

## **Reframing Tobacco & Health Equity: Communications Strategies That Work**

*In partnership with*



Julie Sweetland, PhD  
Senior Advisor  
@jsw33ts

## **Unfair practices and uneven protections drive tobacco-related health disparities**

**Age**

**Wealth/Income**

**Sexuality**

**Race**

**Occupation**

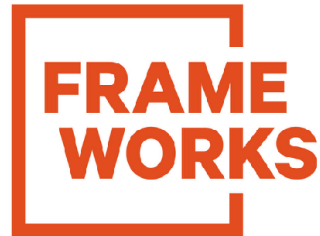
**Behavioral Health**

**Ethnicity**

**Housing**

**Region**

# **Tobacco Disparities Framing Project**



**Long-term goal:**  
**Build public support for evidence-based approaches  
to eliminating tobacco-related health disparities**

**Short-term goal:**  
**Equip and mobilize tobacco control community  
to use evidence-based framing in their outreach & messaging**

Supported through a cooperative agreement between  
ChangeLab Solutions & CDC Office of Smoking & Health  
(Cooperative Agreement Number NU38OT000307)

## **A very active Advisory Group guided this framing work**

Americans for Nonsmokers Rights Foundation

CADCA

California Tobacco Control Program

Campaign for Tobacco Free Kids

LGBT Link

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* / Alliance for Hispanic Health

Self-Made Health Network

Truth® Initiative

Walsh Center for Rural Analysis



**framing =**

**choices in how we present ideas**



**how people think/feel/act**

# **People make snap judgments about information**

**You have to get surgery. Which procedure would you prefer?**

- **90% of patients survive** after procedure A.
- **10% of patients die** after procedure B.

**You need to buy some gas. Which gas station would you choose?**

- **5% discount** for paying cash
- **5% penalty** for using a credit card



**TobaccoFreeCA**

© 2013 California Department of Public Health

The average number of **TOBACCO ADS** posted in CA stores is **25**

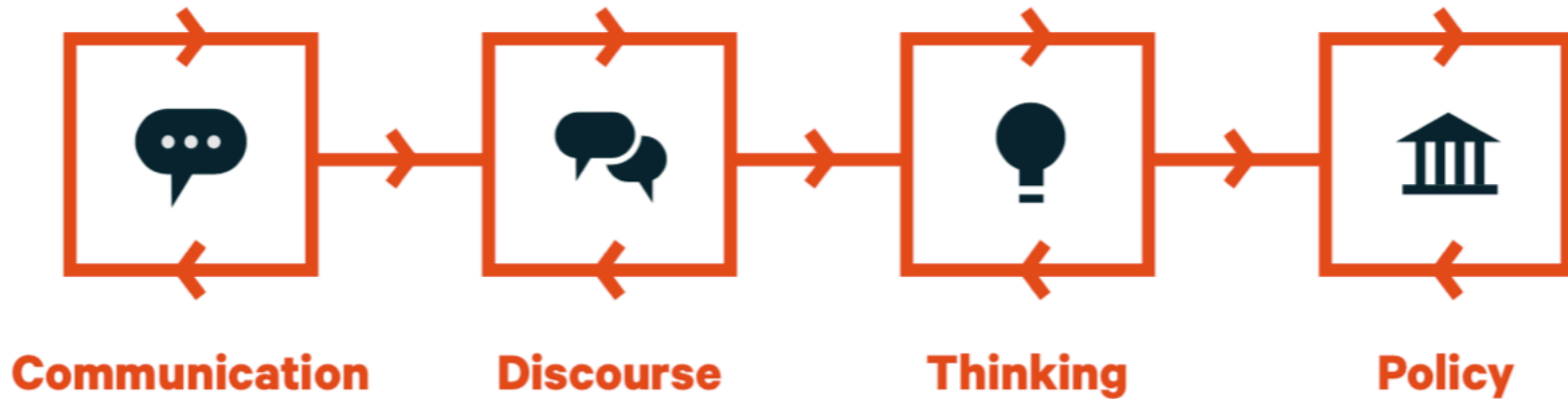
© 2013 California Department of Public Health

A photograph of a storefront with several tobacco advertisements. On the left, a sign for Marlboro cigarettes is visible, showing a price of \$5.99 plus tax. Above it, a sign says "ATM Inside" and "EBT Accepted". To the right, there are signs for Newport cigarettes, including one that says "Pleasure tastes in Red!". A young man with a backpack is walking past the store, and a woman is standing in the doorway. The overall scene is brightly lit.

## Why framing matters

- Framing shapes mindsets.
- Mindsets are often working against us.
- Many common approaches to changing mindsets don't actually work.
- With the right framing, we can drive change.

