:

Pointing Out Inequity:
Curated talking points on commercial tobacco-product related health disparities.



RECOMMENDATION 2:

Explain the causal pathways or drivers that lead to tobacco disparities

WHY THIS WORKS



WHY THIS WORKS

- **People tend to focus exclusively on personal choice**, which can obscure or hide the role the tobacco industry, public policy, and social conditions play in tobacco-product related health disparities.
- **Careful explanation of the drivers of disparities can overcome this cognitive bias and prompt people to pause and rethink** common assumptions, recognize broader impacts, and see why certain solutions lead to meaningful change.

RECOMMENDATION 2:

Explain the causal pathways or drivers that lead to tobacco disparities

HOW THIS WORKS



HOW THIS WORKS

- **Include at least one of the drivers of disparities that leads naturally to the collective solution** you are emphasizing. See examples of these drivers on page 37.
- **In a shorter communication, it is more effective to explain one driver well than to list them all.** In longer pieces, consider using these disparities drivers as an organizing framework.

RECOMMENDATION 2:

Explain the causal pathways or drivers that lead to tobacco disparities

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

- **The tobacco industry pressures some groups** using tailored marketing tactics.
- **Some Americans are protected** from secondhand smoke—others are not.
- **Tobacco companies push flavored products**—especially menthol—to some groups.
- **Some groups experience barriers to screening, referral, and treatment** for tobacco dependence and related health issues.
- **Stress increases commercial tobacco use** and can make health problems worse.

RECOMMENDATION 2:

Explain the causal pathways or drivers that lead to tobacco disparities

WHAT THIS LOOKS LIKE



» Example

INSTEAD OF THIS (*“Who,” but not “how”*)

Children in families with lower incomes are more likely to be exposed to secondhand smoke than any other racial or ethnic group.

TRY THIS (*how: Smoke travels*)

Even if a family doesn't smoke, their children can be exposed to secondhand smoke that travels through vents, doors, and windows. This affects children in families with lower incomes because they are more likely to live in apartment complexes and are not covered by smoke-free building policies.

RECOMMENDATION 3:

Offer collective solutions that directly address disparities

OVERVIEW



Proposing concrete, actionable solutions that match the scope of the problem makes it clear that positive change is within reach and increases support for change.

Focusing on collective solutions is an effective way to shift focus from the individual responsibility of people who smoke towards the influence of industry, policies, and social conditions.

RECOMMENDATION 3:

Offer collective solutions that directly address disparities

WHY THIS WORKS



WHY THIS WORKS

- When concrete solutions are at the core of a message, **people focus on what can be achieved and are more confident that something can be done to fix the issue.** This helps to reduce the tendency to place blame on individuals.
- On the other hand, when we raise a big problem but do not mention big solutions, **we spark or reinforce fatalistic attitudes that tobacco-product related health disparities are just another serious social problem that cannot be solved.**

RECOMMENDATION 3:

Offer collective solutions that directly address disparities

HOW THIS WORKS



HOW THIS WORKS

- **Propose concrete, actionable solutions that match the scope of the problem.** This makes it clear that positive change is within reach and increases support for change.
- **Avoid focusing on “smoking” as the problem and “quitting” as the solution.** People start from the assumption that if tobacco is the problem, individual behavior change (like cessation) is the solution.

RECOMMENDATION 3:

Offer collective solutions that directly address disparities

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

- **Limit advertising and allow fewer stores** that can sell commercial tobacco products in close proximity to schools, community centers, or other youth-oriented public spaces.
- **Prohibit the sale** of flavored tobacco products (including menthol) and **prohibit price discounts** on all commercial tobacco products.
- **Tax or increase taxes** on commercial tobacco products, with funds reinvested in communities disproportionately harmed by commercial tobacco.
- Ensure that **smoke-free air policies** cover every workplace, with no exceptions.
- Ensure **coverage for tobacco cessation services** by all types of health insurance.
- Encourage **clinical screening for commercial tobacco use** in all health care centers with all types of patients, with connections to culturally-tailored and accessible cessation services.

