

# Content Review Guide



## Using communications to build public understanding of the health burdens caused by commercial tobacco

Use the “Framing to Avoid” guidance to spot and avoid framing that reinforces stigma.

Use the “Framing to Use” section to revise in ways that build support to eliminate tobacco-related health disparities and advance equity.

### Framing to Avoid

#### Ineffective Problem Framing

##### Demographics

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Negative Health Impact</b> | Example: Tobacco is the leading preventable cause of death.  |
| <input type="checkbox"/> <b>Economic Impact</b>        | Example: Tobacco-related death and disease takes a heavy economic toll on our state.                   |
| <input type="checkbox"/> <b>Prevalence</b>             | Example: X% of group Y smoke cigarettes daily, compared with the national average of Z%.               |
| <input type="checkbox"/> <b>End Disparities</b>        | Example: Our goal is to eliminate disparities related to tobacco use among priority population groups. |
| <input type="checkbox"/> <b>Crisis</b>                 | Crisis Example: We are working to end the ... scourge of tobacco / tobacco epidemic / vaping crisis.   |

If you answered **YES** to any of the above, it’s time to reframe. See the section Leading with Justice, below, for suggestions.

#### Ineffective Solutions Framing

##### Does the communication omit solutions—or talk about solutions in limited ways?

- |   |
|---|
| <input type="checkbox"/> <b>Individual Solutions:</b> Are the solutions mentioned limited to education and/or cessation support?                |
| <input type="checkbox"/> <b>Missing Solutions:</b> Are solutions missing altogether from the communication, or described only by a word or two? |
| <input type="checkbox"/> <b>Just Statutory Language:</b> Are solutions limited to references to regulations or laws?                            |

If you answered **YES** to any of the above, it’s time to reframe. See Emphasizing Collective Solutions below, for suggestions.



ChangeLab Solutions

Framing Tobacco-Related Health Disparities  
Content Review Guide

## Ineffective Responsibility Framing

### Demographics

<input type="checkbox"/> <b>Passive Voice / Missing Actor</b>	Example: Youth are exposed to high levels of advertising and marketing for tobacco products.
<input type="checkbox"/> <b>It Just Is</b>	Example: Disparities exist among population groups.
<input type="checkbox"/> <b>Smokers Kill Nonsmokers</b>	Example: Every year, thousands of nonsmokers die from having been exposed to someone else's tobacco smoke.
<input type="checkbox"/> <b>Irresponsible Parents</b>	Example: One in six families in our state allow smoking in their home, exposing their children to dangerous secondhand smoke.
<input type="checkbox"/> <b>Fatal Choice</b>	Example: 10 residents of our state die each day because they smoked cigarettes.
<input type="checkbox"/> <b>Ignoring Good Advice</b>	Example: The consequences of tobacco use are well known, yet people continue to use tobacco in alarming numbers.

If you answered **YES** to any of the above, it's time to reframe. See Centering Explanations, below, for suggestions.

## Framing to Use

This section offers direction on recommended themes and ideas. You can use this language verbatim, or adapt the core idea.

### Leading with Justice

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

Here are examples you can borrow or build from:

- “Everyone deserves a fair and just opportunity to be as healthy as possible—free from the harm that commercial tobacco can cause.”
- Our state is working to advance fairness and justice in health. Justice involves addressing major causes of inequalities—like the harm that commercial tobacco causes in communities of color, rural communities, and lower-income communities.”
- “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 role of commercial tobacco.”
- “Justice demands that everyone’s right to breathe clean air is protected—no matter where they live, learn, or work. Secondhand smoke gets in the way of health equity.”
- “No matter where people live, work, or learn, they should not be exposed to high levels of advertising for deadly commercial tobacco products.”

### Centering Explanations

Explanations can double the support for public health solutions when compared to assertion. Include at least one of the following causal pathways. Select one that leads naturally to the collective solution you are emphasizing, and back it up with data. [See “Pointing Out Inequality” for supporting points from peer-reviewed studies—already framed for you.]

- “The tobacco industry targets some groups with tailored marketing tactics.”
- “The tobacco industry saturates [Black/Latinx/LGBT+/etc] communities with advertising and discounts.”
- “[Population group] deserves strong protection from secondhand smoke.”
- “Tobacco companies push flavored products—especially menthol—to some groups.”
- “Some groups experience barriers to treatment for tobacco dependence and related health issues.”
- “Stress increases commercial tobacco use, and can make health problems worse.”

