Counter Tools Healthy POS Webinar Series: Better Conversations about Health Equity and Tobacco POS Strategies
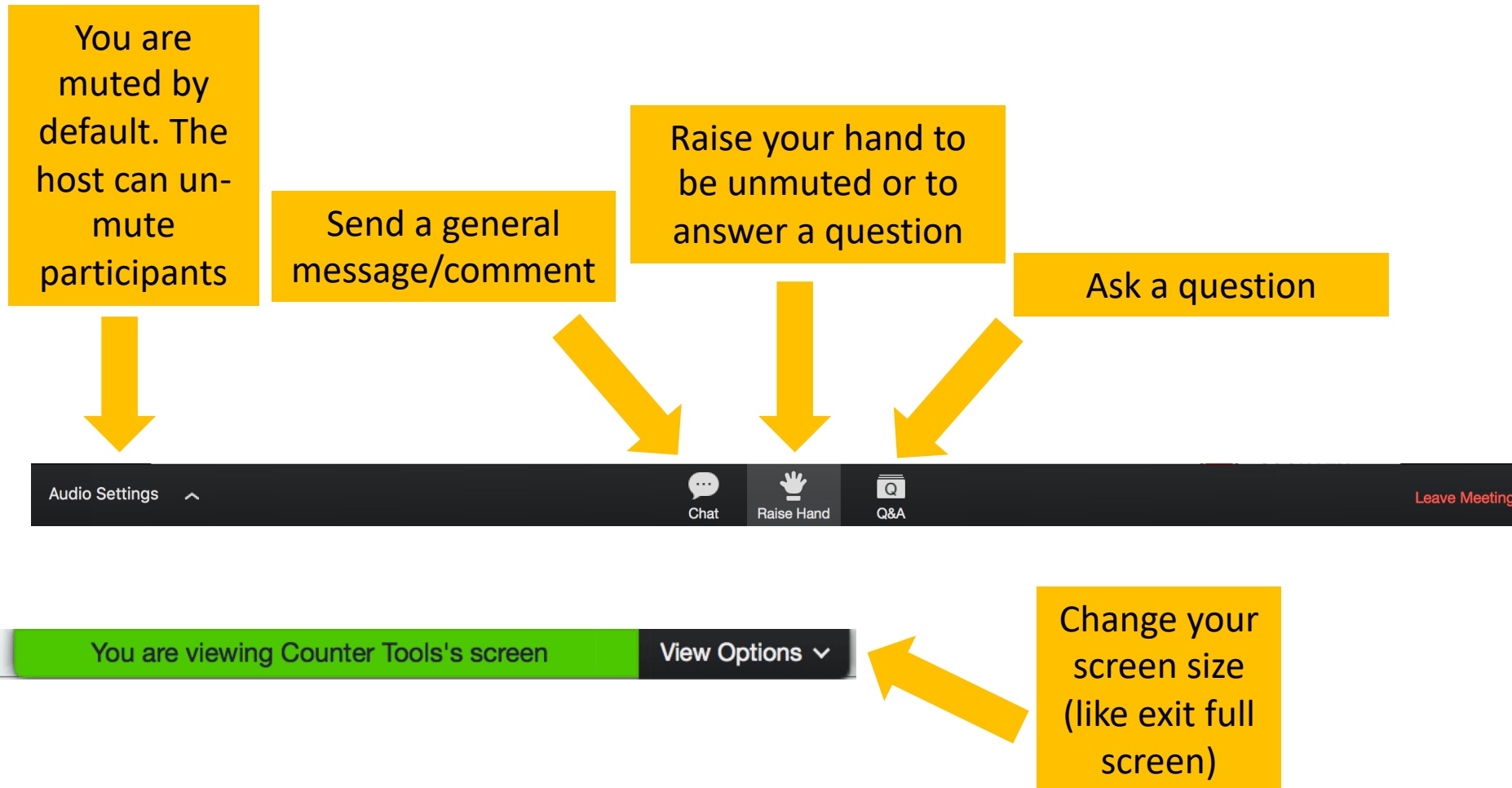
April 13th, 2023

Speaker: Dr. Julie Sweetland, PhD, Senior Advisor, FrameWorks Institute (she/hers)

Moderator: Jackie Boards, Project Director, Counter Tools

Webinar Housekeeping: Zoom Webinar Orientation

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About Counter Tools

Our mission is to empower communities to become healthier places for all.