RECOMMENDATION 3:

Offer collective solutions that directly address disparities

WHAT THIS LOOKS LIKE



» **Example**

INSTEAD OF THIS *(all problem, no solution):*

African American adults have the highest percentage of menthol cigarette use compared to other racial and ethnic groups. Some research shows that menthol cigarettes may be more addictive than non-menthol cigarettes.

TRY THIS *(emphasizing solutions):*

A 2011 study that modeled what would happen if the U.S. banned menthol cigarettes nationwide estimated that, by year 2050, it could save more than 600,000 lives, including nearly 250,000 Black lives.

RECOMMENDATION 4:

Use a pressure metaphor to explain environmental stressors

OVERVIEW



Using a “pressure” metaphor to talk about social and environmental stressors that drive tobacco use and make related health problems worse can help people understand how environments shape tobacco use and exposure.

It can also help reduce the tendency to blame people who smoke for their fates.

For more information about the use of metaphors, see Module 2, page 17.

RECOMMENDATION 4:

Use a pressure metaphor to explain environmental stressors

WHY THIS WORKS



WHY THIS WORKS

- **Metaphors are powerful tools to explain complex or abstract concepts** by likening them to something more concrete and familiar. They guide and shape thinking, and are memorable and shareable.
- **Metaphors that rely on everyday objects or experiences can help you introduce unfamiliar issues or explain complex ones.** They can help spark new associations and understandings and guide and shape thinking.
- The pressure metaphor **focuses attention on the characteristics of the places where affected groups live and work**, rather than on the imagined characteristics of people who use tobacco. The metaphor of pressure was rigorously tested to ensure that it painted an accurate mental picture of the connection between environmental stressors and tobacco use.

RECOMMENDATION 4:

Use a pressure metaphor to explain environmental stressors

HOW THIS WORKS



HOW THIS WORKS

Look for places in your communications to add words like push, pressure, flood, or saturate. Examples of phrases using the pressure metaphor include:

- **High-pressure** marketing tactics
- **Stress** pushes people to find ways to cope
- Under the **pressures** of financial insecurity
- A **build-up** of daily experiences of discrimination
- Opening new channels to relieve the **pressure**
- Reducing the **pressure** of financial stress

RECOMMENDATION 4:

Use a pressure metaphor to explain environmental stressors

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

- **Tobacco companies push flavored products**—especially menthol—in neighborhoods where African American people live.
- **Limiting advertising and discounts** can reduce the pressure to buy commercial tobacco.
- **When people face many forms of stress**—like financial problems, discrimination, or unsafe neighborhoods—they can become much more likely to smoke.

RECOMMENDATION 4:

Use a pressure metaphor to explain environmental stressors

WHAT THIS LOOKS LIKE



» Example

Racism and discrimination are constant sources of stress for many African American people. In 2019, the majority of African American people said they had personally been discriminated against because of their race. The pressure of discrimination makes it more likely that a person will begin to use tobacco and makes it harder to quit.

RECOMMENDATION 5:

Give specific, contemporary examples of tobacco industry tactics that are driving disparities

OVERVIEW



Offering specific examples of tobacco industry tactics—like tailored advertisements, retailer location and point-of-sale tactics, or flavored products—can help people understand how the tobacco industry tactics drive tobacco-product related disparities.

RECOMMENDATION 5:

Give specific, contemporary examples of tobacco industry tactics that are driving disparities

WHY THIS WORKS



WHY THIS WORKS

- Thanks to the effective campaigning of tobacco control advocates, **the American public has a general sense that tobacco companies are bad actors.**
- **Yet, people generally don't know much about what, exactly,** is in the industry's marketing and promotion plan (playbook)—and they have even less knowledge about how these tactics disproportionately affect and are aimed at certain population groups and communities.
- **Contemporary examples of targeting or political interference can** activate a productive skepticism of corporate intentions that can be updated and strengthened through memorable and shareable stories.

