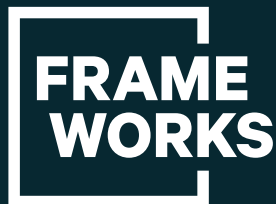


Justice In The Air: Framing Tobacco-Related Health Disparities A FrameWorks Strategic Brief

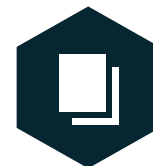
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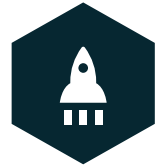
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Justice in the Air



Regulation of commercial tobacco products—including cigarettes, cigars and cigarillos, e-cigarettes, chewing tobacco, and secondhand smoke—is uneven across the US. And where protections are scant, health problems stemming from tobacco¹ use and exposure abound.

Yet there's a disconnect between this evidence and the general public's understanding of the issue. Americans know—thanks to the tremendous public education efforts of the tobacco control movement—that commercial tobacco is harmful to health. Most are unaware, however, that the severe and even fatal health problems stemming from tobacco are concentrated among groups who face multiple forms of structural injustices: people of color, people living in rural communities, people with behavioral health conditions, people who are LGBT+, young people, and people with lower incomes.

To advance health equity, we need to talk about these health disparities. However, if not carefully worded, our outreach and education could inadvertently reinforce misconceptions and biases about the communities who are most affected by tobacco-related diseases. The public's top-of-mind explanation for tobacco-related diseases is that people who use tobacco have caused their own problems. The most sensible solution, in the public mind, is to change people's values and behaviors. This little-picture mindset makes it more difficult for people to see the important role that tobacco control and prevention can play.

On the other hand, with the right framing, outreach and advocacy can more effectively mobilize affected communities, generate support among “bystander publics,” and persuade policymakers to act.

- 1 Ceremonial and traditional uses of tobacco are important to many Indigenous communities. This resource is intended to address commercial tobacco products, not tobacco used as part of an Indigenous practice or other recognized religious or spiritual ceremonies or practices. All references to tobacco and tobacco products in this resource refer to commercial tobacco.



ChangeLab Solutions

**Framing Tobacco-Related Health Disparities
A FrameWorks Strategic Brief**

The Tobacco Disparities Framing Project was designed to work through the challenges in framing this issue. Recommendations include:

1. Talk about tobacco control as an issue of fairness and justice.
2. Expand the public’s mental model of “tobacco.”
3. Give contemporary examples of industry tactics that are driving disparities.
4. Connect the dots between youth susceptibility, industry targeting, and disparities.
5. Don’t just point to prevalence—explain the drivers of disparities.
6. Use a Pressure metaphor to explain environmental stressors.
7. Offer policy-level solutions that directly address disparities.
8. Frame and explain data—don’t expect it to tell a story by itself.
9. Avoid framing disparities as an economic issue, a crisis, or the “last mile” for tobacco control.
10. Don’t avoid talking about disparities—but take care to avoid cultural deficit framing.

This strategic brief:

- Outlines effective ways to shift thinking and build support for solutions
- Illustrates how these frames can be applied to communications
- Highlights the research that underpins these recommendations.

These recommendations are based in a multi-method research project that tested alternative frames with more than 10,000 Americans. More details about the research design, samples,

methods, and results are available in the appendixes.

Recommendation #1: Talk About Tobacco Control As An Issue Of Fairness And Justice

Health is a top-of-mind issue for the American public, but when our communications rely on “health” as the lead message, we end up reinforcing narrow, stigmatizing, and fatalistic thinking. By leading with justice, not health outcomes, advocates can spark a different kind of conversation.

Focusing on equity is a powerful way to make the case for tobacco control and prevention, but the way those issues are raised makes a difference. Never rely solely on unequal rates of use or health outcomes in messaging. Put those numbers in context. Always include specific examples of unfair circumstances or conditions. Providing this contextual perspective helps people grasp how policy changes would make a difference. For instance, instead of simply offering statistics about illness and death, highlight different policy contexts, like geographic variations in tobacco control and prevention policies.

What it looks like

Instead of ... (Unequal outcomes framing)

“Tobacco is immensely destructive in Black communities, causing more deaths than AIDS, accidents, and homicide combined. Because of tobacco companies’ manipulative tactics, Black communities experience the greatest burden of tobacco-related mortality of any racial or ethnic group in the United States. Lung cancer kills more African Americans than any other type of cancer, and smoking is responsible for 87% of lung cancer deaths.”

Try this ... (Unequal obstacles framing)

“A just society ensures that no person—regardless of race or ethnicity—is exposed again and again to things that we know are harmful. Yet tobacco companies channel higher levels of advertising, discounts, and displays of their dangerous products into Black communities. Such targeted, aggressive marketing practices contribute to more health problems. To live up to the ideal of fairness, we must change these practices.”

Instead of ... (Health outcome framing)

“Tobacco use is the largest preventable cause of death and disease in the US. Each year, approximately 480,000 Americans die from tobacco-related illnesses. Further, more than 16 million Americans suffer from at least one disease caused by smoking. Health burdens are highest in the Midwest and South, and among people with lower socioeconomic status.”

Try this ... (Policy context framing)

“Right now, some Americans are exposed to more secondhand smoke than others, due to wide differences in smoke-free protections from state to state. This is one reason why residents of Missouri are more likely to die from tobacco-related illness than people in Minnesota. Until everyone is protected from smoke, we must keep working for fairness.”

Keep in Mind

- Make the issue “about” our shared commitment to the ideal of justice, instead of making it “about” health burdens. Emphasizing that basic fairness or social justice is at stake is more effective than listing the many negative health outcomes associated with tobacco.
- Develop the theme of justice. A single instance of the word “justice” typically isn’t enough to focus attention on this value. Values-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.

Why this works

When we focus exclusively on poor health outcomes in marginalized communities, we activate certain toxic patterns of thinking:

- The idea that poor decisions (to use tobacco) and lack of willpower (to quit using) are the root cause of tobacco-related illness
- The belief that these types of moral failure 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 intractable and too 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.

The value of fairness dampens the reaction that this is “not my problem” and something that exists “over there.” It activates a sense of collective responsibility and increases willingness to act as part of the solution.

Recommendation #2: Expand The Public’s Mental Model Of “Tobacco”

People tend to equate “tobacco” with “cigarettes,” detracting attention from the other products that are promoted heavily to marginalized social groups and which are re-normalizing commercial tobacco use. If advocates don’t expand the public’s mental model of tobacco, it will be more difficult to expand tobacco control and prevention to cover those products. Adopt language that keeps cigarettes in the picture, yet also broadens the scope of the issue in the public mind.

What it looks like

Instead of ...	Try this ...
“cigarettes and other tobacco products”	“addictive tobacco products like cigarettes, cigars, chew, and e-cigarettes (vapes)”

Keep in Mind

- Add negative adjectives 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.
- Don’t forget about secondhand smoke. Just as it’s important to build out from cigarettes to a broader notion of tobacco, it’s important to build out from tobacco use to a broader notion of tobacco exposure. Whenever possible, mention that there is no safe level of exposure to secondhand smoke. Connect to vaping, too, by explaining that the “fumes from e-cigarettes contain toxic particles and chemicals.”
- Keep it simple. Avoid complex, expert terms like emerging tobacco products or electronic nicotine delivery systems. Instead, use the terms that are common in your community.
- Use, or at least include, the term e-cigarettes. “Vapes” and “vaping” derive from “vapor,” which people associate with harmless water steam. Don’t use vapes or vaping alone. Instead, pair up whatever term is widely used in your community with words that connote harm, like e-cigarettes or nicotine devices.

Why this works

People are aware that tobacco comes in many other forms, like cigars, pipes, chewing tobacco, and new products like e-cigarettes. But these other products are rarely top of mind. Because members of the public think “cigarettes” when they hear “tobacco,” communications must explicitly and repeatedly mention other types of tobacco products. This is an easy, but vital, fix: If tobacco control advocates are intentional and disciplined in naming a variety of tobacco products, public understanding will shift accordingly. Repeating ideas makes them more available in the public mind and public discourse, and over time, can shift people’s default assumptions about an issue.