501(c)(3) nonprofit, est. 2012

What We Do

We work with our partners to advance place-based public health and health equity through policy, systems, and environmental changes.
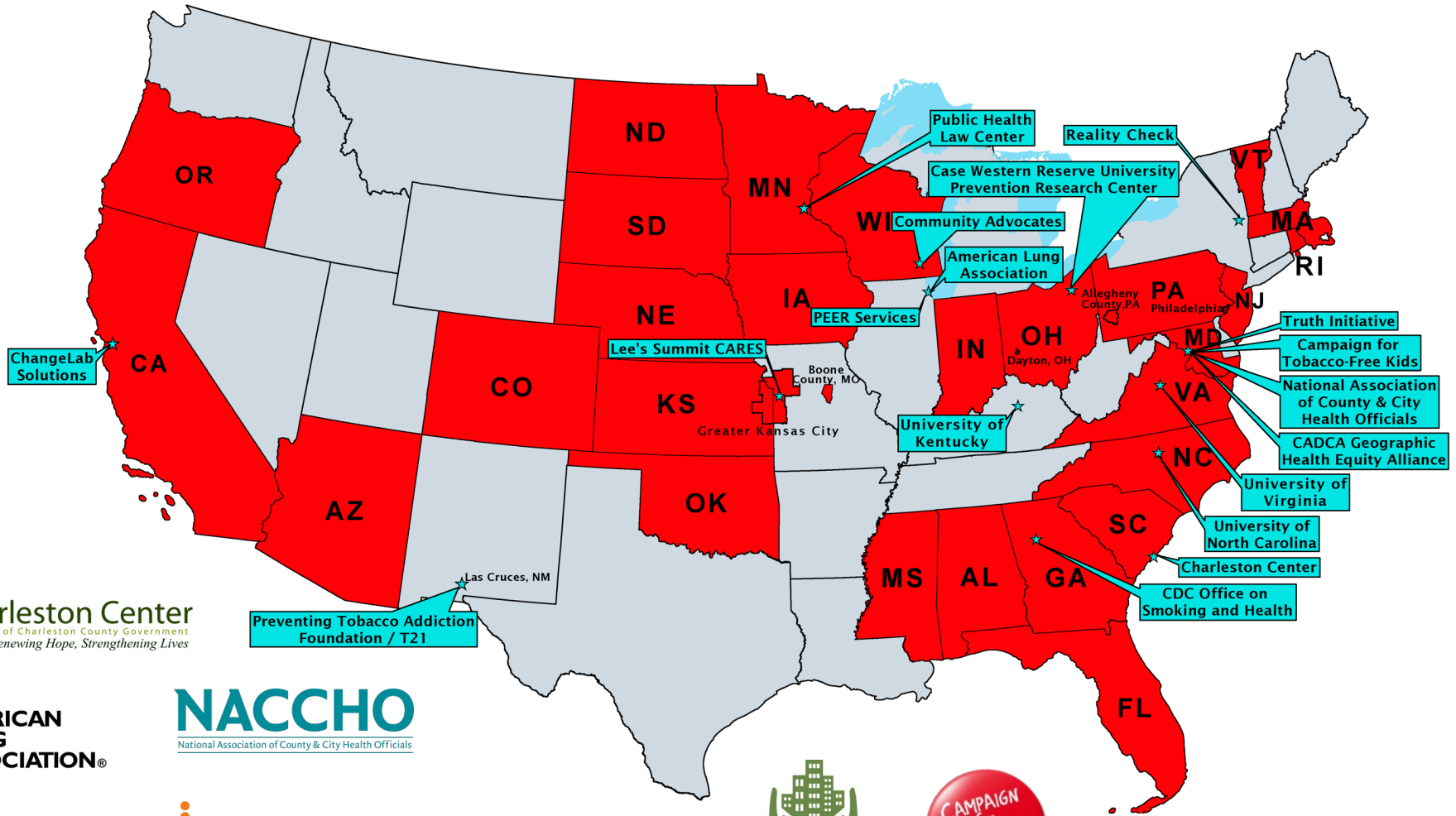
- Consulting
- Training
- Storytelling