RECOMMENDATION 5:

Give specific, contemporary examples of tobacco industry tactics that are driving disparities

HOW THIS WORKS



HOW THIS WORKS

- **It is important to offer at least one specific, contemporary example** of how tobacco companies heavily promote their products to specific population groups and communities.
- **Be clear that industry tactics matter, but do not suggest they are all that matter.** Avoid framing the tobacco industry as being so powerful that change is impossible. If the public concludes that industry influence over government is so entrenched that there is no hope for change, fatalism will sap engagement and support will falter.

RECOMMENDATION 5:

Give specific, contemporary examples of tobacco industry tactics that are driving disparities

WHAT THIS LOOKS LIKE

Contemporary tobacco industry examples:

- **Tailored advertisements**
- **Retail location**
- **Point of sale tactics**
- **Flavored products**

WHAT THIS LOOKS LIKE



RECOMMENDATION 5:

Give specific, contemporary examples of tobacco industry tactics that are driving disparities

» **Example**

INSTEAD OF THIS

Tobacco advertising aimed at people younger than age 18 has been prohibited since the 1998 Master Settlement Agreement, but public health advocates must remain vigilant. History is repeating itself as e-cigarette companies take pages from Big Tobacco’s playbook, using targeted marketing and flavored additives to entice “replacement smokers.” Today’s e-cig flavors read like a candy store inventory list: from blueberry to butterscotch.

TRY THIS

Tobacco companies use candy and fruit flavors to appeal and lessen the harshness of tobacco products for youth—which is why the FDA banned the sale of sweet-tasting cigarettes. Big Tobacco responded by promoting different types of flavored products, like berry-flavored cigarillos, watermelon chewing tobacco, or candy-corn flavored juice for e-cigarettes. Now, we need to work to prevent the tobacco industry from using flavors to target young people.

WHAT THIS LOOKS LIKE



RECOMMENDATION 6:

Connect the dots between youth susceptibility, industry targeting, and disparities

OVERVIEW



Explaining how the tobacco industry takes advantage of youth susceptibility to nicotine dependency and marketing activates a powerful sense of urgency and a necessary sense of collective responsibility.

RECOMMENDATION 6:

Connect the dots between youth susceptibility, industry targeting, and disparities

WHY THIS WORKS



WHY THIS WORKS

- **There is unique power in aligning tobacco issues with children’s health.** It is a strong position because the opposite stance—being against children—is untenable. Yet, name-dropping the term “youth” isn’t enough. Identifying the sensitive nature of this developmental stage is important.
- **By starting with “youth” and then quickly transitioning to “communities facing other forms of injustice,”** you can make it far easier for people to connect environmental factors with health.
- This storyline—that **disparities are largely the result of intentional, targeted efforts to hook kids in certain population groups and communities**—combines the power of a call for fairness with the advantages of public concern for young people.

RECOMMENDATION 6:

Connect the dots between youth susceptibility, industry targeting, and disparities

HOW THIS WORKS



HOW THIS WORKS

- **Few people understand how “open” the adolescent brain is to nicotine dependency.** Explain that because brains are still being developed through adolescence, young people are especially susceptible to both nicotine dependency and advertising. Then pivot quickly to introduce the issue of racial and social disparities, giving examples of industry targeting of specific subpopulations.
- **Avoid language that suggests parents are to blame.** People assume that parents are almost entirely responsible for their children’s health outcomes.
- **To avoid stigmatizing families, take care to point to structural issues**—like differences in residential smoke-free policies or access to evidence-based cessation services—that shape parents’ contexts.

RECOMMENDATION 6:

Connect the dots between youth susceptibility, industry targeting, and disparities

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

- **Begin with a simple explanation of adolescence and nicotine dependency.**
 - + “We need to do more to prevent tobacco companies from marketing their dangerous products to kids. Early use of any tobacco product—cigarettes, chew, cigars, or e-cigarettes—makes a long-term dependency to nicotine more likely. In fact, most adults with nicotine dependency started using tobacco in adolescence. Because young peoples’ brains and bodies are still developing, substance use during this stage disrupts health and growth, and can wire unhealthy behaviors into the brain.”
- **Transition to disparities in tobacco-product related health problems. Prevalence data could fit here.**
 - + “Knowing that a person who starts smoking in their teens is likely to become a reliable customer, tobacco companies spend an enormous amount of money and energy on appealing to young people. They market especially heavily in rural communities, in communities of color, and to people who identify as LGBT+.”