Recommendation #3: Give Contemporary Examples Of Industry Tactics That Are Driving Disparities

Point to industry tactics as one of the main causes of tobacco-related health disparities, but don’t assume that the public knows what those tactics are or how they work. Give contemporary, specific examples of how tobacco companies heavily promote their products among specific social groups. Explain both what industry is doing and the implication for policy-level change.

What it looks like

Instead of ...

“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 to 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 extend the rules to prevent the tobacco industry from using flavors to target young people.”

Keep in Mind

- Don’t count on tobacco control shorthand to do the job. To tobacco control advocates, phrases like Big Tobacco and the tobacco industry’s playbook come laden with meaning and call up a detailed history of corporate malfeasance. To the public, they just sound vaguely nefarious. It’s important to offer at least one specific, contemporary example of an unfair or deceptive practice aimed at disadvantaged groups, so that people can see where intervention would make sense.
- Focus on now. Historical examples can be effective, but they always aren’t necessary, and they definitely aren’t sufficient. When communications space is limited, it’s fine to start the story now rather than in 1964 or 1998. Even when there is time to talk about history, be sure to mention that the same or similar practices are used today, lest people assume that the problem has already been solved.
- Illustrate how a single tactic is deployed against different groups. Focusing on how industry targets a single demographic group makes it easy for people to come up with alternative explanations based in assumptions about that group. To guard against this, explain the tactic and then offer examples from at least two different contexts. For instance, call attention to industry promotion at cultural events, then illustrate the concept by mentioning hip-hop shows at convenience stores, LGBT+ bar nights, and sponsorship of rodeos.



- Don't suggest that people are helpless victims. People strongly reject the idea that consumers have no agency. Be clear that industry tactics matter, but don't suggest they are all that matters.
- Don't frame industry as being so powerful that change is impossible. If the public concludes that industry influence over government is so entrenched that there's no hope for change, fatalism will sap engagement and support will falter. Build a sense of efficacy by pointing to examples of how communities have organized effectively, highlight promising directions, and keep a can-do tone.

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 playbook—and have even less knowledge about how these tactics are aimed at groups facing other forms of structural injustice. 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 #4: Connect The Dots Between Youth Susceptibility, Industry Targeting, And Disparities

Explain that because brains are still being built and wired through adolescence, young people are especially susceptible to both nicotine dependency and to advertising. Then pivot quickly to introduce the issue of racial and social disparities, giving examples of industry targeting of specific subpopulations. This storyline—that disparities are largely the result of intentional, targeted efforts to hook kids in communities facing injustice—combines the power of a call for fairness with the advantages of public concern for young people.

What it looks like

1. Begin with a simple explanation of adolescence and addiction.

“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 addiction 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.”



2. Transition to disparities in tobacco-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+.”

3. 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 rural kids, 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.”

4. 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 already facing other forms of injustice, young people experience a constant flow of tobacco advertising, discounts, and displays. There are steps we can take—like banning the sale of 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.”

Keep in Mind

- Focus attention on the sensitive nature of the developmental stage. It's not enough to simply name "children" or "youth" as an affected group, or to offer statistics that show that youth use is on the rise. Take people along to one or more outcomes of early use: disrupted development, the heightened risk of longer-term use, or the more severe health effects associated with long-term use.
- 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.
- Mention multiple social and racial groups whenever possible. To help the public learn that this is an issue that affects many communities, get into the habit of offering examples and data points from varying contexts.

Why this works

There is unique power in aligning tobacco issues with children's health. It's a strong position because the opposite stance—being against children— is untenable. Yet name-dropping "youth" isn't enough. Identifying the sensitive nature of the developmental stage is important.

People may know that advertising shapes kids' general preferences, but most don't connect this to tobacco advertising or other forms of industry marketing. And few people understand how "open" the adolescent brain is to addiction. And they certainly don't think of these factors first or see them as key drivers of tobacco use or exposure. What springs to mind first is:

- It is up to parents to model good behavior, instill the right values in their children, and to ensure a healthy home environment.
- Even if parents do the right thing, teens are naturally inclined to experiment with substances, and to start smoking to fit in with their peers.

Explaining how the industry takes advantage of youth susceptibility to both addiction and marketing activates a powerful sense of urgency and a necessary sense of collective responsibility. By starting with "youth" and then quickly transitioning to "communities facing other forms of injustice," advocates can make it far easier for people to connect environmental factors with health.

Recommendation #5: Don't Just Point To Prevalence—Explain The Drivers Of Disparities

Always explain why and how tobacco-related inequities exist and persist. Focus on the mechanisms that drive disparities: the causal pathways that connect unequal social conditions to disproportionate use, exposure, and health harms.

To make the story about much more than uneven rates of tobacco use, FrameWorks recommends that prevention advocates emphasize these five causal pathways.

- The tobacco industry pressures some groups with tailored marketing tactics.
- Some Americans are protected from secondhand smoke—others aren't.
- Tobacco companies push flavored products to entice certain social groups.
- Some social groups encounter barriers to treatments for nicotine dependence.
- Stress increases commercial tobacco use, and can make health problems worse.

A curated set of talking points, with specific data and full references to peer-reviewed studies that have documented these causal pathways, is available in a companion resource: *Pointing Out Inequity*.*

“Even if a family doesn’t smoke, their children can be exposed to secondhand smoke that travels through vents, doors, and windows. Compared to more affluent children, secondhand smoke affects low-income children more, because they are more likely to live in apartment complexes.”

What it looks like

Instead of this ...

(“Who,” but not “how”)

“Low-income children are more likely to be exposed to secondhand smoke than more affluent children. In fact, recent research suggests that infants and toddlers in low-income, rural areas may be at higher risk for second- and third-hand smoke than previously reported.”

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. Compared to more affluent children, secondhand smoke affects low-income children more, because they are more likely to live in apartment complexes.”

Keep in Mind

- Don't confuse assertion with explanation. An assertion states that a relationship exists between one or more causes and an outcome. An explanation shows how one leads to the other. Be sure your messaging includes the "how," so that people can connect the dots.
- Take a drumbeat approach—hitting on different ideas over time. Think of the five causal pathways as a set of themes to develop across the sum total of your communications. In a shorter communication, it's more effective to explain one well than to list them all. In longer pieces, consider using these causal pathways as an organizing framework. For instance, instead of building out a website with pages for different subpopulations, create pages that focus on different drivers, and include examples and data from a variety of affected groups.
- Use plain language and be concise. Explanation does not have to be lengthy or complicated. In fact, a good explanation makes ideas easy to grasp quickly.
- Use tobacco control's megaphone to give related health equity issues a signal boost. When talking about tobacco-related illnesses, look for opportunities to highlight how economic marginalization, discrimination, or lack of access to health care play a role.

Why this works

People's tendency to focus exclusively on personal choice can obscure how the tobacco industry, public policy, and social conditions contribute to tobacco-related health disparities. Careful explanation can overcome this cognitive bias and prompt people to pause and rethink.

By showing the link between a cause and its effect, explanations lead people to reconsider common assumptions, recognize broader impacts, and see why certain solutions lead to meaningful change.

Recommendation #6: Use A Pressure Metaphor To Explain Environmental Stressors

Explain the roles played by industry practices and severe stressors like poverty and discrimination by comparing them to forms of pressure that push people toward commercial tobacco use, and that build up and compound related health problems. Using this metaphor helps people understand how environments shape use and exposure. It reduces the tendency to blame people who smoke for their fates.



