

# A Guide for Public Health Professionals

Stronger tobacco protections improve population health. Yet, even well-intended policies and programs may end up widening health disparities if they don't benefit those communities who are more deeply affected by tobacco-related health issues. This guide offers evidence-based advice for communicating the link between public health, disparities among groups, and tobacco control. If not carefully worded, communications on these issues could inadvertently reinforce unproductive misconceptions and biases about communities who are disproportionately 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. 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 ✘

Cigarettes and other tobacco products

### Try this ✔

Harmful tobacco products, like cigarettes, chewing tobacco, cigars, and e-cigarettes

### Instead of this ✘

We work to reduce the use and misuse of drugs and alcohol.

### Try this ✔

We reduce the use and misuse of harmful substances, like tobacco, alcohol, marijuana, 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 ✘

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.

### 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 explain why tobacco-related diseases now disproportionately affect Black, Hispanic, Asian American, and Native American communities.

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### Instead of this ✘

Nearly 9 out of 10 adult smokers 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 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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### 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 race or ethnicity shapes contexts, and how those contexts connect to tobacco disparities. Try 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 ✘

We work to address the social determinants of health.

#### Try this ✔

We work to ensure that the essential conditions for good health are available in each and every community.

#### Instead of this ✘

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.

#### Try this ✔

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 live in apartment complexes are exposed to more secondhand smoke than people who live in a detached home, because smoke travels through buildings' air ducts.

#### Instead of this ✘

Our mission is to identify and eliminate disparities among population groups related to tobacco use.

#### Try this ✔

Our work involves understanding the factors that cause some groups to experience more tobacco-related health problems than others.

#### Instead of this ✘

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.

#### Try this ✔

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

#### 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 ✘

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.

##### Try this ✔

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.

##### Instead of this ✘

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

##### Try this ✔

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.

#### About this guide

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