RECOMMENDATION 6:

Connect the dots between youth susceptibility, industry targeting, and disparities

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE (CONTINUED)

- **Give examples of industry practices that are targeting youth in priority populations.** Include multiple racial and social groups whenever possible.
 - + “For example, tobacco companies discount menthol cigarettes, which mask the harshness of tobacco, near schools that Black students attend. To reach kids in rural communities, smokeless tobacco brands sponsor rodeos, where up to 30 percent of the audience are children and teens. The tobacco industry has spent billions to market their product as being part of LGBT+ culture—from sponsoring Pride events to advertising rainbow-colored packaging in LGBT+ magazines.”
- **Affirm that we can, and should, do something about it.**
 - + “A just society ensures that no person—especially a young person—is exposed repeatedly to things that we know are harmful. Yet, in communities facing disadvantage, young people experience a constant flow of tobacco advertising, discounts, and displays. There are steps we can take—like banning the sale of commercial tobacco within 1,000 feet of a school or restricting the ability of tobacco companies to sponsor cultural events. Fairness, and our future, demand action.”

RECOMMENDATION 7:

Expand the public's mental model of tobacco

OVERVIEW



Most people are aware that tobacco comes in many other forms, like cigars, pipes, chewing tobacco, and new products like e-cigarettes.

However, these other products are rarely top of mind. Expanding the public's mental model of tobacco can help shift understanding and default assumptions about tobacco control.

RECOMMENDATION 7:

Expand the public's mental model of tobacco

WHY THIS WORKS



WHY THIS WORKS

- **People tend to equate “tobacco” with “cigarettes”**— detracting attention from the other products that are promoted heavily to certain groups and which are re-normalizing commercial tobacco use.
- **Being intentional and disciplined in naming a variety of tobacco products** can help shift the public's understanding and default assumptions about tobacco use and control.

RECOMMENDATION 7:

Expand the public's mental model of tobacco

HOW THIS WORKS



HOW THIS WORKS

- **Adopt language that keeps cigarettes in the picture**, yet also broadens the scope of the issue in the public's mind.
- **Add negative adjectives or qualifiers to describe tobacco.** People toggle between two conflicting mental models of tobacco: it's a natural product (and therefore harmless); and it's a processed product (and therefore dangerous). Activate and reinforce their understanding of the dangers of commercial tobacco by using qualifiers like addictive, dangerous, or deadly.
- **Do not forget about secondhand smoke.** It is important to expand the public's understanding of tobacco exposure. Whenever possible, mention that there is no safe level of exposure to secondhand smoke.

RECOMMENDATION 7:

Expand the public's mental model of tobacco

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

INSTEAD OF THIS

cigarettes and other tobacco products

TRY THIS

addictive tobacco products like cigarettes, cigars, chew, and e-cigarettes (vapes)

RECOMMENDATION 8:

Frame and explain data

OVERVIEW



Using data to communicate about tobacco use is important, but you need to provide the context and cues for the meaning of the data—otherwise, people will default to existing understandings of the issue and come up with their own explanation of what those data mean.

RECOMMENDATION 8:

Frame and explain data

WHY THIS WORKS



WHY THIS WORKS

- **Data showing high, disparate levels of tobacco use do not shift how people think and reason.** If you don't provide people a way to make sense of facts and data points, people will rely on beliefs about personal vice or negative stereotypes about groups facing disadvantage.
- **Unframed statistics about the persistence of tobacco use among population groups encourage fatalism,** especially when the stark statistics focus on serious disease and death. And without context, statistics about subpopulations can have a powerful “othering” effect.
- **People default to seeing demographic groups in isolation,** rather than seeing the common underlying causes of the problem and the societal changes needed to improve the situation.