This metaphor is flexible and can be articulated in multiple ways. For instance, we can talk about:

Which can translate into phrases like:

press, pressure

High-pressure marketing tactics

strain, stress

Stress pushes people to find ways to cope

push, squeeze, force

Under the pressures of financial insecurity

increase, build up, combine, compound

A build-up of daily experiences of discrimination

reduce, remove, release, eliminate

Compounding existing health problems

How to do it

Instead of this ...

“There is a strong socioeconomic dimension to tobacco-related health problems, with the lowest income groups most likely to experience the worst outcomes. Smokers from socioeconomically disadvantaged groups tend to smoke more than wealthier smokers and to be more dependent on nicotine. Smokers with low socioeconomic status face disproportionate smoking-related illness as a result. Additional factors associated with lower socioeconomic status, such as unhealthy diet and higher stress levels, tend to compound their health risk.”

Try this ...

“Lower-income communities experience high levels of pressure: simply put, limited resources means more stress. Without good options for employment, housing, or child care, the pressures of daily life increase. In addition, local stores in low-income neighborhoods are flooded with advertisements and discounts for tobacco products. Together, these combined forces push people toward tobacco use. When stressful circumstances are compounded by commercial tobacco exposure, health risks increase.”

Keep in Mind

- Be creative and express this idea in lots of different ways. Consider reinforcing the idea with images and remember that repetition is powerful and necessary.
- Use the metaphor to help people understand social factors that undermine health equity. The Pressure metaphor lends itself to a critique of not just the tobacco industry, but other factors that influence the health environment. Look for opportunities to expand people's understanding of factors like discrimination, disinvestment, poverty, or a lack of equitable access to quality health care.
- Don't use this metaphor to suggest that people are helpless victims. People strongly reject over-simplified messages that suggest people have no agency. Be clear that environments matter, but don't suggest they are all that matters.

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.

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. (See appendix for more details.)

The results showed that the Pressure metaphor focused people's attention on the characteristics of the places where affected groups live and work, rather than on the imagined characteristics of people who use tobacco. It tapped into the public's belief that people often use tobacco to cope with stress, but built on that idea to include bigger-picture stressors like discrimination, financial strain, and predatory marketing.

Recommendation #7: Offer Policy-Level Solutions That Directly Address Disparities

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

What it looks like

Instead of this ...

“People with serious mental illnesses and substance use disorders are twice as likely as the general population to smoke cigarettes, and are more likely to die from smoking-related illness than from their behavioral health conditions. Contrary to conventional wisdom, people with mental illnesses want to quit smoking and are able to do so successfully. More effective and consistent tobacco cessation treatments in mental health care settings would reduce their risk of developing smoking-related diseases and may also improve their behavioral health outcomes.”

Try this ...

“States take in funds from tobacco taxes and penalties on tobacco companies, but on average, spend just two percent of it on tobacco-related health problems. Imagine if states spent just 13 cents of every dollar of tobacco revenue on tobacco control and prevention, and directed those resources to the communities targeted by tobacco industry marketing. This moderate change could make an enormous dent in the unequal harms caused by tobacco in communities of color, in low-income and rural areas, and among people with mental health problems.”

Keep in Mind

- 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. Don’t waste time trying to argue people out of this belief. Instead, consistently advance a different narrative. Talk about public health approaches, policy-level solutions, and the powerful influences that undermine them. The general framing approach that has worked for tobacco control to date will also work well to address disparities: Cast the problem as a systemic issue, then offer policy-level solutions aimed at “fixing conditions” instead of “fixing people.”
- Be specific about how the solutions you put forward would address disparities. If the problem is defined as one of fairness and justice, the solutions need to address the needs of communities facing injustice. Foreground equity-focused policy directions and explain how they would work. Vague calls for “taking steps to address the issue” are not as effective as plain-language explanations of policies that could make a difference for multiple affected communities.
- Balance efficacy and urgency. When calling to action, balance efficacy (“something can be done”) and urgency (“this is a bad problem, we need to act now”). In most cases, the communications challenge is not to convince people that a problem exists; it’s to convince them that it can be solved. Keep a can-do tone.
- Emphasize the need for fresh thinking. Give examples of how current approaches have to evolve or change in order to solve for equity. Avoid activating the idea that there is very little left to do that isn’t already in effect, lest people conclude that the rest is up to individuals or affected communities.

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. It bypasses the deeply ingrained beliefs that individuals are responsible for their own lot in life. On the other hand, 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.

Recommendation #8: Frame And Explain Data— Don't Expect It To Tell A Story By Itself

Situate data and statistics within a broader narrative and select them carefully. Don't expect a stack of facts and figures to convey meaning. Use data about tobacco use and tobacco-related health outcomes rates sparingly; lean toward data that highlight different social conditions and contexts, like retailer density or pre-emption policies.

What it looks like

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.”

Keep in Mind

- Don't assume that documenting disparities between demographic groups is enough to convince the public that tobacco issues are structural. Public health professionals take it for granted that uneven outcomes imply uneven conditions, resources, or policies. Remember that the public mind doesn't work the same way.
- Use data to tell a structural story. Provide facts and data about places and environments at least as often as statistics about tobacco use rates.
- Embed numbers in a narrative. An effective way to organize social change 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.

- Signpost cause-and-effect relationships. Make liberal use of causal transition words and phrases like because or as a result. To avoid overstating what a study showed, consider phrases like this helps to explain why or this is one reason why.

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, they will simply rely on their existing understandings of the issue and come up with their own explanation of what those data mean. In the case of tobacco, people will rely on beliefs about personal vice or negative stereotypes about groups facing injustice.

Unframed stats about the persistence of tobacco use among subpopulations encourage fatalism, especially when the stark statistics focus on serious disease and death. And without context, statistics about subpopulations and 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. The framing recommendations in this brief are tools that can overcome this.

Recommendation #9: Avoid Framing Disparities As An Economic Issue, A Crisis, Or The "Last Mile" For Tobacco Control

To build support for the scale of change needed, the recommended frame—the story of how tobacco is a justice issue – must be heard many times over an extended period. Avoid other overarching frames, especially those set out below.

What it looks like

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-related diseases disproportionately affect Black, Hispanic, Asian American, and Native American people, as well as rural and lower-income communities.”

Try this ...

“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.”

Keep in Mind

- Don't highlight the economic toll of tobacco-related illnesses. When highlighting disparities for the public, avoid focusing on issues like health care costs, costs associated with missed work or loss of economic productivity, and the like. Instead, evoke the concept of fairness and tell a story about the toll that tobacco takes on our commitment to justice for all.
- Take advantage of moments when tobacco is in the news, but don't slip into crisis framing. To build support for thoughtful, comprehensive responses to timely issues, it's best for tone to be serious, yet "can-do." Put another way, raising the issue of vaping-related harms works, but a crisis tone doesn't. People are concerned about youth smoking and vaping in particular, but talking about vaping-related disease as a crisis or epidemic backfires.
- Don't contrast tobacco control's history of success with the present reality of inequity. Make the issue a contemporary concern—a threat to justice that needs to be addressed—rather than relying on a narrative of historical progress and the many wins that the tobacco control movement has chalked up.
- Don't suggest that communities with high prevalence rates are behind the times. Avoid framing that juxtaposes overall momentum with a lack of progress in marginalized communities. Watch out for time-related words like still, despite, remain, persist, or not yet. These are often tell-tale signs that the overarching framing strategy at work is to compare the previous state to the current one.

Why this works

Effective framing navigates public thinking skillfully—avoiding triggering ways of thinking that will distract from the main issue, and emphasizing the overarching narrative again and again.

The empirical research behind these recommendations tested some of the most common overarching frames that the tobacco control field has intuitively tried as ways of highlighting the emerging issue of disparities. Several of these backfired:

- Highlighting the economic toll of tobacco-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.



On the other hand, the research backing these recommendations clearly demonstrates that it is highly effective to evoke the principle of justice, illustrate how tobacco threatens it, and offer solutions that move our nation toward greater fairness.