- Providing Tech Tools
- Supporting Advocacy Efforts
- Disseminating Science and Best Practices
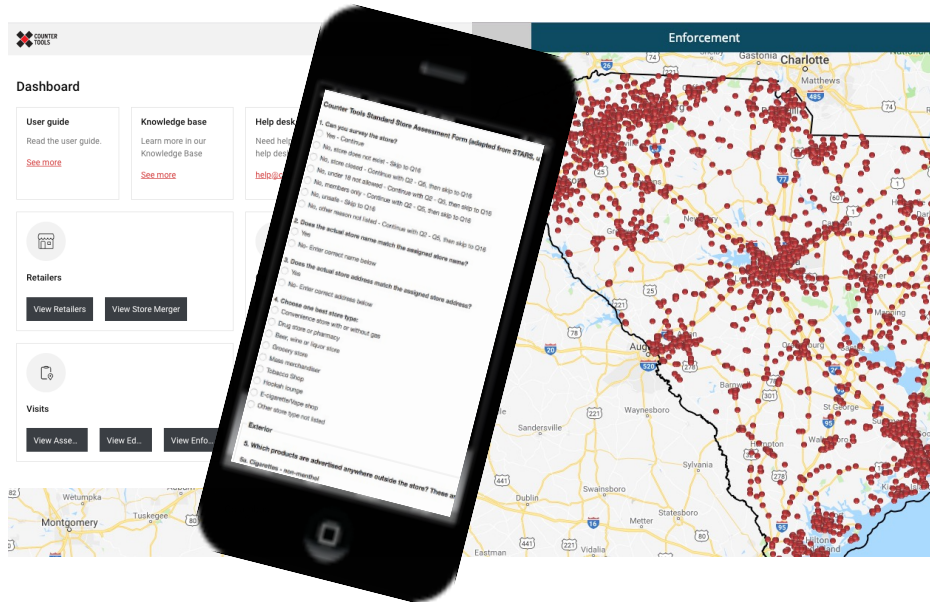
Our Team

Our Partners

Equity, Diversity, and Inclusion

We define health equity to mean that everyone has a fair and just opportunity to be as healthy as they can be, which means reducing and removing structural barriers and obstacles that apply to and extend beyond the retail environment.

We commit to working alongside our partners towards a more equitable world by addressing equity, diversity, and inclusion in our trainings, providing resources and consultation, sharing relevant data, and supporting advocacy efforts.

Read our full stance on equity, diversity, and inclusion on our website.

Dr. Julie Sweetland

Better Conversations about Health Equity and Tobacco Point of Sale Strategies

Julie Sweetland, PhD
Senior Advisor
@jsw33ts

April 13, 2023

FRAME WORKS

framing =

choices in how we present ideas

⬇

changes in 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

Opinions and understandings are influenced by framing

"Family physicians should **screen adolescents for** alcohol and drug use." → People rejected the idea because they assumed screening involved testing of biological samples

"Family physicians should **ask adolescents about** alcohol and drug use." → People rejected the idea because they assumed that the purpose was "catch & punish"

"Family physicians should **have a conversation with adolescents about** alcohol and drug use." → People visualized brief verbal interventions and supported the idea
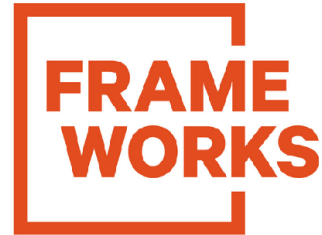
Background:

Tobacco Disparities Framing Project

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

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

We wanted to see what would shift thinking on...

