



# Overview

# Tobacco Disparities Framing Project

## Project Overview

Americans understand that commercial tobacco use and exposure are harmful to health. However, few realize that commercial tobacco contributes substantially to health disparities or that tobacco prevention and control can advance justice and fairness in health. Recognizing this, the CDC's Office of Smoking and Health (OSH) partnered with ChangeLab Solutions and the FrameWorks Institute to develop and share evidence-based framing strategies for elevating the issue of tobacco-related health disparities. The project also received support from the California Tobacco Control Program.

## Project Partners

A Working Group helped to guide the framing research and how to apply it to outreach, education, and advocacy materials. Below are some of the Working Group organizations that represented social groups that are disproportionately affected by the harms of commercial tobacco:

- Americans for Nonsmokers' Rights
- CADCA
- California LGBT Tobacco Education Partnership
- Campaign for Tobacco Free Kids
- National African American Tobacco Control Leadership Council
- National African American Tobacco Prevention Network
- National Behavioral Health Council
- North Carolina Tobacco Prevention and Control Branch
- *Nuestras Voces*
- Self-Made Health Network
- Truth® Initiative
- Walsh Center for Rural Analysis

## Why Framing Matters

Few Americans are aware that health problems stemming from commercial 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 identify as LGBT+, young people, and people experiencing financial insecurity.

To advance health equity, we need to talk about these health disparities. However, if not carefully worded, our outreach and education could inadvertently reinforce biases about the communities who are most harmed by tobacco-related diseases.

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.



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## Communications Research: Sample and Methods

FrameWorks Institute conducted a multi-method research project in 2018-2019 to identify effective ways to talk about tobacco disparities. A total of 10,688 people from across the US were included in the research through the following methods:

- **Interviews with Tobacco Control Professionals:** Interviews with nine tobacco control professionals (researchers, practitioners, and advocates) and feedback from the Working Group allowed FrameWorks to distill key ideas that the field wants to communicate about tobacco-related health disparities.
- **In-Depth and On-the-Street Interviews:** FrameWorks conducted 18 in-depth individual interviews and 59 on-the-street interviews in Mobile, AL, and Chicago, IL, to identify common ways of thinking that shape how Americans reason about tobacco-related health disparities.
- **Rapid Interview Testing:** As a preliminary test of the effects of different possible framing strategies, FrameWorks conducted 59 video-recorded, on-the-street interviews in Oklahoma City, OK; Los Angeles, CA; and Billings, MT.
- **Controlled Survey Experiments:** To test how different framing strategies affected people's knowledge, attitudes, and policy preferences, FrameWorks conducted two survey experiments: one with a nationally representative sample of 7,281 participants, and one with an additional 3,321 participants in California.

## Key Findings and Recommendations

### Frames that Work:

- A **justice frame** that explicitly names an aspirational goal—like fairness, justice, or health equity—boosts support for policies and strategies that address health disparities related to commercial tobacco.
- A **social context frame** emphasizes the reasons *why* some groups experience heavier health burdens than others. By explaining the causes of tobacco-related inequities, this frame makes the story about much more than disproportionate rates of use, exposure, or health problems.

### Frames that Do Not Work:

- **Economic toll.** An economic impact frame led the public to blame people who smoke for incurring preventable costs. When highlighting disparities for the public, avoid focusing on the economic toll of tobacco-related disease (health care costs, costs associated with missed work, loss of economic productivity). This information may be important for policymakers, but shouldn't be the main story.

- **Historical progress.** Highlighting “past wins” in tobacco control may resonate with public health audiences, but doesn’t move the public. A “last mile” message led the public to conclude that tobacco control is not effective and undermined a sense of urgency, as people reasoned that most of the problem was solved long ago.
- **Vaping crisis.** People are concerned about youth smoking and vaping, but talking about vaping-related disease as a “crisis” or “epidemic” leads the public to wonder who is responsible—and they end up blaming parents. Compared to a crisis/fear frame, an efficacious, can-do tone is more effective in building support for change.

### Other Recommendations:

- **Explain why tobacco inequities exist and persist.** Build causal pathways that contribute to disproportionate use, exposure, and health harms—rather than relying on lists of subgroups or unframed data to highlight inequities. Recommended explanations include:
  - The tobacco industry saturates some communities with tailored marketing.
  - 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.
- **Use specific, contemporary examples of industry tactics.** Offering examples of different targeted marketing strategies—like tailored advertisements, retailer location and point-of-sale tactics, or flavored products—is more effective than mentioning industry influence in general terms.
- **Focus on youth.** Examples focusing on youth from diverse backgrounds help people grasp concepts like health equity and prevention. The most effective messages include information on industry influence and remind the public that “because adolescents’ brains are still developing, behaviors at this age can be wired in for the long term.”
- **Use the metaphor of “pressure” to talk about social and environmental stressors,** like unemployment, low wages, or discrimination, that “push” people toward tobacco use and “build up” over time to compound related health problems.

### Resources for the Field

The Tobacco Disparities Framing Project has created a number of resources to support tobacco prevention and control agencies, advocates, and researchers in using the recommended framing strategies. These resources are available at <https://www.changelabsolutions.org/product/framing-tobacco-disparities>

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