Talking About Tobacco-Related Health Disparities

A Guide for Health Equity Advocates

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

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

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

Instead of this...	Try this...
Cigarettes and other tobacco products	Harmful tobacco products, like cigarettes, chewing tobacco, cigars, and e-cigarettes
We work to reduce the use and misuse of drugs and alcohol.	Our work reduces the use and misuse of harmful substances, like tobacco, alcohol, cannabis, and other drugs.

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

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

Instead of this...	Try this...
Tobacco-related diseases disproportionately affect Black, Hispanic, Asian American, and Native American communities. Cancer, heart disease, and stroke—all of which can be caused by cigarette smoking—are among the leading causes of death among African Americans and Hispanics. Native Americans and Alaska Natives have a higher risk of tobacco-related disease and death due to high prevalence of cigarette smoking and other commercial tobacco use.	The US has steadily expanded tobacco protections since 1964—with less smoke in the air and fewer advertisements for harmful products as a result. But these protections, which most Americans now take for granted, are less likely to cover the places where people of color live, learn, work, and play. This is one reason why tobacco-related diseases now disproportionately affect Black, Hispanic, Asian American, and Native American communities.
Low-income children are more likely to be exposed to second-hand 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.	Uneven regulations and industry targeting mean that low-income neighborhoods are often saturated with stores that sell tobacco products. More availability means more smoking. This is one reason why low-income children are exposed to more secondhand smoke than children who live in affluent neighborhoods.

3. Don't just list the social determinants of health—explain that idea.

Use plain language and cause-and-effect sequences to help people understand how demographic or geographic factors shape contexts, and how those contexts connect to tobacco disparities. Use phrases like "essential conditions for good health" or "vital conditions for health." For most audiences, these will make more sense than "social determinants of health," or other specialized language from your field. Also, when using statistics to illustrate the connection between a social category and a health outcome, lean toward numbers that focus attention on social or policy contexts. This makes it harder for people to explain away tobacco- related problems as the results of poor personal choices.

Instead of this...	Try this...
We work to address the social determinants of health.	We work to ensure that the essential conditions for good health are available in each and every community.
The social determinants of tobacco use include geography, race, ethnicity, income, and education. Fewer than 12% of adults in some population groups now smoke; for example, those with higher education and incomes. Unfortunately, progress in reducing smoking prevalence has been markedly slower among populations of low socioeconomic status.	External factors, like where people live or how much money they make, can influence people's health. For example, since average housing costs are going up but incomes aren't, fewer Americans are buying homes and more are renting. People who rent in apartment complexes are exposed to more secondhand smoke than people who live in a detached home, because smoke travels through buildings' air ducts.
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.	People who have a serious mental illness are twice as likely to live in a neighborhood with more tobacco retailers and more advertisements for tobacco products. This is one reason why adults with a mental illness are more likely to smoke than adults without these disorders.
Recent national survey data indicate that rural youth and adults use cigarettes and smokeless tobacco at higher rates than their urban counterparts. Further, while urban adults' use of cigarettes declined from 2007 to 2014, cigarette smoking among rural adults did not decrease significantly.	States with higher proportions of rural residents tend to have less robust smoke-free air and tobacco control policies. In many of these states, tobacco companies have promoted laws that prevent local communities from enacting protections like advertising standards or smoke- free workplaces. This helps to explain why tobacco use is declining in cities, but not rural areas.
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+ young people of color.	Young people who are LGBT+ report high levels of stress from discrimination or social exclusion—and stress can push people toward 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.

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

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

Instead of this...	Try this...
We must help more people quit smoking, and build greater awareness of the harms caused by tobacco products among low-income communities and communities of color.	Research that modeled what would happen if the US adopted a nationwide ban on menthol tobacco products found that the policy would save more than 600,000 lives, including nearly a quarter million Black lives.
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. If tobacco interventions are not implemented in an equitable manner, certain population groups may be left out, causing or exacerbating disparities in tobacco use.	Banning the sale of tobacco products within 1,000 feet of a school would dramatically reduce the number of retailers in cities. The effects of a ban would be greatest in urban areas, so would especially benefit Black communities and lower-income people. This single change would completely eliminate a major source of racial disparities in tobacco-related health problems.

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