Causal Responsibility: Individual —> Structural

*How large of a role do you think willpower and personal discipline
plays in explaining why people use tobacco products?*

Solutions Responsibility: Individual —> Collective

*In your view, how much of an obligation does our state government have
to reduce tobacco use among young people, low-income people, African Americans, and LGBTQ people?*

Issue Salience: How important and urgent is this issue?

*How much of a priority do you think it should be to reduce tobacco use
among young people, low-income people, African Americans, and LGBTQ people?*

Collective Efficacy: Would a public response make a difference?

*How optimistic or pessimistic do you feel that we, as a state, can reduce tobacco use
among young people, low-income people, African Americans, and LGBTQ people?*

Equity-Focused Policies: Reinvestment, menthol ban, retailer density...

*We should reinvest funds collected from tobacco taxes to support health care programs
in the communities most affected by tobacco use.*

landscape research

how people think now

reframing research

how to spark new thinking

Summary of research conducted Jan 2018 - Sept 2019

landscape research

Billings

Chicago

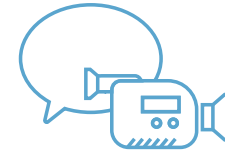Oklahoma City

Los Angeles

Mobile

77 interviews across the US

reframing research

Tool Design

On-the-Street Interviews

Controlled Experiments

Sampled more than **10,000** Americans

More details in the memo, "Justice in the Air"

"just" a health issue → **an unjust health issue**

Recommended 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.

FRAME WORKS

Recommended Narrative for Restricting Sale of Menthol

1. Principle

For decades, the tobacco industry has saturated Black neighborhoods and publications with tailored ads that try to make menthol seem like part of the community's culture and lifestyle.

2. Process

The problem is that menthol is particularly dangerous. Menthol has a cooling effect that makes it easier to inhale deeply, leading to a bigger dose of nicotine. This can cause a stronger addiction, making menthols harder to quit.

3. Problem

Other flavored cigarettes were banned years ago, but menthol cigarettes - the kind that causes the most harm in Black communities - are still on the shelves.

4. Proposal

A national policy is in the works, but it will take time. Communities can begin to protect themselves now by restricting the sale of tobacco products that have any flavor, but especially menthol.

FRAME WORKS

Mindsets:

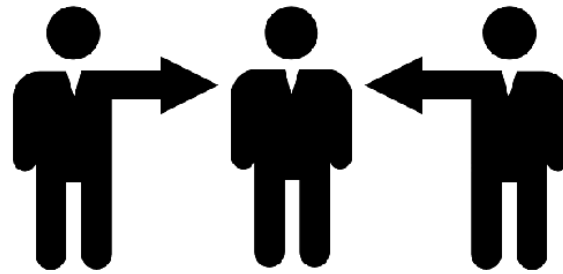**What You're Up Against**

Common mindsets narrow thinking about tobacco

Icons from the Noun Project

Individualism

"Depends on the person."

"You have to be responsible."

Otherism

"Nasty habit."
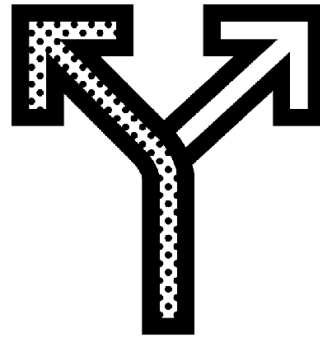
"Teens do it to be cool."

Fatalism

"Once you're addicted..."

"Oh, they'll never change that..."

Mental models of "the other" shape understanding of health disparities

Cultural Pathology
"those people just don't have the right values"

Separate Fates

"Different groups live in different worlds"

Solution = Awareness
Assumption that the best way to influence health outcomes is to provide individuals with information to guide personal choices.