Recommendation #10: Don't Avoid Talking About Disparities—But Take Care To Avoid “Cultural Deficit” Framing

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

Don't be afraid to raise issues of racial, social, or geographic disparities in tobacco-related health policies. The public isn't yet 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.

What it looks like

Instead of this ... (Without a “why”)

“Despite making 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 Black 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.”

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 helps to explain why Black people who smoke are more likely than whites to call a tobacco quitline, yet less likely to enroll in a program or quit smoking as a result.”

Keep in Mind

- Never leave the door open for default thinking. Consistently choose language, data, and images that highlight the structural, systemic aspects of tobacco-related health disparities. Remember that if you don't offer a way for people to understand the cause-and-effect relationships at play, they'll fill in their own explanation. Make sure that negative data points are paired with brief explanations that point people toward the systemic causes of the problem.

- Lift up and connect the experiences of the different groups who are affected. Focusing on outcomes for a single demographic group makes it easy for people to explain away the statistics by evoking negative stereotypes about that group. To guard against this, lead with the value of justice and then offer examples from at least two different contexts.
- Use person-first language. Avoid labeling people as “smokers” or “tobacco users.” Instead, start with people, then add any necessary qualifiers: people who smoke, people with a dependence on nicotine. Similarly, use person-first language to describe residents of low-income communities, people who live in rural areas, people with mental illnesses, and people who identify as LGBT+.
- Don’t paint a stark, sensationalized portrait of people or communities facing injustice. Remember that it’s easy for people to “otherize” the communities who are most affected by tobacco. When highlighting inequitable conditions, don’t go so far that you reinforce dystopic views of disadvantaged neighborhoods or make it seem as if diverse social groups are the “exotic other.”

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.



Appendix A: Research Methods and Samples

To arrive at the recommendations in this brief, we applied Strategic Frame Analysis®—an approach to communications research and practice that yields strategies for reframing social issues in order to change the discourse around an issue. This approach has been shown to increase understanding and engagement when communicating about scientific and social issues.

This brief synthesizes the findings from several research methods, which included literature review, expert interviews, in-depth interviews and rapid on-the-street interviews with members of the public, and survey experiments with a nationally representative sample.

All told, a total 10,688 people from across the US were included in this research. Findings from the literature review, interviews with researchers and policy experts in the tobacco control field, and in-depth individual cognitive interviews with members of the public are reported in *We Can't Quit Now: Mapping the Gaps between the Tobacco Control Field and Public Understandings of Tobacco- Related Health Disparities in the United States*.

To identify effective ways of talking about tobacco disparities, FrameWorks researchers developed a set of candidate frames. These frames were tested and refined in 2018–2019 in multiple locations and across the US, using two methods: on-the-street interviews, and survey experiments. These methods yielded data which have not been written up elsewhere, and which add to the analysis that informs the recommendations in this brief.

- On-the-street interviews. Frame design is followed by a set of on-the-street interviews to explore potential framing tools with members of the public. We conducted 59 rapid, face-to-face on-the-street interviews in Oklahoma City, OK, Billings, MT, and Los Angeles, CA. We first asked participants to respond to open-ended questions about a target area—in this case tobacco- related health disparities. Participants were then presented with a candidate frame and asked questions that parallel the initial set to explore whether the frame was able to shift understanding, open up new ways of thinking and give people productive language to use in discussing tobacco-related health disparities.



ChangeLab Solutions

**Framing Tobacco-Related Health Disparities
A FrameWorks Strategic Brief**

- Experimental surveys—national tests, and confirmation for California. Two online experimental surveys involving a total sample of 7,281 respondents were conducted between July and September 2019 to test the effectiveness of frames on public understanding, attitudes and support for programs and policies.

Table 1 below provides the demographic breakdown of our nationally representative participant sample across both survey experiments.

Table 1: National survey experiments—participant demographic information

Demographics % of sample (n = 7,281)	
Age	
18–39	30.4%
40–49	14.0%
50–64	30.1%
65 and above	25.5%
Sex	
Male	42.4%
Female	57.6%
Income	
\$0–\$24,999	18.4%
\$25,000–\$49,999	25.7%
\$50,000–99,999	32.9%
\$100,000–\$149,999	14.7%
\$150,000 or more	8.3%
Income	
Less than a high school diploma	3.6%
High school diploma	25.7%
Some college or Associate’s degree	32.9%
Bachelor’s degree	23.3%
Graduate degree	14.4%
Race and ethnicity	
Caucasian/White	70.3%
African American/Black	11.4%
Hispanic/Latinx	9.9%
Asian	5.6%
American Indian/Alaska Native	0.5%
Hawaiian/Pacific Islander	0.2%
Other/Bi-racial or multi-racial	2.2%



Demographics	% of sample (n = 7,281)
Political ID	
Democrat/Lean Democrat	49.2%
Republican/Lean Republican	38.1%
Independent/Other	12.8%

Note: Due to rounding, not all categories sum to 100%.

A third survey experiment involving a total sample of 3,321 respondents took place in October 2019 with respondents from California only. The table below provides demographic information on participants in the California survey.

Table 2: California survey experiment demographic information

Demographics % of sample (n = 7,281)	
Age	
18–39	38.7%
40–49	14.9%
50–64	25.3%
65 and above	21.2%
Sex	
Male	36.9%
Female	63.1%
Income	
\$0–\$24,999	17.5%
\$25,000–\$49,999	22.1%
\$50,000–\$99,999	32.7%
\$100,000–\$149,999	16.4%
\$150,000 or more	11.4%
Income	
Less than a high school diploma	1.5%
High school diploma	16.3%
Some college or Associate’s degree	38.8%
Bachelor’s degree	27.2%
Graduate degree	16.3%



Race and ethnicity

Caucasian/White 47.8%

African American/Black 7.0%

Hispanic/Latinx 23.2%

Asian 16.4%

American Indian/Alaska Native 1.2%

Hawaiian/Pacific Islander 0.5%

Other/Bi-racial or multi-racial 4.0%

Demographics

% of sample (n= 3321)

Political ID

Democrat/Lean Democrat 56.7%

Republican/Lean Republican 29.7%

Independent/Other 13.7%

Note: Due to rounding, not all categories sum to 100%.

In each survey, respondents were randomly assigned to a treatment or control condition. Those assigned to the control condition either received no message or descriptive information about a fictional legislative proposal (the “Tobacco Reduction Act”), which included three specific policies intended to reduce tobacco-related health disparities. Those assigned to treatment conditions received identical information about the same proposal but framed in a particular way with a particular frame element, such as a metaphor or values-based argument (see below for the full list of treatments). The name of the initiative for these respondents was also changed to enhance or strengthen the frame being tested.

The basic text of the Act read as follows:

The Health Effects of Tobacco Act will invest \$10 billion over 10 years to reduce health problems caused by the use of tobacco. Under this Act, the federal government will significantly increase taxes on all tobacco products across the country, and use those additional tax dollars to fund healthcare programs in communities most strongly affected by tobacco use. The Act will also end the sale of menthol cigarettes and other flavored tobacco products that are heavily marketed to young people, and low-income, African American, and LGBTQ communities. Finally, it will completely ban the sale of all commercial tobacco products over a period of 10 years.

The first experiment tested 12 message treatments. We tested three metaphors (Load; Pressure; Roadblocks); four values-based messages (Equality of Opportunity; Innovation; Pragmatism; Human Potential); and four messages that explored different ways of framing the relationship between poverty and tobacco use.



The second experiment tested 17 message treatments. We tested three metaphors (Load; Pressure; Roadblocks), two values-based messages (Fairness Across Places; Pragmatism), three messenger conditions (None; Youth Advocates; Public Health Professionals), three disparities messages (Disparities (Facts Only); Disparities (Facts + Naming Industry); Disparities (Facts + Explanation)).

After reading the message, all respondents were asked an identical series of questions designed to measure knowledge, attitudes and policy preferences relating to tobacco. Each battery consisted of multiple questions. Questions were Likert- type items with seven- or five-point scales, yes/no questions, or open-ended questions requiring free-text answers. Sample survey questions are provided in Table 3 below.