## Emphasizing Collective Solutions

Unless you are reviewing a message specifically designed for cessation/health behavior change, be sure to emphasize solutions that work at the institutional, community, state, or national levels. Here are examples you can borrow or build from:

- To live up to the ideal of fairness, our state works to ensure that everyone—regardless of race, class or other background—is safe from the harm that commercial tobacco causes. That means making sure that all workers are protected from secondhand smoke, that no community is singled out by the tobacco industry with targeted marketing, and that everyone can access effective treatments for nicotine dependence.”
- “Advancing health equity involves addressing unjust conditions, like discrimination, that can push people to use tobacco and can make related health problems worse.”
- “A just society ensures that no one is exposed again and again to things that we know are harmful. That’s why we are working to:
  - Limit tobacco companies’ ability to market commercial tobacco products to young people.
  - Remove obstacles that prevent some groups from getting treatment for nicotine dependence.
  - Ensure that smoke-free air policies cover every workplace, with no exceptions.
  - Reduce external pressures, like poverty and discrimination, that can push people to use tobacco.”

## Using the Pressure Metaphor

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

Here are examples you can borrow or build from:

- “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 African American communities.”
- “The tobacco industry **saturates** low-income communities with marketing and advertising.”
- “Limiting advertising and discounts and can **reduce the pressure** to buy commercial tobacco.”

## Words to Watch For—A Short List

This short list is based on recent practical experience in reviewing language from tobacco control stakeholders. The intention is to help you make use of person-first, asset-based vocabulary and plain language, which supports an overall shift to a health equity frame. This list is presented in alphabetical order and is not meant to be exhaustive.

Replace	Embrace	Why?
Cigarettes and other tobacco products	<ul style="list-style-type: none"> <li>Commercial tobacco products, like cigarettes, e-cigarettes, and chewing tobacco</li> <li>Commercial products that contain nicotine, like cigarettes, menthol cigarettes, or flavored cigars</li> </ul>	We need to expand the public’s mental model of “tobacco” beyond cigarettes to include emerging products and the types of products disproportionately used by priority populations.
ENDS	<ul style="list-style-type: none"> <li>E-cigarettes</li> <li>Electronic cigarettes</li> <li>Using e-cigarettes (“vaping”)</li> </ul>	The public is unfamiliar with the acronym ENDS (electronic nicotine delivery systems). The term e-cigarette builds on the public’s understanding that cigarettes harm health.
Nonsmokers	<ul style="list-style-type: none"> <li>People who do not smoke</li> </ul>	Nonsmokers People who do not smoke Person-first language is more respectful and more accurate.
Population groups	<ul style="list-style-type: none"> <li>Groups of people</li> <li>Social groups—such as people who are LGBT+</li> </ul>	Plain language is more accessible than public health jargon.
Quit/quitting	<ul style="list-style-type: none"> <li>End a dependence on tobacco</li> <li>Treat nicotine dependence</li> </ul>	Medical language helps to disrupt the assumption that tobacco use is merely a poor choice or bad habit. (In health behavior change campaigns (e.g., TIPS©), the plain language use of “quit” is appropriate.)
Smokers	<ul style="list-style-type: none"> <li>People who smoke</li> <li>People who use commercial tobacco</li> </ul>	Person-first language is more respectful and more accurate.
Teens; teenagers	<ul style="list-style-type: none"> <li>Adolescents (children aged 11–24)</li> <li>Youth</li> <li>Young adults</li> <li>Young people</li> </ul>	People tend to associate the term “teen” with characteristics like rebelliousness and impulsive behavior. This sparks a sense that youth-focused efforts probably won’t work.
Tobacco	<ul style="list-style-type: none"> <li>Commercial tobacco</li> <li>Commercial tobacco products</li> <li>Harmful tobacco products sold for profit</li> </ul>	Specifying “commercial” tobacco distinguishes it from sacred, traditional tobacco used by some Indigenous groups—which helps to respect and reach Native communities. The phrase “commercial tobacco” also serves as a subtle reminder that companies profit from the sale of this exceptionally harmful product.

Vapes/vaping	<ul style="list-style-type: none"> <li>• E-cigarettes</li> <li>• Electronic cigarettes</li> <li>• Using e-cigarettes (“vaping”)</li> </ul>	The term “vaping” reinforces the misconception that only harmless water vapor is emitted from electronic nicotine devices.
Vulnerable	<ul style="list-style-type: none"> <li>• People</li> <li>• Groups facing disadvantage</li> </ul>	The “vulnerable” label leaves room for a stigmatizing interpretation of why people are experiencing a problem.

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For more information about framing tobacco as a health equity issue, visit <https://www.changelabsolutions.org/product/framing-tobacco-disparities>