Messages about 'health' often don't work as expected

– In a 2014 experiment testing different ways of framing environmental health, **emphasizing 'protection' or 'public health' had no effect.** (Framing the issue in terms of fairness across places worked better.)

– A 2017 experiment testing different ways of elevating the issue of oral health disparities found that **economic arguments had mixed effects**. (A **targeted universalism argument worked better**.)

– In 2018 and 2019 experiments testing different ways of framing tobacco-related health disparities, **emphasizing the negative health impacts had no effect** on public support for equity-focused tobacco policy. (Framing the issue in terms of **justice worked better.**

– In a 2020 experiment testing different ways of framing gun violence prevention in a heavily Republican midwest state, **messages about potential health benefits had no effec**t, while **messages about negative health impacts reduced support for policy.** (Framing the issue in terms of **democracy worked better.)**

# Just saying "equity" isn't enough

Framing insights to keep in mind

– Remember that the default setting for American thinking on health is 'individualism.'

– Remember that most people don't understand how disparities are created and perpetuated.

– We can't assume that people understand what 'equity' means.

– While these are the places that people start - it doesn't have to be where people land. (Framing can help!)

–

We can help to build new mindsets

Context Matters
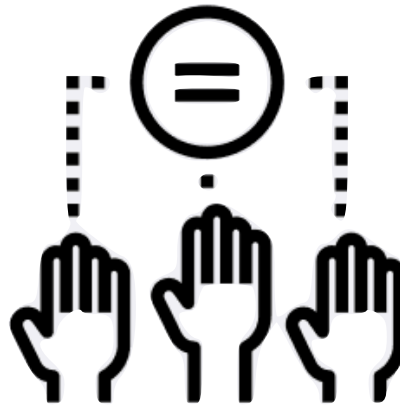
We're In This Together

Let's Redesign It Right

Moving Mindsets:

Framing Strategies that Work

Framing to avoid

– Does the communication leave room for people to assume the problem lies with the people experiencing it?

– Does the communication begin with numbers about poor health outcomes or "textbook definitions" of health equity?

– Does the communication omit solutions - or talk about them in very limited ways?

– Does the communication focus attention on *who* experiences disparities, rather than *how* they come to be and how to end them?

Framing to use

– Attribute responsibility to systemic, structural, or policy-level factors.

– Lead with justice/fairness

– Emphasize collective solutions

– Center explanation

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.

FRAME WORKS

Make the story about fairness and justice.

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."

Lead with an appropriate 'flavor of fairness'

"We need to ensure that everyone has access to what they need to support good health. This means recognizing and accommodating specific needs - because health is not one-size-fits-all."

"Everyone should have an equitable (fair and just) opportunity to be as healthy as possible, no matter where they live, work, or play. To achieve this, we need to address social problems, unfair practices, and unjust conditions that can weaken the health of specific groups of Americans."

"A just society ensures that no person - regardless of the color of their skin or who they love - is exposed again and again to things we know are harmful. To live up to the ideal of justice for all, we must tackle unhealthy conditions and barriers to good health that affect some communities more than others.

– **Make the story "about" our shared commitment to justice, not "about" health burdens**. Emphasize that basic fairness and equity are at stake.

– **Develop the theme.** Elaborate on the idea over a sentence or two. Return to the idea throughout a communication.

Photo by Jon Tyson on Unsplash

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.

People with Behavioral Health Conditions (Mental Health and Substance Use Disorders) 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 reduce health disparities. Health disparities are differences in health outcomes that are closely linked with social, economic, and/or environmental factors- that affect people with behavioral health conditions. To improve health equity, we must consider the role of *commercial tobacco.**

Framed with 'their health behaviors'

Over 2.5 million U.S. middle and high school students used e-cigarettes in 2022, which includes 14.1% of high school students and 3.3% of middle school students. Nearly 85% of those youth used flavored e-cigarettes and more than half used disposable e-cigarettes. Between 2017 and 2019, youth use of e-cigs doubled, although it has since declined somewhat. The Surgeon General has concluded that has concluded that youth use of nicotine in any form, including e-cigarettes, is unsafe.