Multiple-regression analysis was used to determine whether there were significant differences in responses to questions between the treatment groups and the control group. To help ensure that any observed effects were driven by the frames rather than demographic variations in the sample, all regressions controlled for the demographics mentioned above. A threshold of $p < 0.05$ was used to determine whether treatments had any significant effects.

Table 3: Desired communications outcomes: knowledge, attitudes, and policy support

Scales	Sample Questions
Attitudes towards the Bill	How much do you favor or oppose the Act? [7-point Likert scale, “Strongly oppose”; “Oppose”; “Somewhat oppose”; “Neither favor nor oppose”; “Somewhat favor”; “Favor”; “Strongly favor”]
Understanding of the effects of the Bill	How large of an effect do you think the [pipe in name used in treatments] would have on the rates of tobacco use among youth? [5-point Likert scale, “No effect”; “A small effect”; “A moderate effect”; “A large effect”];
Specific policy support	How much do you favor or oppose each of the different parts of the [pipe in the name used in treatments]? [7-point Likert scale, “Strongly oppose”; “Oppose”; “Somewhat oppose”; “Neither favor nor oppose”; “Somewhat favor”; “Favor”; “Strongly favor”] *Randomize the order of the parts of the Act
Attributions of tobacco use	We’re interested in your thoughts about why people use tobacco. How large of a role do you think each of the following factors plays in explaining why people use tobacco products? [5-point Likert scale, “No role”; “A small role”; “A moderate role”; “A large role”; “A very large role”]
Collective efficacy	How optimistic or pessimistic do you feel that we, as a society, can reduce tobacco use among young people, low-income people, African Americans, and LGBTQ people? [7-point Likert scale, “Extremely pessimistic”; “Pessimistic”; “Somewhat pessimistic”; “Neither optimistic nor pessimistic”; “Somewhat optimistic”; “Optimistic”; “Extremely optimistic”]



Collective responsibility	How optimistic or pessimistic do you feel that we, as a society, can reduce tobacco use among young people, low-income people, African Americans, and LGBTQ people? [7-point Likert scale, “Extremely pessimistic”; “Pessimistic”; “Somewhat pessimistic”; “Neither optimistic nor pessimistic”; “Somewhat optimistic”; “Optimistic”; “Extremely optimistic”]
Salience of tobacco use	How important do you think it is to reduce tobacco use among young people, low-income people, African Americans, and LGBTQ people? [5-point Likert scale, “Not at all important”; “Slightly important”; “Moderately important”; “Very important”; “Extremely important”]
Support of policies	Do you think the amount of government funding for programs that help end the use of tobacco should be increased, decreased, or kept about the same? [7-point Likert scale, “Significantly decreased”; “Decreased”; “Slightly decreased”; “Kept about the same”; “Slightly increased”; “Increased”; “Significantly increased”]





Appendix B: Framing Strategies Tested

Metaphors



Load

New Research Shows That Communities Overloaded With Stress Experience More Health Issues Caused By Tobacco.

The environment that we live in affects how likely we are to use tobacco products, such as cigarettes. New research finds that when people's circumstances place a heavy load on them, this can, over time, wear them down and push them into using tobacco.

When people live in a low-income neighborhood, are unemployed, or experience discrimination because of their race or identity, this places them under tremendous strain. Over time, the weight of these circumstances wears on people. To cope with this load, people sometimes use tobacco, which leads to poor health.

We need to take action to address these sources of strain over the long term. By creating environments that support people, we can reduce the use of tobacco and improve health.





Pressure

New Research Shows That Communities Under Pressure From Stress Experience More Health Issues Caused By Tobacco.

The environment that we live in affects how likely we are to use tobacco products, such as cigarettes. New research finds that when people's circumstances place pressure on them, this can, over time, press on them and push them into using tobacco.

When people live in a low-income neighborhood, are unemployed, or experience discrimination because of their race or identity, this places them under tremendous pressure. Over time, the pressure of these circumstances presses on people. To cope with this pressure, people sometimes use tobacco, which leads to poor health.

We need to take action to address these sources of pressure over the long term. By creating environments that support people, we can reduce the use of tobacco and improve health.



Roadblocks

New Research Shows That Communities Navigating Stress Experience More Health Issues Caused By Tobacco.

The environment that we live in affects how likely we are to use tobacco products, such as cigarettes. New research finds that when people's circumstances place barriers in their path, this can, over time, easily steer them into using tobacco.

When people live in a low-income neighborhood, are unemployed, or experience discrimination because of their race or identity, this can make it difficult to navigate through life. Over time, these roadblocks push people off course. To cope with these barriers, people sometimes use tobacco, which leads to poor health.

We need to take action to address the source of these roadblocks over the long term. By creating environments that support people, we can reduce the use of tobacco and improve health.



Values



Fairness Across Places

People Deserve A Fair Chance of Being Healthy, No Matter Where They Live.

As a society, we believe that all individuals deserve to be treated fairly and have the same chance to thrive and be healthy, no matter where they live. But right now, there are too many neighborhoods in the US that do not provide people with what they need to be healthy.

People living in low-income neighborhoods, or neighborhoods with a large African American community, are more likely to use tobacco products and therefore experience health problems. These neighborhoods have more tobacco retailers and advertisements than wealthier or white neighborhoods. As a result, people living in these neighborhoods tend to use tobacco products at higher rates.

As a country, our goal should be to ensure that we all have a fair chance of being healthy, no matter where we live. To create fairness across places, we need to reduce the availability of tobacco, and make sure that all neighborhoods have access to the same resources, supports, and protections.



Justice

In Order to Create a Just Society, We Need to Make Sure Everyone Has a Fair Chance at Achieving Good Health.

In a just and fair society, we believe that all individuals should have the same chance to thrive and be healthy—regardless of their age, their race, how much money they have, or where they live. But right now, there are too many communities that don't have what they need to achieve good health. This violates these principles of justice and fairness.



People living in low-income neighborhoods, or neighborhoods with a large African American community, have more tobacco retailers and advertisements than wealthier or white neighborhoods. As a result, people living in these neighborhoods tend to use tobacco products at higher rates.

As a society, we need to ensure that everyone has a fair chance to be healthy, no matter who they are or where they live. To realize justice, we need to reduce the availability of tobacco and make sure that everyone has access to the same resources, supports, and protections.

Disparities Frames

Disparities (Facts Only)

Why Do Some Communities Experience More Health Problems from Tobacco Use Than Others?

New research shows that communities facing injustice—including people on low incomes, racial and ethnic minorities, and lesbian, gay, bisexual, and transgender (LGBT) individuals—are more likely to face a range of health problems related to the use of tobacco products.

The study finds that rates of tobacco use and related health problems are much higher for these communities compared to the general population. For example, the use of tobacco products is greater in low-income communities compared to wealthier communities. African Americans use tobacco products at higher rates than whites. And LGBT individuals smoke at rates up to 2.5 times higher than other adults. This means that illnesses from tobacco use—such as certain types of cancer and cardiovascular and lung disease—affect certain communities much more than others. As a country, we need to take action to reduce the use of tobacco products.



Disparities (Facts + Naming Industry)

Why Do Some Communities Experience More Health Problems from Tobacco Use Than Others? The Answer Lies with the Tobacco Industry.

New research shows that communities facing injustice—including people on low incomes, racial and ethnic minorities, and lesbian, gay, bisexual and transgender (LGBT) individuals—are more likely to face a range of health problems related to the use of tobacco products. But what explains these differences? According to the report, the answer is that the tobacco industry has promoted their products more within certain communities.

As a result of the industry's actions, rates of tobacco use, and related health problems, are much higher for these communities compared to the general population. For example, the use of tobacco products is greater in low-income communities compared to wealthier communities. African Americans use tobacco products at higher rates compared to whites. And LGBT individuals smoke at rates of up to 2.5 times higher than other adults. As a result of the industry's practices, illnesses from tobacco use—such as cancers, and cardiovascular and lung disease—affect these communities more than others.