RECOMMENDATION 8:

Frame and explain data

HOW THIS WORKS



HOW THIS WORKS

- **Situate data and statistics within a broader narrative and select them carefully.** Don't expect a stack of facts and figures to convey meaning. An effective way to organize communications is to start with a value, provide an explanation of the process at work, illustrate the problem, and then offer a policy-level solution. Integrate data into “problem” and “solution” sections—and kick the habit of leading with it.
- **Avoid using data to tell just a crisis story—show how bad or big the problem is.** Use data about tobacco use and tobacco-product related health outcomes rates sparingly; lean toward data that highlight causal pathways or drivers of disparities and solutions to address them.

RECOMMENDATION 8:

Frame and explain data

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

» Example

INSTEAD OF THIS

Adults with mental illness or substance use disorders smoke cigarettes more than adults without these disorders. In fact, these adults consume almost 40% of all cigarettes smoked by adults in the US. On average, people with mental illness die younger than others—and many of these deaths are caused by smoking.

TRY THIS

People who have a serious mental illness are twice as likely to live in a neighborhood with high numbers of tobacco retailers and high levels of advertisements. This is one reason why adults with a mental illness are more likely to smoke than adults without these disorders.

RECOMMENDATIONS 9:

Avoid framing disparities as an economic issue, a crisis, or the “last mile” for tobacco control

OVERVIEW



To build support for addressing tobacco disparities, evoke the concept of fairness and tell a story about the toll that tobacco takes on our commitment to justice for all.

Avoid highlighting the economic toll of tobacco use (health care costs, costs associated with missed work or loss of economic productivity, etc.), a crisis, or historical progress.

RECOMMENDATIONS 9:

Avoid framing disparities as an economic issue, a crisis, or the “last mile” for tobacco control

WHY THIS WORKS



WHY THIS WORKS

- Effective framing navigates public thinking skillfully by **avoiding triggering ways of thinking** that will distract from the main issue and emphasizing the overarching narrative again and again.
- Research clearly demonstrated that it is **highly effective to evoke the principle of justice, illustrate how tobacco threatens it, and offer solutions** that move our nation to greater fairness.
- **Research found the following frames can backfire:**
 - + Highlighting the economic toll of tobacco-product related illnesses leads the public to blame people who smoke for causing preventable costs.
 - + Talking about eliminating tobacco disparities as the last step in a long history of progress gives the public the impression that the problem will eventually resolve itself. People conclude that tobacco is neither a contemporary nor urgent issue, which translates to less support for change.
 - + Evoking fear through scary stories, stark statistics, or words like “crisis”, “epidemic”, or “emergency” sparks misguided public reactions and short-sighted public policy.

RECOMMENDATIONS 9:

Avoid framing disparities as an economic issue, a crisis, or the “last mile” for tobacco control

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

» **Example**

INSTEAD OF THIS

Although cigarette smoking has declined significantly since 1964, disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country. Tobacco-product related diseases disproportionately affect Black, Hispanic, Asian American, and Native American communities.

TRY THIS

The U.S. has steadily expanded tobacco protections since 1964—with less smoke in the air and fewer advertisements for harmful products as a result. But these protections, which most Americans now take for granted, are less likely to cover the places where people of color live, learn, work, and play. This helps to explain why tobacco-product related diseases now disproportionately affect Black, Hispanic, Asian American, and Native American communities.

RECOMMENDATION 10:

Avoid “cultural deficit” framing

OVERVIEW



Over the past 40 years, the tobacco control movement has been highly effective in advancing a counter-narrative that shifts attention away from individual choice, highlights the responsibility of industry, and emphasizes the need for strong protections.

This structural attribution of responsibility will be even more important as the field reframes the issue once again to emphasize social justice and health equity.

RECOMMENDATION 10:

Avoid “cultural deficit” framing

WHY THIS WORKS



WHY THIS WORKS

- **People have a built-in tendency to be “fast and frugal thinkers” on social issues, readily satisfied with the first plausible explanation that springs to mind.** This innate cognitive tendency is reinforced culturally by media that focus on negative events and trends.
- **The good news is that this way of thinking isn’t the only option available in the public mind.**
- **Strategically activating attention to institutions, systems, and policies** can turn the conversation away from blaming and shaming, and toward policy solutions.