Reframed with "our responsibility"

A just society ensures that no child is exposed again and again to things we know to be harmful. This is why it's so concerning that our policies allow the tobacco industry to package and market dangerous products in ways that keep them cheap, visible, and attractive to kids. In some areas, 8 out of 10 stores near schools sell flavored tobacco products like e-cigs and are more likely to stock products with candy-like flavors.

Be clear that solutions exist and are within reach.

Over-emphasizing the problem doesn't work

"Is this situation perfect? No. Is it what we expected? Certainly not.
Can we do anything about it? Nope.
Am I getting more and more depressed as I talk about it?
You bet."

"

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*

"

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

– Commensurate: well-matched to the scope of the problem you've outlined

– Clear: phrased in plain language that doesn't require public health expertise to understand
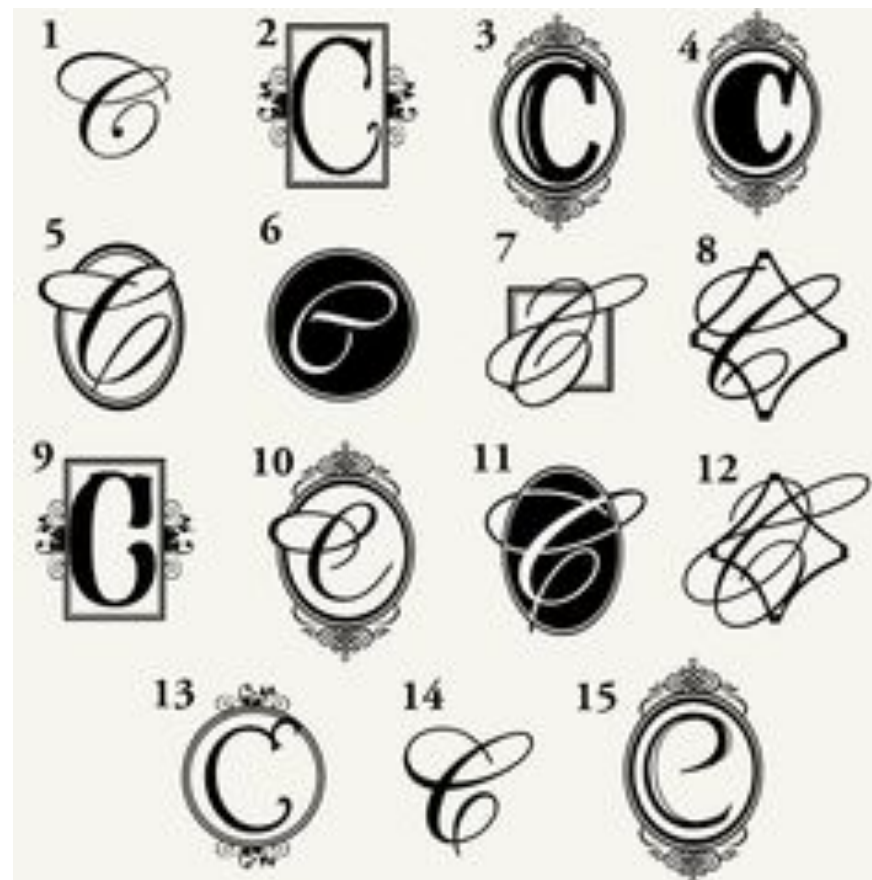
Explain public health solutions, simply

Examples: We can...

"Adopt and expand smoke-free home policies, while increasing access to support to quit."

"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:[2]

Fund comprehensive tobacco control programs[2]

Reduce access to flavored tobacco products[3]

Increase retail price for all tobacco products[2]

Establish smoke-free and tobacco-free environments that include e-cigarettes[2]

Tobacco Free Nebraska • Nebraska Department of Health and Human Services
For more information, visit dhhs.ne.gov/TFN.