As a country, we need to take action to reduce the use of tobacco products. This means decreasing the influence of the tobacco industry, and putting the health of our country over profit.

Disparities (Facts + Explanation)

Why Do Some Communities Experience More Health Problems from Tobacco Use Than Others? The Answer Lies with the Tobacco Industry's Aggressive Advertising Tactics.

New research shows that communities facing disadvantage—including people on low-incomes, racial and ethnic minorities, and lesbian, gay, bisexual and transgender (LGBT) individuals—are more likely to face a range of health problems related to the use of tobacco products. But what explains these differences? According to the report, the answer is that the tobacco industry has promoted their products more within certain communities.

As a result of the industry's actions, rates of tobacco use, and related health problems, are much higher for these communities compared to the general population. Since the 1970s, the tobacco industry has handed out free cigarettes to people in low-income housing and issued discounts for tobacco products with government food vouchers. These practices have meant that the use of tobacco products is much greater in low-income communities compared to wealthier communities. Tobacco companies have also specifically promoted their products to racial and ethnic minorities. For example, they spend more money to advertise in African American than white neighborhoods, and advertise heavily in magazines that are popular in African American communities. As a result, African Americans use tobacco products at higher rates compared to whites. Finally, the industry has targeted the LGBT population through community outreach efforts, such as hosting local promotions like "LGBT bar nights" featuring specific cigarette brands. This helps to explain why LGBT individuals smoke at rates of up to 2.5 times higher than other adults.

As a country, we need to take action to reduce the use of tobacco. This means decreasing the influence of the tobacco industry, and putting the health of our country over profit. These steps will make sure everyone has an equal opportunity to achieve good health.

“This Issue Is About” Frames

Economic (Costs of Inaction)

If We Fail to Address the Use of Tobacco, Our Economy Will Pay the Price.

In a new report, economists are calling on the government to do more to address the economic costs of health problems caused by the use of tobacco.

The study, to be released later this week, shows that our failure to reduce the use of tobacco products, like cigarettes, is costing the economy billions of dollars per year. People who use tobacco products are more likely to suffer from health problems and disabilities. This causes tobacco users to miss work or to stop working altogether. In addition, many workers are exposed to secondhand smoke in their workplaces, which results in illness and loss of productivity. Missed workdays and lower productivity results in significant losses for our economy. Not taking action costs our society now and stunts long-term economic growth.

That’s why we need to pass the Healthier Economy Act, which will invest \$10 billion over 10 years to reduce tobacco use and address its impact on health. Under this Act, the federal government will significantly increase taxes on all tobacco products across the country in order to reduce tobacco use, and use those additional tax dollars to fund health care programs in communities most strongly affected by tobacco use. The Act will also end the sale of menthol cigarettes and other flavored tobacco products that are heavily marketed to young people, and low-income, African American, and LGBTQ communities. Finally, it will completely ban the sale of all commercial tobacco products over a period of 10 years.

The Healthier Economy Act will address the economic costs associated with the use of tobacco. If we don’t make these changes, we risk sacrificing our economy and wasting our nation’s resources.



Economic (Benefits of Action)

If We Address the Use of Tobacco, Our Economy Will Benefit.

In a new report, economists are calling on the government to do more to boost our economy by addressing health problems caused by the use of tobacco.

The study, to be released later this week, shows that taking action to reduce the use of tobacco products, like cigarettes, will save our economy billions of dollars per year. When people stop using tobacco, they are less likely to suffer health problems and disabilities. This means people miss fewer days of work, and are able to work for longer during their lifetimes. In addition, when fewer people are exposed to secondhand smoke in their workplaces and communities, it decreases illness and increases their productivity. By taking steps to reduce health problems caused by tobacco, we can minimize missed workdays and make sure that workers are better able to do their jobs. This will save our society resources and contribute to our economy in the long run.

That's why we need to pass the Healthier Economy Act, which will invest \$10 billion over 10 years to reduce tobacco use and address its impact on health. Under this Act, the federal government will significantly increase taxes on all tobacco products across the country in order to reduce tobacco use, and use those additional tax dollars to fund healthcare programs in communities most strongly affected by tobacco use. The Act will also end the sale of menthol cigarettes and other flavored tobacco products that are heavily marketed to young people, and low-income, African American, and LGBTQ communities. Finally, it will completely ban the sale of all commercial tobacco products over a period of 10 years.

The Healthier Economy Act will benefit our economy by addressing the use of tobacco. If we make these changes, we can strengthen our economy and save our nation's resources.

Health (Avoiding Health Problems)

If We Fail to Address the Use of Tobacco, We Are Sacrificing the Health of Our Country.

In a new report, health experts are calling on the government to do more to address the use of tobacco and the health problems and chronic diseases it causes.

The study, to be released later this week, shows that our failure to reduce the use of tobacco products, like cigarettes, is costing millions of people their health and wellbeing. People who use tobacco products are more likely to suffer from health problems like certain types of cancer and cardiovascular and lung disease. In addition, many people are exposed to secondhand smoke in their workplaces and communities, which can result in serious illness. The health problems caused by tobacco can lead to long-term disability or death. Not taking action costs lives and puts people's health at risk.

This is why we need to pass the Healthier Country Act, which will invest \$10 billion over 10 years to reduce tobacco use and address its impact on health. Under this Act, the federal government will significantly increase taxes on all tobacco products across the country in order to reduce tobacco use, and use those additional tax dollars to fund health care programs in communities most strongly affected by tobacco use. The Act will also end the sale of menthol cigarettes and other flavored tobacco products that are heavily marketed to young people, and low-income, African American, and LGBTQ communities. Finally, it will completely ban the sale of all commercial tobacco products over a period of 10 years.

The Healthier Country Act will help prevent bad health by addressing the use of tobacco. If we don't make these changes, we risk sacrificing the health of our nation.

Health (Promoting Good Health)

If We Address the Use of Tobacco, Our Country's Health Will Benefit.

In a new report, health experts are calling on the government to promote good health across the country by addressing the use of tobacco.

The study, to be released later this week, shows that acting to reduce the use of tobacco products, like cigarettes, will save millions of people's health and wellbeing. When people stop using tobacco, they are less likely to suffer from health problems and disabilities—such as cancers, and cardiovascular and lung disease. In addition, when fewer people are exposed to secondhand smoke in their workplaces and communities, it results in better health for everyone. By taking action, we can promote good health and minimize the loss of life.

This is why we need to pass the Healthier Country Act, which will invest \$10 billion over 10 years to reduce tobacco use and address its impact on health. Under this Act, the federal government will significantly increase taxes on all tobacco products across the country in order to reduce tobacco use, and use those additional tax dollars to fund health care programs in communities most strongly affected by tobacco use. The Act will also end the sale of menthol cigarettes and other flavored tobacco products that are heavily marketed to young people, and low-income, African American, and LGBTQ communities. Finally, it will completely ban the sale of all commercial tobacco products over a period of 10 years.

The Healthier Country Act will help promote good health by addressing the use of tobacco. If we make these changes, we will improve the health of our nation.

Past Wins

New Proposal Builds on Recent Achievements in Addressing Tobacco Use.

Over the past decades, the state of California has made great strides in reducing the use of tobacco and improving health. We need to build on that momentum. A new bill—the Tobacco Reduction Act—proposes to take our state’s efforts to the next level.

As a state, we’ve achieved significant progress around reducing the use of tobacco. Overall, adult and youth smoking rates have declined from what they were 10 or 20 years ago. But in spite of this success, certain groups—including young people, people on low incomes, some racial and ethnic groups, and individuals who identify as lesbian, gay, bisexual, transgender and queer (LGBTQ)—still experience more health problems related to the use of tobacco. Because of the ways in which the tobacco industry has promoted their products more within certain communities, rates of tobacco use, and related health problems, are much higher for these communities compared to the general population.