RECOMMENDATION 10:

Avoid “cultural deficit” framing

HOW THIS WORKS



HOW THIS WORKS

- **Don't be afraid to raise issues of racial, social, or geographic disparities in tobacco-product related health policies.** Some members of the public may not be fully aware of the problem, but strategic framing can and will allow them to connect their concern for fairness to the issue of tobacco.
- **Take care to use phrasing, examples, and narratives that anticipate—and head off—the risk that the public will misunderstand disparities as evidence that certain social groups lack willpower or fail to take responsibility for their health.**

RECOMMENDATION 10:

Avoid “cultural deficit” framing

WHAT THIS LOOKS LIKE



WHAT THIS LOOKS LIKE

» Example

INSTEAD OF THIS *(without a “why”)*

Despite making more quit attempts, African American people are less successful at quitting than White and Hispanic people who smoke, possibly because of lower utilization of cessation treatments such as counseling and medication. Research indicates that African American people who smoke are more likely than White people who smoke to call a tobacco Quitline, yet less likely to enroll in a program or quit smoking as a result.

TRY THIS *(with a “why”)*

The experience of discrimination can make people reluctant to get medical treatment. One in three Black adults say they have personally experienced racial discrimination when going to the doctor—and many report avoiding seeking medical care as a result. This is one of several examples that help to explain why Black people who smoke are more likely than White people to call a tobacco Quitline, yet are less likely to enroll in a program or quit smoking as a result.

M O D U L E

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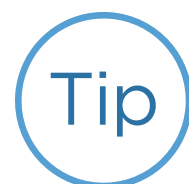
**HOW TO APPLY
THE TOBACCO
DISPARITIES FRAMING
RECOMMENDATIONS**

This module is designed to help users apply evidence-based framing strategies and messaging in communications to build an understanding of commercial tobacco-product related health disparities and advance greater health equity.

This module provides a framework for organizing communications around the 4P's: start with a **principle** or value, provide an explanation of the **process** at work, illustrate the **problem**, and then **propose** a solution.

The 4P's

- 1 Principle** *Lead your communications with a value-based frame such as justice, fairness and health equity.*
- 2 Process** *Help people understand why commercial tobacco inequities exist and persist which will help support your solutions.*
- 3 Problem** *Convey the seriousness of the problem using a few data points or facts but avoid leaving the reader believing the problem is insurmountable.*
- 4 Proposal** *Highlight solutions or approaches to address the problem.*



Look for places in your communications to add words like **push**, **pressure**, **flood**, or **saturate**.

Framing and Messaging to Use

Use framing strategies and messaging that **build an understanding** of commercial tobacco-product related disparities and **advance health equity**.

- + LEADING WITH A JUSTICE FRAME
- + CENTERING EXPLANATIONS FRAMING
- + EMPHASIZING COLLECTIVE SOLUTIONS FRAMING
- + USING THE PRESSURE METAPHOR IN YOUR MESSAGING

FRAMING STRATEGIES TO USE

Leading with a Justice Frame

Open your communications with an explicit statement about justice, fairness, or health equity.

» Examples

- ✓ Everyone deserves a fair shot at good health—free from the harm that commercial tobacco can cause.
- ✓ Achieving health equity means addressing system-wide problems, unfair practices, and unjust conditions that have a negative impact on the health of specific groups. To improve health equity, we must consider the impact of commercial tobacco products within and across population groups.



FRAMING STRATEGIES TO USE

Centering Explanations Framing

Explain why commercial tobacco inequities exist and persist, focusing on the causal pathways or drivers that contribute to disparities in use, exposure, health outcomes, and access to cessation services. Include at least one of the causal pathways of disparities that leads naturally to the collective solution you are emphasizing.

» Examples

- ✓ The tobacco industry pressures some groups with tailored marketing tactics.
- ✓ [Population group] deserves more protection from secondhand smoke.
- ✓ Tobacco companies promote flavored products—especially menthol—to some groups.

- ✓ Some groups experience barriers to treatment for commercial tobacco dependence and related health issues.
- ✓ Stress increases commercial tobacco use and can make health problems worse.