Nebraska Department of Public Health & Human Services (2020)

South Dakota Tobacco Prevention & Control Program (2022)

Be tobacco *free*.
SOUTH DAKOTA

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

Center explanation.

The Power of How
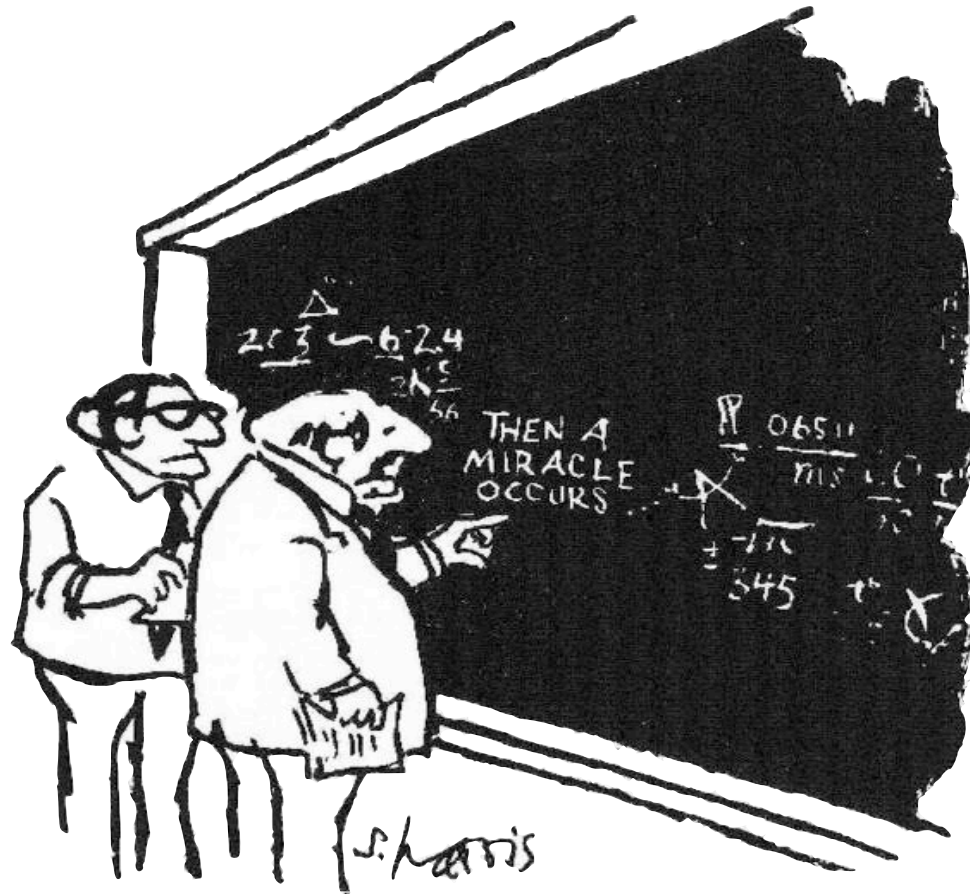
"I think you should be more explicit here in step two."

Take people down these causal pathways

- The tobacco industry uses **tailored marketing and advertising** to target some groups and communities.
- Some groups aren't equally protected from exposure to **secondhand smoke.**
- Tobacco companies use **flavors** to entice specific groups to try their harmful products.
- Some groups encounter **barriers to health care** and treatment for tobacco use and dependence.
- The **pressures** of discrimination, poverty, and other social conditions can increase commercial tobacco use and make health problems worse.

Pressure:
A metaphor for social and environmental stressors

Builds understanding of factors like...

