



# Talking About Tobacco-Related Health Disparities

## A Guide for Children and Youth Advocates

**Strong tobacco protections improve children’s health. Yet, even well-intended policies and programs may end up widening health disparities if they don’t benefit the communities who are more deeply affected by tobacco-related health issues.**

This guide offers evidence-based advice for communicating the link between children’s health, health equity, and tobacco prevention and control. If not carefully worded, messages about these issues could inadvertently reinforce biases about communities who are most affected by tobacco-related diseases. With the right framing, on the other hand, outreach and education messaging can be more persuasive to more constituencies.

### **1. Explicitly remind people that children’s brains and bodies are still developing.**

Always include language that focuses 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 just offer statistics about prevalence. Go a bit further: spell out that early exposure can disrupt physical growth and drive unhealthy behaviors.

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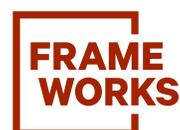
#### **Instead of this...**

We need to prevent children from being exposed to secondhand smoke. Secondhand smoke causes numerous health problems in infants and children, from ear infections to sudden death.

#### **Try this...**

Because young bodies and brains are still developing, we need to prevent children from being exposed to secondhand smoke. There is no safe level of exposure to secondhand smoke.

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**Talking About Tobacco-Related Health Disparities Toolkit**

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**Instead of this...**

Nearly 9 out of 10 adults who smoke started before age 18, and 99% began before age 26. Tobacco marketing to young people has been shown to be a major factor in early initiation of smoking.

**Try this...**

From birth through the early twenties, brains are still being built and behaviors are being wired. To keep young people out of harm's way, we must stop tobacco companies from marketing addictive products to youth.

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## **2. Instead of opening by mentioning “vulnerable children,” start off by expressing a widely shared principle that orients people to the bigger issue of health disparities, like *Shared Obligation to Children*.**

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**Instead of this...**

Strengthening commercial tobacco control policies is one of the most important things we can do to protect the health of children in vulnerable communities.

**Try this...**

We have a shared duty to keep dangerous products and chemicals away from children—including harmful commercial tobacco products and secondhand smoke.

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## **3. 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 access to evidence-based cessation services, or differences in residential smoke-free policies—that shape parents' contexts.

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**Instead of this...**

Every year, roughly 3,600 babies in the US die suddenly for unknown reasons. Researchers estimate that if expectant moms would just quit smoking, we could prevent 800 of those deaths.

**Try this...**

Every year, roughly 3,600 babies in the US die suddenly for unknown reasons. Researchers estimate that if we connected expecting families to nicotine dependency treatment, we could prevent 800 infant deaths a year.

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**Instead of this...**

A new study has revealed just how many parents are vaping in front of their kids. Only one in five parents who use e-cigarettes have strict rules against vaping in their homes and cars. Parents who vape and smoke are more likely to enforce a smoke-free than a vape-free policy at home.

**Try this...**

A new study has revealed the need for greater public awareness about the dangers of second-hand smoke from e-cigarettes. Research suggests that most Americans don't realize that e-cigarettes emit toxic chemical particles. If there's a place you wouldn't smoke—like around children—then it's also a place you shouldn't vape.

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#### **4. Explain “how it happens” before talking about “who it happens to more often.”**

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

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**Instead of this...**

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...**

Uneven regulations allow the tobacco industry to saturate lower-income neighborhoods with tobacco products, ads, and discounts. More availability drives more smoking. This is one reason why children from low-income families breathe more secondhand smoke than their more affluent peers.

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Compared to their heterosexual peers, twice as many young people who are lesbian, gay, or bisexual have smoked a cigarette before the age of 13. The rates are even higher for LGBT+ youth of color.

Young people who are LGBT+ report high levels of stress from discrimination or social exclusion—and stress can push people toward use tobacco. The connection between homophobia and stress helps to explain why, when compared to straight peers, twice as many LGBT+ youth have smoked a cigarette before the age of 13.

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

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

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### Instead of this...

We must help more people quit smoking, and build more awareness in communities where smoking rates are still sky-high. Quitting smoking is challenging – so people who smoke need all the motivation and support they can get. Imagine the number of lives we could save if we devoted ourselves to empowering tobacco users to make successful quit attempts through "quit & win" initiatives.

### Try this...

States take in millions – sometimes billions – in penalty funds from tobacco companies and tax revenue on tobacco products. On average, they spend just two percent of it on addressing tobacco-related problems. Imagine if states increased that to just 13 cents of every dollar, and directed those resources to the communities that tobacco companies saturate with marketing. We could eliminate the unequal harms caused by tobacco products in communities of color, in low-income and rural areas, and among people with mental health conditions.

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Tobacco use is a major contributor to the three leading causes of death among African Americans—heart disease, cancer, and stroke. We must take steps to eliminate racial disparities in tobacco-related health burdens.

Banning the sale of tobacco products within 1,000 feet of a school would dramatically reduce the number of stores that sell and advertise tobacco. ban would be greatest in urban areas, so would reduce the advertising pressure in Black communities and lower-income people. It would also completely eliminate a major source of racial disparities in tobacco-related health problems.

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