This new bill proposes to build on California’s recent successes to make sure that everyone in our state is free from health problems caused by tobacco.

This is why we need to pass the Tobacco Reduction Act, which will invest \$1 billion over 10 years to reduce the use of tobacco products and their impact on health. Under this proposal, the sale of tobacco will be prohibited within 1,000 feet of any places frequented by young people, including schools, parks, and libraries. The California government will prohibit the sale of all flavored e-cigarettes and tobacco products, including menthol cigarettes, which are heavily marketed to young people, and African American and LGBTQ communities. The state government will also significantly increase taxes on all tobacco products across the state, and use those additional tax dollars to fund health care programs in all communities strongly affected by tobacco. Finally, California will phase out the sale of all harmful tobacco products over the course of 10 years.

The state of California has done great work on tobacco, and we need to continue moving in the right direction. We now need to take important next steps to ensure that all Californians have a chance to be healthy.

Past Wins + Examples

New Proposal Builds on Recent Achievements in Addressing Tobacco Use.

Over the past decades, the state of California has made great strides in reducing the use of tobacco and improving health. We need to build on that momentum. A new bill—the Tobacco Reduction Act—proposes to take our state’s efforts to the next level.

As a state, we’ve achieved significant progress around reducing the use of tobacco. For example, California successfully raised the legal minimum age to buy tobacco from 18 years old to 21 years old. This has made it harder for youth to purchase tobacco during a time when individuals transition to regular, daily use. We have also taken steps to reduce secondhand exposure by prohibiting smoking in all government and private workplaces, public schools, restaurants, and bars. This has helped protect nonsmokers from secondhand smoke and has made it more difficult for people to start smoking. Together, these changes have meant that, overall, adult and youth smoking rates have declined from what they were 10 or 20 years ago.

But in spite of this success, certain groups—including young people, people on low incomes, racial and ethnic groups, and individuals who identify as lesbian, gay, bisexual, transgender and queer (LGBTQ)—still experience more health problems related to the use of tobacco. Because of the ways in which the tobacco industry has promoted their products more within certain communities, rates of tobacco use, and related health problems, are much higher for these communities compared to the general population.

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The state of California has done great work on tobacco, and we need to continue moving in the right direction. We now need to take important next steps to ensure that all Californians have a chance to be healthy.

Tone Frames

Crisis

We Need to Address the Vaping Epidemic Raging in Our State and Across the Country.

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A recent report sounds the alarm: There have been 800 cases of serious lung illnesses and eight deaths linked to flavored vapes and e-cigarette products. Tobacco products are responsible for almost 500,000 deaths a year and nearly 40,000 Californians die each year from tobacco-related disease. The use of these tobacco products, and others, can have dire consequences—including serious and life-threatening health problems. This is a national emergency: If we don't act now, it will be too late, and the consequences will be catastrophic.

This is why we need to pass the Tobacco Reduction Act, which will invest \$1 billion over 10 years to reduce the use of tobacco products and their impact on health. Under this proposal, the sale of tobacco will be prohibited within 1,000 feet of any places frequented by young people, including schools, parks, and libraries. The California government will prohibit the sale of all flavored e-cigarettes and tobacco products, including menthol cigarettes, which are heavily marketed to young people, and African American and LGBTQ communities. The state government will also significantly increase taxes on all tobacco products across the state, and use those additional tax dollars to fund health care programs in all communities strongly affected by tobacco. Finally, California will phase out the sale of all harmful tobacco products over the course of 10 years.

We need to address the tobacco crisis that is threatening the health of our state and destroying young people's future health and wellbeing.



Appendix C: Results from Survey Experiments

DATA SUPPORTING RECOMMENDATION #1: TALK ABOUT TOBACCO CONTROL AS AN ISSUE OF FAIRNESS AND JUSTICE.

Figure 1: A Fairness Across Places value frame increases understanding of the structural factors that affect tobacco use (national sample).

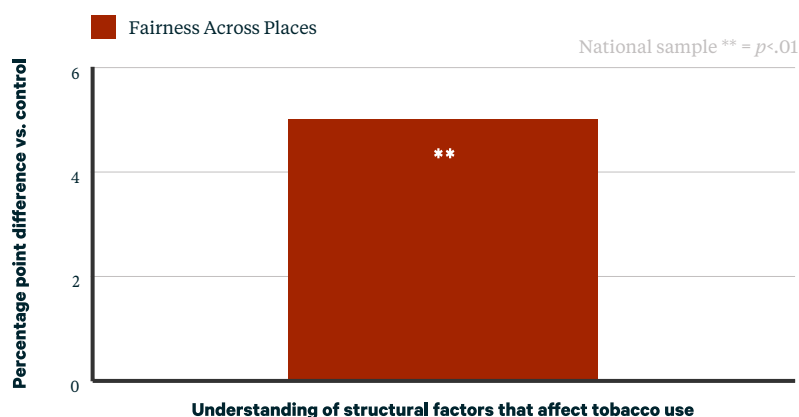
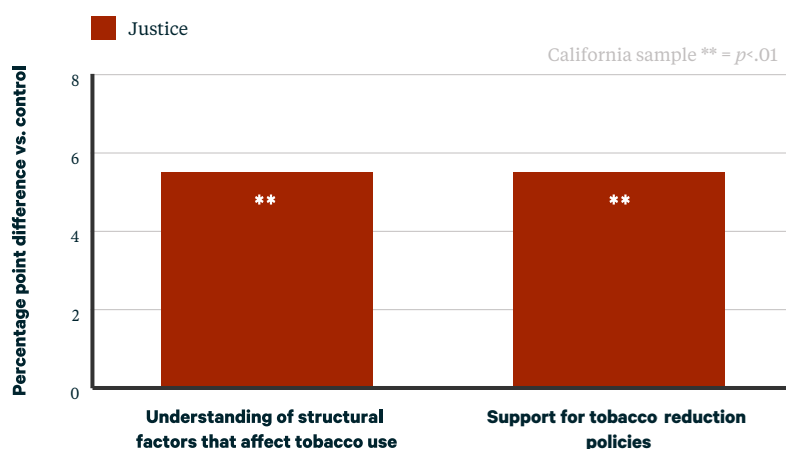


Figure 2: A Justice value frame increases understanding of the structural factors that affect tobacco use, and support for tobacco-reduction policies (California sample).



DATA SUPPORTING RECOMMENDATION #5: DON'T JUST POINT TO PREVALENCE—EXPLAIN THE DRIVERS OF DISPARITIES.

Figure 3: Explaining the role of the tobacco industry in driving health disparities increases understanding of the structural factors that affect tobacco use, and increases