Discrimination
Living in poverty
Stressful life events
Effect of marketing
The burden of tobacco
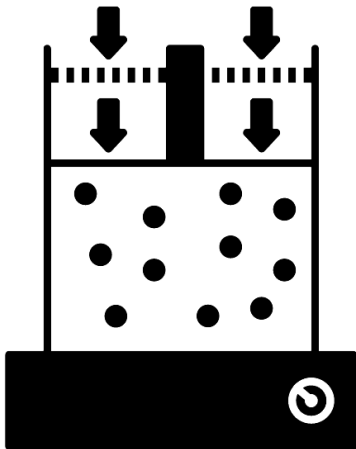
"The pressures in an environment affect tobacco use. As many kinds of stressors build up, the combined force can increase health problems related to tobacco."

Pointing Out Inequity

Curated talking points on tobacco-related health disparities

FIRST RELEASED SEPTEMBER 2019 - UPDATED NOVEMBER 2021

A resource from the Tobacco Disparities Framing Project

Reframe from "who and how much" to "how and why"

Age	Wealth/Income	Sexuality
Race	Occupation	Behavioral Health
Ethnicity	Housing	Region

Give contemporary examples
of tobacco industry tactics that
drive disparities.

Effective strategies in this video:

-Connecting historical and contemporary industry tactics

-"Social math" helps people understand scope

-Visuals and language work together to explain how POS strategies work

Concluding Thoughts

Putting Reframing into Action
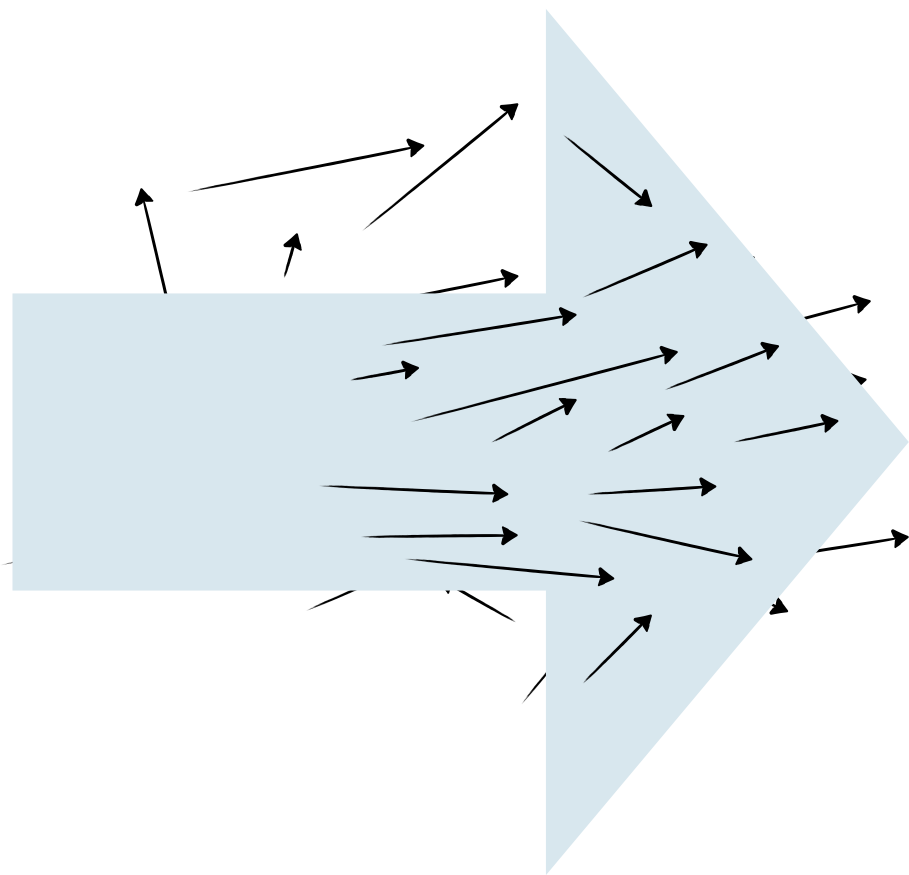
Framing Tobacco Disparities

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

"

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.

FRAME WORKS

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