



Talking About Tobacco-Related Health Disparities

A Guide for Rural Health Advocates

Stronger tobacco protections improve rural health. It is critical to include tobacco prevention and control as part of the rural health 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 rural health 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. 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...**

The health of people living in rural areas is impacted by tobacco use more so than those in urban and metropolitan areas, often because of socioeconomic factors, culture, policies, and lack of proper health care.

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 health protections, which most Americans now take for granted, are less likely to cover the places where rural people in our state live, learn, work, and play. That’s why we are adjusting our tobacco control and prevention efforts to make sure they fully serve our rural communities.

America’s rural population is more likely to use tobacco, especially smokeless tobacco, and less likely to quit.

Mass media campaigns that let people know about quitlines are one of the most effective ways to help people who are ready to quit smoking. But these campaigns often don’t reach rural residents.

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.

From birth through the early twenties, brains are 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.

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.

New research points to the need for greater public awareness about the dangers of second-hand smoke from e-cigarettes. The study 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.

2. 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 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.	We reduce youth use of harmful substances like tobacco, alcohol, cannabis, and other drugs.

3. Don’t just name the social determinants of tobacco use or exposure—explain them.

Use plain language and cause-and-effect sequences to help people understand how rural contexts shape experiences and health outcomes, and how those contexts connect to tobacco disparities. Try w 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.	External factors, like where people live or how much money they make, can influence people’s health.



Instead of this...

We need to think about tribal status as a social determinant of health. Indians and Alaska Natives smoke at higher rates than all other racial and ethnic groups, with 22% reporting that they smoke every day or almost every day. Taking a social determinants of health approach in tobacco prevention and control will be necessary to achieve equity and eliminate tobacco-related disparities.

Try this...

Progress in smoke-free protections has not reached most Native Americans. State smoke-free laws do not automatically cover tribal nations or reservations, leaving Native Americans at greater risk for smoke exposure. A study of Northern Plain American Indians who did not smoke found that the levels of cotinine in their blood, which indicates exposure to nicotine, were 28% higher than would be expected for nonsmokers in other communities.

Children who live in rural communities are more likely to live with someone who smokes, and may consequently have a higher risk of secondhand smoke exposure than children who live in other areas. Rural residents are more likely to allow smoking in the presence of their children in comparison to urban areas.

Smoke-free environments keep people from being exposed to the toxins, gases, chemicals, and dangerous particles that are released by burning tobacco products like cigarettes, cigars, and e-cigarettes. Right now, our state—like many other rural states—prevents local governments from passing stronger smoke-free protections at the community level.

4. Focus on wide-scale solutions in general education messaging.

When the goal is general education, talk less about individual behavior change (like cessation) as a solution. Instead, build awareness of public health approaches that can work at a wider scale—which the public is less likely to know about. Always give a concrete example of a proven or promising approach. These are more memorable than vague wording like “taking public health measures to address the issue.”

Instead of this...

Our tobacco-free pregnancy initiative educates those who are pregnant, as well as women of child-bearing age, on the dangers of using tobacco, and educates health care providers about the urgent need for face-to-face tobacco cessation counseling.

Try this...

Every year, roughly 3,600 babies in the US die suddenly for unknown reasons. Researchers estimate that if we connected pregnant women and their families to treatment for nicotine dependency, we could prevent 800 of those deaths. Tobacco-free pregnancy initiatives have been effective in reaching rural families through home visits from nurses or community members who have been trained to talk about health topics.

We take a public health approach to creating a tobacco-free state. We promote prevention, cessation, and education, and aim to reduce tobacco use rates and tobacco-related disease.

Many rural states have laws that prevent local communities from enacting stronger smoke-free protections, but there is often still progress that can be made at the local level. In South Dakota, for example, communities organized against tobacco sponsorship of rodeos, which eliminated a source of advertisements that were creating positive associations with tobacco in young people's minds.

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