# Frames can drive broad social change



## **Tobacco policy framing practice**

**Make the story about justice and fairness.**





# **Different statements of the problem affected public will to eliminate tobacco disparities**

## **Preventable problem**

(we can prevent tobacco-related health problems in communities facing disadvantage )



No measurable effect on attitudes or policy preferences

## **Economic impacts**

(loss of productivity, increased health care costs)



Backfired - reduced support by 4%-6% in experiment  
People blamed smokers for harming the economy

## **Disparities as “last mile”**

(overall reduction, but high prevalence in communities of color and other groups)



Backfired - reduced public belief that policy mattered (-6%)  
People blamed affected groups for poor choices

# What worked?

## A clear call for fairness and justice

### Justice

(a just society makes sure no community is singled out or over-exposed to harm)



Upped support for equity-focused tobacco policies (+3% - 5%)  
Reduced stigma/blame

- ✓ “Everyone deserves a fair and just opportunity to be as healthy as possible – free from the harm that commercial tobacco can cause.”
- ✓ “Achieving health equity means addressing system-wide problems, unfair practices, and unjust conditions that harm the health of specific groups. To achieve health equity, we must consider the role of commercial tobacco.”



**WISCONSIN DEPARTMENT**  
*of* **HEALTH SERVICES**

Currently, not everyone has a fair and just opportunity to be as healthy as possible. In addition to targeted marketing from the tobacco industry, obstacles like poverty and discrimination increase rates of retail tobacco use. This leads to poor health outcomes for those with fewer resources and less power in society.

## Smoking and Pregnancy



**Indiana**  
Department  
of  
**Health**

**Tobacco Prevention  
and Cessation**

January 2022

Everyone deserves a fair and just opportunity to be as healthy as possible - free from the harm that commercial tobacco use can cause. Use of commercial tobacco products impacts even the youngest Hoosiers, as smoking during pregnancy can harm the health of both mothers and their children.

# Geographic Regions and Commercial Tobacco: Health Disparities and Ways to Advance Health Equity

Everyone deserves a fair and just opportunity to be as healthy as possible. This is called *health equity*. Achieving health equity means addressing systemwide problems, unfair practices, and unjust conditions that have a negative impact on the health of specific groups. In order to achieve health equity, we work to eliminate health disparities, or differences in health outcomes that are closely linked with social, economic, and/or environmental factors.

To improve health equity for everyone, no matter where they live, we must consider the role of *commercial tobacco*.\*



## **Tobacco policy framing practice**

**Show how improved tobacco policy  
can unblock the path to justice.**



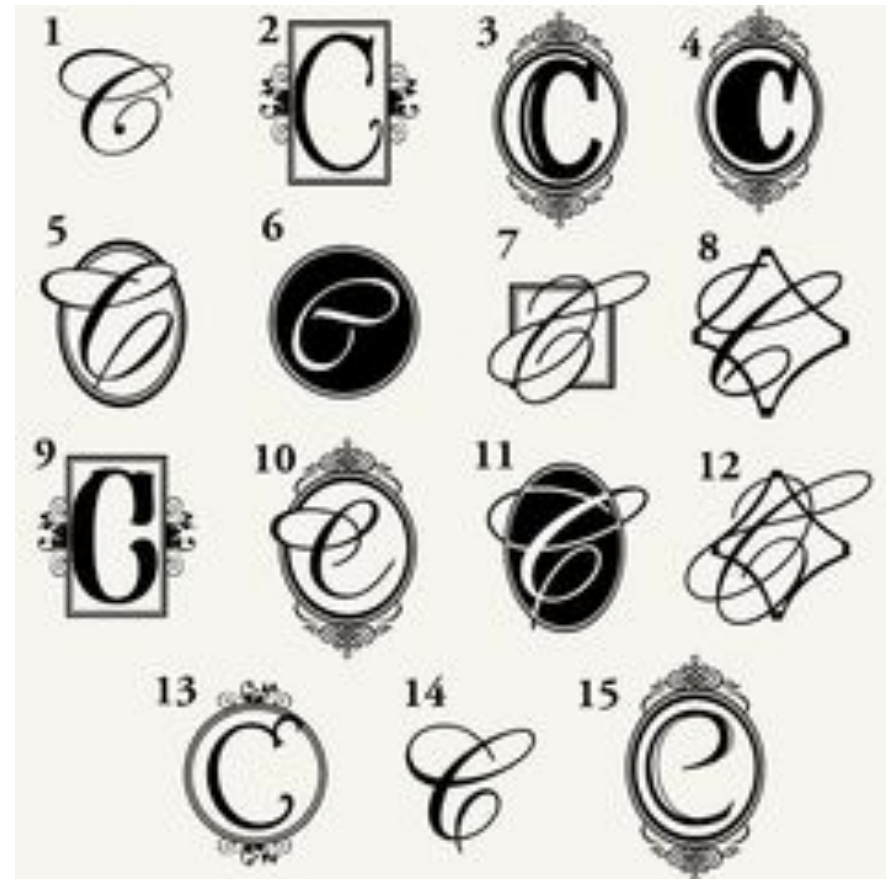


# **Why public health messaging needs to emphasize collective solutions more often**

- When we raise a big problem but don't mention the possibility of big solutions, we spark or reinforce fatalistic attitudes.
- Many public health issues can't be solved without collective solutions - yet people are unlikely to know about them.
- Emphasizing collective solutions focuses people's attention on the policy context - which helps to reduce the tendency to blame individuals and affected communities.