FRAMING STRATEGIES TO USE

Emphasizing Collective Solutions Framing

Unless you are reviewing a message specifically designed for cessation/health behavior change, be sure to emphasize solutions that operate at the institutional, community, state, or national levels.

» Examples

- ✓ Advancing health equity requires addressing system-wide problems and unfair practices. That's why we support states, communities, and organizations to implement strategies that reduce and eliminate disparities in health problems stemming from commercial tobacco.
- ✓ There are steps that states and communities can take to ensure that smoke-free air policies cover every workplace, with no exceptions.
- ✓ To advance health equity and reduce health disparities, states and communities can remove barriers that prevent some groups from getting effective treatment for tobacco dependence.
- ✓ Advancing health equity involves addressing unjust conditions, like discrimination, that can push people to use tobacco and can make related health problems worse.



FRAMING STRATEGIES TO USE

Using the Pressure Metaphor in Your Messaging

Draw on the idea of pressure to talk about social and environmental stressors that drive commercial tobacco use and exacerbate related health problems. Look for places in your communications to add words like push, pressure, flood, or saturate.

» Examples

- ✓ The pressure of discrimination makes it more likely that a person will begin to use tobacco—and makes it harder to quit.
- ✓ Chronic stress can push people to smoke—and can combine with other forces to make health problems worse.
- ✓ Tobacco companies push flavored products—especially menthol cigarettes—in Black communities.

- ✓ The tobacco industry saturates communities that are economically/socially disadvantaged with marketing and advertising.
- ✓ Limiting advertising and discounts can reduce the pressure to buy tobacco.



Framing and Messaging to Avoid

Avoid framing strategies and messaging that **reinforces stigma**.

- ✘ INEFFECTIVE PROBLEM FRAMING
- ✘ INEFFECTIVE SOLUTIONS FRAMING
- ✘ INEFFECTIVE RESPONSIBILITY FRAMING



FRAMING AND MESSAGING TO AVOID

Ineffective Problem Framing

If your communications begin with one of these problem statements, reframe your communications using *Leading with a Justice Frame*.

- ❌ **PREVALENCE:** X% of group Y smoke cigarettes daily, compared with the national average of X%.
- ❌ **NEGATIVE HEALTH IMPACT:** Tobacco is the leading preventable cause of death.
- ❌ **ECONOMIC IMPACT:** Tobacco-product related death and disease takes a heavy economic toll on our state.
- ❌ **HISTORICAL WINS:** Despite progress in reducing smoking, disparities exist among economic and racial groups.
- ❌ **END DISPARITIES:** Our goal is to eliminate disparities related to tobacco use among priority population groups.
- ❌ **CRISIS:** We are working to end the... scourge of tobacco/tobacco epidemic/vaping crisis.