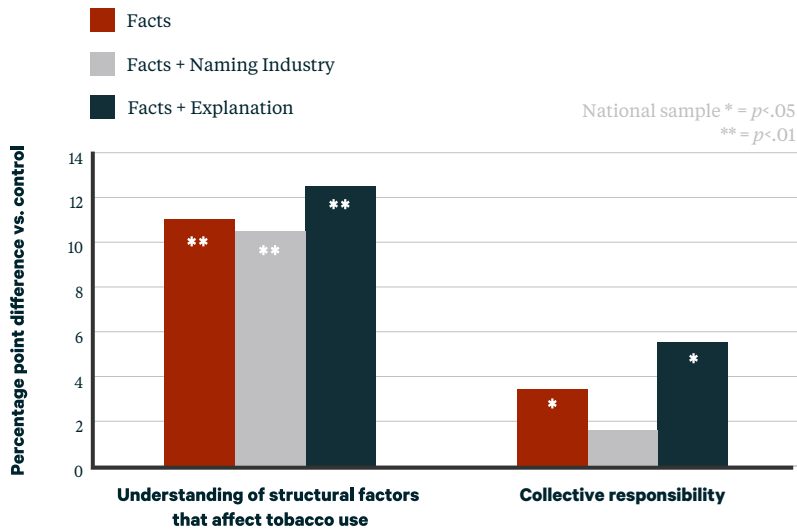
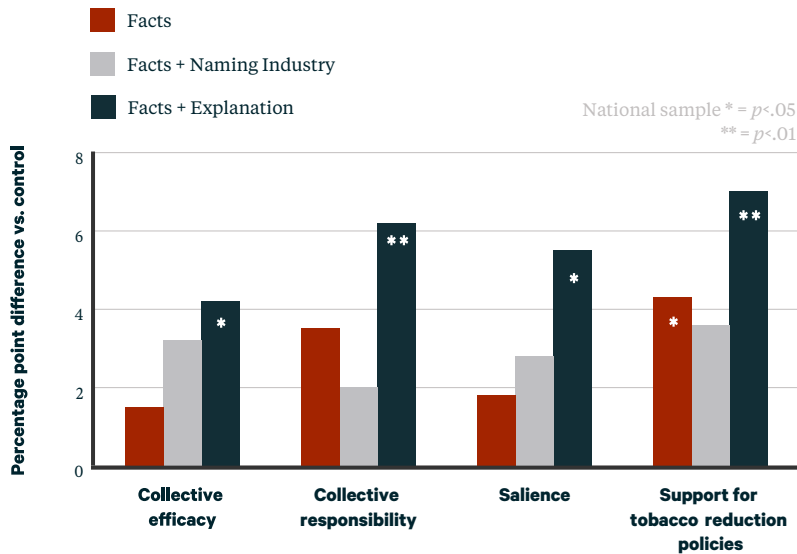
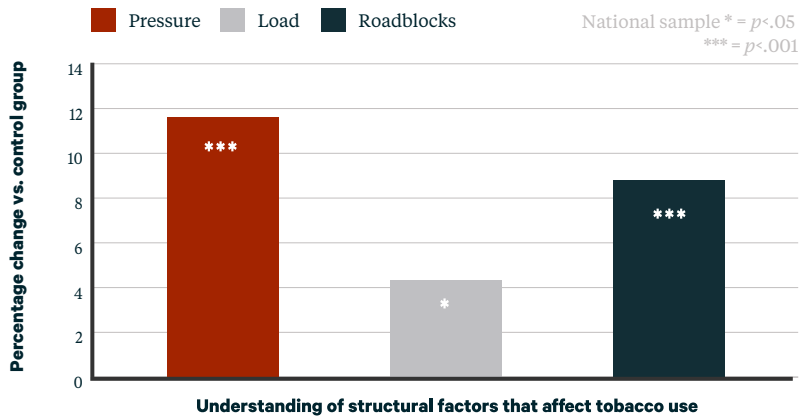


Figure 4: Explaining the role of the tobacco industry in driving health disparities increases collective efficacy, collective responsibility, salience of the issue, and support for tobacco-reduction policies (California sample).



DATA SUPPORTING RECOMMENDATION #6: USE THE LANGUAGE OF “PRESSURE” TO TALK ABOUT SOCIAL AND ENVIRONMENTAL STRESSORS.

Figure 5: A Pressure metaphor increases understanding of the structural factors that affect tobacco use (national sample).



DATA SUPPORTING RECOMMENDATION #9: AVOID FRAMING TOBACCO DISPARITIES AS A CRISIS, AN ECONOMIC ISSUE, OR THE “LAST MILE” FOR TOBACCO CONTROL

Figure 6: Effects of an economic toll issue frame decreases perceived effects of tobacco-reduction policies, support for tobacco-reduction policies, collective responsibility and collective efficacy (national sample).

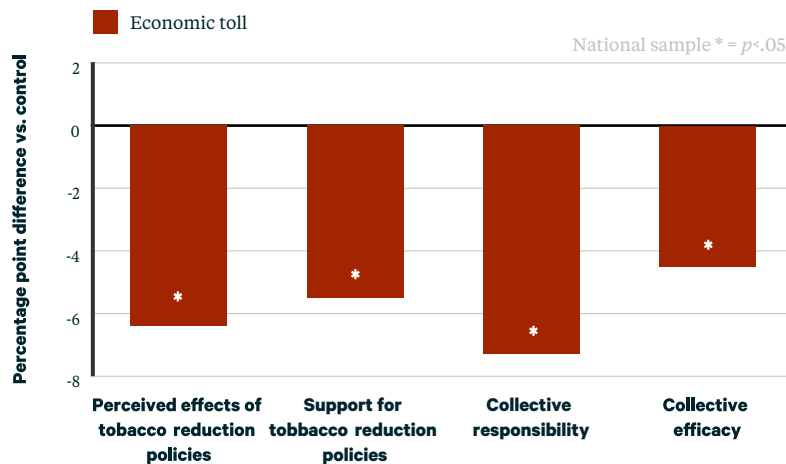


Figure 7: Effects of an economic toll issue frame decreases perceived effects of tobacco-reduction policies, support for tobacco-reduction policies, collective responsibility and collective efficacy (national sample).

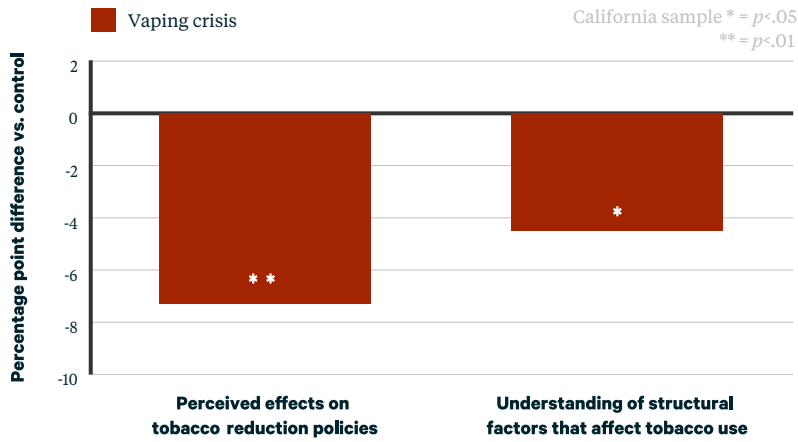
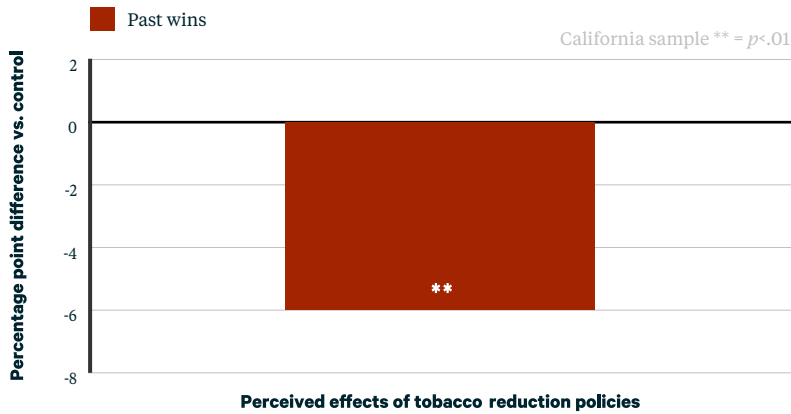


Figure 8: A “past wins” frame—highlighting the state’s prior successes in reducing the use of tobacco—leads to a decrease in perceived effects of tobacco-reduction policies (California sample).



Acknowledgments



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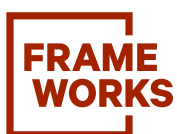
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- Americans for Nonsmokers Rights Foundation
- CADCA
- California LGBT Tobacco Education Partnership
- California Tobacco Control Program
- Campaign for Tobacco Free Kids
- National African American Tobacco Control Leadership Council
- National African American Tobacco Prevention Network
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- North Carolina Tobacco Prevention and Control Branch
- Nuestras Voces/Alliance for Hispanic Health
- Self-Made Health Network
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