Talking About Tobacco-Related Health Disparities
A Guide for Racial and Ethnic Justice Advocates

Uneven tobacco protections are a major driver of disease and early death in communities of color across America. It is critical to include tobacco control as part of the racial equity conversation—and just as important to push for policies designed to eliminate disparities in tobacco-related health problems. This guide offers evidence- based communications strategies for talking about tobacco control as an important racial equity issue. If not carefully worded, communications about tobacco-related health disparities could inadvertently reinforce the misconception that these problems are due to poor personal choices. With the right framing, on the other hand, outreach and education messaging can set up more productive conversations about systemic and structural changes.

1. Explain "how it happens" before talking about "who it happens to more often."

It is especially important to highlight different social contexts or conditions that communities experience before mentioning disparities. If messaging highlights only the affected groups, people can fall back on negative stereotypes about those communities to explain away the statistics.

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FRAME WORKS   ChangeLab Solutions

Instead of this...	Try this...
Tobacco-related diseases disproportionately affect Black, Hispanic, Asian American, and Native American communities. Cancer, heart disease, and stroke—all of which can be caused by cigarette smoking—are among the leading causes of death among African Americans and Hispanics. Native Americans and Alaska Natives have a higher risk of tobacco-related disease and death due to high prevalence of cigarette smoking and other commercial tobacco use.	The US 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-related diseases now disproportionately affect Black, Hispanic, Asian American, and Native American communities.
Despite more quit attempts, African Americans are less successful at quitting than white and Hispanic cigarette smokers, possibly because of lower utilization of cessation treatments such as counseling and medication. Research indicates that African American smokers are more likely than whites to call a tobacco quitline, yet less likely to enroll in a program or quit smoking as a result.	The experience of discrimination can make people reluctant to get medical care. 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 helps to explain why African American smokers are more likely than whites to call a tobacco quitline, yet less likely to enroll in a program or quit smoking as a result.

2. Consistently use language that expands the public's mental model of tobacco products.

People tend to equate "tobacco" with "cigarettes," detracting attention from products that tend to be promoted more heavily to marginalized social groups. Advocates who work on substance use issues often omit tobacco from their messaging, which leaves it out of the picture. Adopt language that keeps tobacco in the picture, and also broadens the scope of the issue in the public mind, as illustrated below.

Instead of this...	Try this...
Cigarettes and other tobacco products	Harmful tobacco products, like cigarettes, chewing tobacco, cigars, and e-cigarettes

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Instead of this...	Try this...
We work to reduce the use and misuse of drugs and alcohol.	We work to reduce youth access to harmful substances, like cigarettes, alcohol, cannabis, and other drugs.

3. Don't just state that race is a social determinant of health – explain that idea.

Use plain language and cause-and-effect sequences to help people understand how racial discrimination and structural racism shape contexts, and how those contexts connect to tobacco disparities. Try phrases like "essential conditions for good health" or "vital conditions for health."

For most audiences, these will make more sense than "social determinants of health," or other specialized language from your field. Also, when using statistics to illustrate the connection between a social category and a health outcome, lean toward numbers that focus attention on social or policy contexts. This makes it harder for people to explain away tobacco-related problems as the results of poor personal choices.

Instead of this...	Try this...
We look upstream, working to address race and ethnicity as social determinants of health.	We work to ensure that the essential conditions
Many African Americans face barriers that prevent or limit access to needed health care services, which may increase the risk of tobacco-related health burdens and poor health outcomes.	Too often, people are locked out of certain health services due to the type of insurance their job offers. When doors to health care are closed, the risk of tobacco-related health problems increases. We need to ensure that people of color have the keys to access health care.

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Instead of this...	Try this...
We must not forget tribal status as a social determinant of health. Native Americans and Alaska Natives smoke at higher rates than all other racial and ethnic groups, with 22% reporting that they smoke every day or almost every day. Taking a "social determinants of health" approach in tobacco prevention and control will be necessary to achieve equity and eliminate tobacco-related disparities.	Progress in smoke-free protections has not reached most Native Americans. State smoke-free laws do not automatically cover tribal nations or reservations, leaving . Native Americans at greater risk for smoke exposure. A study of Northern Plain American Indians who did not smoke found that the levels of cotinine in their blood, which indicates exposure to nicotine, were 28% higher than would be expected for nonsmokers in other communities.

4. You're raising a big, specific social problem—so also point to a big, specific solution.

If you stack up stark statistics about prevalence but don't mention a solution, the public may assume that tobacco-related health disparities are just another dire social problem that can't be solved. The solutions you're proposing will receive more support if they suggest "fixing conditions" instead of "fixing people." Finally, avoid jargon or vague calls for "taking steps to address the issue." It is more effective to offer plain-language explanations of policies that could make a difference at a wide scale.

Instead of this...	Try this...
We must help more people quit smoking, build greater awareness of the risks of tobacco among low-income communities and communities of color, and warn our community against falling prey to the tobacco industry's devious tactics.	Research that modeled what would happen if the US adopted a nationwide ban on menthol tobacco products found that the policy would save more than 600,000 lives, including nearly a quarter million Black lives.

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Instead of this...	Try this...
Tobacco use is a major contributor to the three leading causes of death among African Americans—heart disease, cancer, and stroke. We must take steps to eliminate racial disparities in tobacco-related health burdens.	Banning the sale of tobacco products within 1,000 feet of a school would dramatically reduce the number of retailers in cities. The effects of a ban would be greatest in urban areas, so would especially benefit Black communities and lower-income people. This single change would completely eliminate a major source of racial disparities in tobacco-related health problems.

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