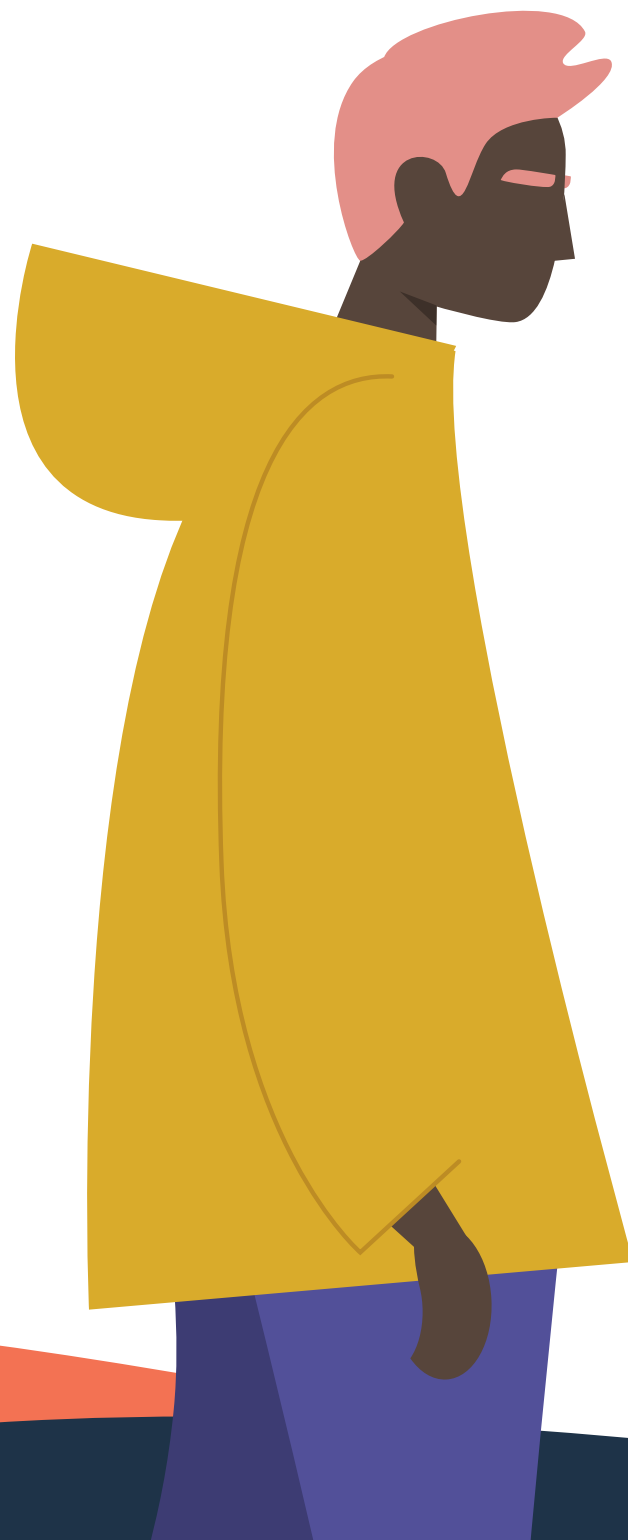
FRAMING AND MESSAGING TO AVOID

Ineffective Solutions Framing

If your communications omit solutions or talk about solutions in limited ways, reframe your communications using *Emphasizing Collective Solutions Framing*.

- ✘ **INDIVIDUAL SOLUTIONS:** Are the solutions mentioned limited to education and/or cessation support?
- ✘ **MISSING SOLUTIONS:** Are solutions missing altogether from the communication, or described only by a word or two?
- ✘ **JUST STATUTORY LANGUAGE:** Are solutions limited to references to regulations or laws?





FRAMING AND MESSAGING TO AVOID

Ineffective Responsibility Framing

If your communications leave out who or what is responsible for tobacco-product related disparities, reframe your communications using ***Centering Explanations Framing***.

- ✘ **PASSIVE VOICE/MISSING ACTOR:** Youth are exposed to high levels of advertising and marketing for tobacco products.
- ✘ **IT JUST IS:** Disparities exist among population groups.
- ✘ **SMOKERS KILL NONSMOKERS:** Every year, thousands of people who don't smoke die from having been exposed to someone else's tobacco smoke.

RESOURCES

The following resources can be found on the [ChangeLab Solutions Tobacco Disparities Project GoogleDrive](#).

- **Justice in the Air: Reframing Tobacco as an Equity Issue** - Report that summarizes the project's research findings and provides strategic guidance on how to use the framing strategies.
- **Talking About Tobacco-Related Health Disparities: Guides for Advocates** - Set of "field guides" that highlight the framing shifts and tool to talk about tobacco disparities relevant to five fields: children and youth; rural health; health equity; racial and ethnic justice; and public health.
- **We Can't Quit Now: Mapping the Gaps on Tobacco-Related Health Disparities** - Guide that provides a deeper background on mental models of tobacco, health disparities, and health equity.
- **Pointing Out Inequity: Curated Talking Points on Tobacco-Related Health Disparities** - Document that translates data from dozens of reliable, high-quality studies into talking points that highlight the structural, systemic drivers of tobacco-product related health disparities and public health approaches to advancing equity.

REFERENCES

¹ U.S. Department of Health and Human Services. *Smoking Cessation. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

² Centers for Disease Control and Prevention. *Best Practices User Guide: Health Equity in Tobacco Prevention and Control*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2015.