## Effective solutions frames are...

- **Collective:** community-level, amenable to policy
- **Concrete:** specific, descriptive, possible to visualize/grasp
- **Conceivable:** feasible, realistic





## **Explain public health solutions, simply**

“Let local communities create stronger smoke-free air policies.”

“Make all workplaces smoke-free, with no exceptions.”

“Require that all types of health insurance cover treatments for tobacco dependence.”

“Make sure that all health care centers ask all patients about tobacco. Connect everyone who wants to quit to a program that makes sure they *can* quit.”

# These numbers CAN improve. YOU can help.

WAYS TO DECREASE YOUTH TOBACCO USAGE:<sup>2</sup>



**Fund comprehensive tobacco control programs<sup>2</sup>**



**Reduce access to flavored tobacco products<sup>3</sup>**



**Increase retail price for all tobacco products<sup>2</sup>**



**Establish smoke-free and tobacco-free environments that include e-cigarettes<sup>2</sup>**

**Tobacco Free Nebraska • Nebraska Department of Health and Human Services**

**For more information, visit [dhhs.ne.gov/TFN](https://dhhs.ne.gov/TFN).**

*Nebraska Department of Public Health & Human Services (2020)*



## Model Policies Overview

Tobacco-free policies can be put into effect by any facility in South Dakota. These policies ban the use of tobacco and vapor products (cigarettes, cigars, pipe tobacco, smokeless tobacco, e-cigarettes) on a facility's indoor and outdoor grounds.

Policy implementation plays a major role in reducing tobacco use and exposure to secondhand smoke and vape.

- Ensures everyone can enjoy clean air
- Promotes cessation and makes it easier to resist using tobacco products
- Encourages positive role modeling of healthy choices in public spaces

*South Dakota Tobacco  
Prevention & Control Program  
(2022)*

**Tobacco policy framing practice**

**Center explanation.**

“

For social change to occur, “the social arrangements that are ordinarily perceived as just and immutable must come to be seen as unjust and mutable.”

**Frances Fox Piven, *Poor People's Movements*, 1977**

”

## Description

Menthol is a minty flavoring that has a cooling or numbing effect and is added to many commercial tobacco products.

H

## Explanation

Menthol masks the harshness of inhaling tobacco smoke, which makes it easier to start smoking and develop an addiction to nicotine.

## Who is affected

Adults with mental illness or a substance use disorder account for 25 percent of the adult population, but they consumed 40 percent of cigarettes sold in the United States.

## What affects what

Adults with mental health conditions who smoke want to quit and are able to quit - but are less likely to be offered supports that are proven to help people quit for good.

TOBACCO-FREE RECOVERY

CHANGE FOR life

A community initiative that save lives

For too long, the tobacco industry has marketed dangerous tobacco products to individuals with behavioral health challenges resulting in high levels of tobacco use and addiction.

The **Change for Life: Tobacco-Free Recovery** initiative is about helping people with behavioral health challenges to break the cycle of tobacco use and addiction.

Why?

1

Tobacco-related illness is the #1 preventable cause of death and disability in North Carolina.

2

Historically, people with behavioral health conditions have had limited access to tobacco use treatment provided in tobacco-free settings, although most want to quit and many have tried to quit. This results in disproportionately high tobacco use rates.

3

Integrating tobacco use treatment into substance use disorder treatment programs can boost long-term recovery from alcohol and other drugs by 25%.

Tobacco Industry Targets Mental Health: A History

1933

Lucky Strike releases ad aimed directly at the behavioral health population, "To anxiety I bring relief. I'm your best friend, I am your Lucky Strike."

1980's -to- 1990's

Tobacco companies supplied free, low-cost or tax-free cigarettes to psychiatric institutions and substance use treatment facilities.

1986

Phillip Morris advertises its New Merit cigarette brand saying, "Big taste, lower tar, all in one. For New Merit, having two sides is just normal behavior"...marketing directly toward individuals with schizophrenia.

1994

Seven leading tobacco company executives testify before Congress that they believe nicotine is not addictive.

1995

RJ Reynolds launches Project SCUM (Sub Culture Urban Marketing) campaign in San Francisco, targeting the LGBTQ+ and unhoused communities.

1998

A tobacco industry-funded researcher falsely claims that nicotine may have beneficial therapeutic (rather than addictive) effects and that nicotine is self-medication for individuals with mental health disorders.

2022

Fast forward to today: little has changed! The tobacco industry continues to target youth, individuals and communities of color, and those with mental health conditions to use tobacco products and to mask the deadly health impacts. However, we see through these dangerous marketing practices.

Mecklenburg County Health Department (2022)

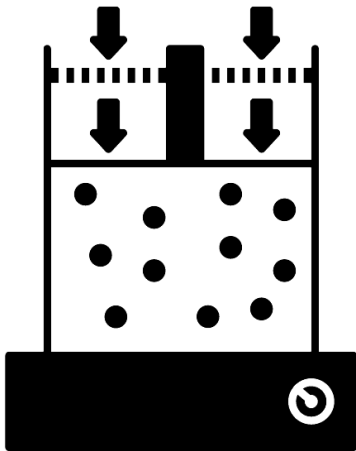


## Take people down these causal pathways

- The tobacco industry uses **tailored marketing and advertising** to target some groups and communities.
- Tobacco companies use **flavors** to entice specific groups to try their harmful products.
- The **pressures** of discrimination, poverty, and other social conditions can increase commercial tobacco use and make health problems worse.
- Population groups need more protections from exposure to **secondhand smoke**.
- Some groups encounter **barriers to health care** and treatment for tobacco use and dependence.

## ***Pressure:***

A metaphor for social and environmental stressors



“The pressures in an environment affect tobacco use. As many kinds of stressors build up, the combined force can increase health problems related to tobacco.”

*Builds understanding of factors like...*

Discrimination  
Living in poverty  
Stressful life events  
Effect of marketing  
The burden of tobacco



# Concluding thoughts

# General Narrative for Tobacco-Related Health Disparities

## *1. Principle*

### **Justice**

A just and fair society values every person and their health. Our commitment to justice calls us to address the harmful role of commercial tobacco.

## *2. Process*

### **Widespread Protections**

As a nation, we have steadily expanded tobacco protections. There is less smoke in the air and see fewer ads for deadly tobacco products on the air. This has saved millions of lives.

## *3. Problem*

### **Uneven Protections**

But protections like these, which most Americans can take for granted, are less likely to cover the places where people of color and other marginalized groups live, work, and learn.

## *4. Proposal*

### **Address Policy Gaps**

To treat everyone fairly, we must extend tobacco protections to every community, with no exceptions.

# Implementation insights from your peers

- Keep it simple - at least at first
- Make time for back-and-forth conversations about *why* these recommendations matter
- Revisit and refresh that conversation before sending things into an approval process
- You can start anywhere - but perhaps...
  - start small?
  - Start with short, opening language that you can lift from guidance?
- Expect and embrace the reality that this shift will take some time and effort
- Look to early-adopter states (and soon, OSH) for published examples
- Consider reaching out for technical assistance from OSH or FrameWorks

# Framing Tobacco Disparities

## How to talk about tobacco impacts from a health equity perspective

GUIDE | TOBACCO PREVENTION

To support health equity, our collection of resources on evidence-informed messaging will help tobacco prevention staff and partners frame their communications on tobacco-related health disparities in ways that minimize racial biases and foster support for effective policy solutions.

Regulation of tobacco products is uneven across the United States, and where protections are insubstantial, health problems stemming from tobacco use and exposure abound. Leading voices in the tobacco control field recognize that equity issues must be highlighted – but with sensitivity. Messaging that focuses on disparities can reinforce biases about the communities that are most harmed by commercial tobacco, leading policymakers to support ineffective approaches. To counter these problems, ChangeLab Solutions partnered with the Centers for Disease Control and Prevention (CDC) and FrameWorks Institute to create a series of equity-centered messaging guides.

### DOWNLOADS

### 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:

- American 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
- Norway Vase
- Self-Made Health Network
- Truth Initiative
- Wash 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 inequities: 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.

**FRAMEWORKS** **ChangeLab Solutions** **Tobacco Disparities Framing Project Overview**

© 2020 FrameWorks Institute 2020

Overview: Tobacco

“

The world changes according to the way people see it, and if you can alter, even by a millimeter, the way people look at reality, then you can change the world.

**James Baldwin, 1979 *New York Times* interview**

”



**Thank you!**  
**Let's continue the conversation!**



Julie Sweetland, PhD  
[jsweetland@frameworksinstitute.org](mailto:jsweetland@frameworksinstitute.org)

**Copyright 2022 - FrameWorks Institute**  
**The information in this presentation is intended for the benefit of stakeholders in tobacco control & health equity.**  
**Please refrain from sharing publicly.**