Emerging Issues in Commercial Tobacco Use Prevention and Cessation Social Media Toolkit

ACKNOWLEDGEMENTS

The ASPIRE Network (Asian Americans, Native Hawaiians, and Pacific Islanders Network to Reach Equity)
Parent Organization: Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
Camille Mendaros, Program Manager, cmendaros@appealforhealth.org
Allison Barcelon, Communications Associate, abarcelon@appealforhealth.org
Social media: Twitter, Facebook, YouTube

Geographic Health Equity Alliance (GHEA)
Parent Organization: Community Anti-Drug Coalitions of America (CADCA)
Andrew Romero, MEd, Director, aromero@cadca.org
Iqra Haji, MPH, Associate, ihaji@cadca.org
Social media: Twitter, Facebook

National African American Tobacco Prevention Network (NAATPN)
Delmonte Jefferson, Executive Director, djefferson@naatpn.org
Michael Scott, Program Manager, mscott@naatpn.org
Social media: Twitter, Facebook, LinkedIn

National Behavioral Health Network for Tobacco & Cancer Control
Parent Organization: National Council for Behavioral Health
Taslim van Hattum, Director of Practice Improvement, TaslimvH@thenationalcouncil.org
Margaret Jaco Manecke, MSSW, Senior Project Manager, MargaretM@thenationalcouncil.org
Social media: Twitter, Facebook, LinkedIn

National LGBT Cancer Network Tobacco-Related Cancer Project
Dr. Scout, Principal Investigator, scout@cancer-network.org
Michelle Veras, MPH, Project Director, michelle@cancer-network.org
Aurea Kasberg, Project Associate/Social Media Manager, aurea@cancer-network.org
Social media: Twitter, Facebook, LinkedIn

National Native Network (Keep It Sacred)
Parent Organization: Inter-Tribal Council of Michigan, Inc.
Joshua Hudson, Project Director, jhudson@itcmi.org
Social media: Twitter, Facebook, LinkedIn

Nuestras Voces (Our Voices) Network
Parent Organization: National Alliance for Hispanic Health
Marcela Gaitán, Senior Director for External Relations, mgaitan@healthyamericas.org
Social media: Twitter, Facebook, LinkedIn

SelfMade Health Network (SMHN)
Parent Organization: Patient Advocate Foundation
Dwana Calhoun, MS, National Network Director d.calhoun@selfmadehealth.org
Shonta Chambers, MSW, Principal Investigator Shonta.Chambers@patientadvocate.org
Social media: Twitter, Facebook, LinkedIn

The George Washington University (GW) Cancer Center
Mandi Pratt-Chapman, PhD, MA, Principal Investigator, mandi@gwu.edu
Aubrey Villalobos, DrPH, MEd, Project Director
Mohammad Khalaf, MPH, Project Manager, mkhalaf@gwu.edu
Social media: Twitter, Facebook, YouTube

Emerging Issues in Commercial Tobacco Use Prevention and Cessation Social Media Toolkit
May 2020

CONTENTS

Tip: Viewing this PDF in Google Chrome? Use "Ctrl+Click" on links to open them in a new tab.

ABOUT THIS TOOLKIT

This toolkit is designed to help stakeholders implement evidence-based practices when communicating about emerging issues in commercial tobacco use prevention and cessation. It can also help you plan, implement and evaluate your social media strategy and make the case for why it's important.

Don't have the time or capacity to implement this toolkit? Don't fret! You can still engage your audience by retweeting messages from **@GWCancer**

WHO SHOULD USE THIS TOOLKIT?

Public health professionals, cancer control professionals, cancer centers, coalitions, community-based organizations and other stakeholders can use this toolkit and adapt its messaging for their unique audiences and areas of expertise.

WHEN SHOULD AWARENESS ABOUT COMMERCIAL TOBACCO USE PREVENTION AND CESSATION BE RAISED?

There are several health observances throughout the year, sponsored by different national and international public health organizations, when this toolkit can be implemented. Here are a few examples:

- Through with Chew Week – February
- Great American Spit Out – February
- Take Down Tobacco - Day of Action – March
- VApril (United Kingdom) – April
- National Minority Health Month – April
- National Cancer Control Month - April
- No Menthol Sunday - May 17, 2020
- World No Tobacco Day - May 31, 2020
- Great American Smokeout® - November 21

Messages from this toolkit could also be used or adapted for various commercial tobacco-related cancer awareness months like oral, head and neck cancer (April) and lung cancer (November) among others.

Additionally, messages from this toolkit could be used or adapted for national observances and commemorative months acknowledging priority populations including African American History Month (February), Asian American and Pacific Islander Heritage Month (May), Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Pride Month (June), Hispanic Heritage Month (September 15 – October 15), and Native American Heritage Month (November) among others.

SOCIAL MEDIA 101

As of January 2019, Pew Research Center found that 72% of adults report using social networking sites (Pew Research Center, 2019). YouTube is reported as the most commonly used social media platform, followed by Facebook, Instagram, Pinterest, LinkedIn, Snapchat and Twitter (Pew Research Center, 2019). In addition, a 2014 study found that nearly 75% of adults use social media to discuss health (Fox, 2014).

Social media provide a "socially mediated pathway" to distribute health-related messaging. They link people to social networks and communities that provide built-in incentives and personalized guidance to make behavioral changes (Sarkar et al., 2018). Organizations like the Centers for Disease Control and Prevention (CDC) use social media to "provide users with access to credible, science-based health information" and to "reinforce and personalize messages, reach new audiences, and build a communication infrastructure based on open information exchange" (CDC, 2015).

The first step when designing your social media strategy should be to identify and learn about your audience. Ask yourself:

- Who is my intended audience? Be as specific as possible.
- What health issue or issues affect my audience?
- What action do I want audience to take and why?
- What social media platforms does my audience use and how do they prefer to be reached with health messaging?
- What tactics will be most effective and what messages resonate the most?

Looking to establish a social media strategy for your organization or make the case for why it's important? CDC offers a variety of social media tools to create and establish a social media strategy. They also offer guidelines and best practices, evaluation strategies, tools and templates.

Remember to tailor messaging to your intended audience or audiences. Your organization offers unique strengths and expertise. Make sure to capitalize on them to make your campaign effective.

SOCIAL MEDIA CHANNELS

Twitter, Facebook, Instagram, LinkedIn, Snapchat, Pinterest and more – social media are growing every day, along with opportunities for outreach. Below we cover best practices for some of the most popular social media platforms, but many of these tips can apply to other media like blogs, websites or phone apps.

Twitter Best Practices

- Keep tweets below the 280-character limit. This allows other users to retweet while adding their own comments (@names don't count toward the 280-character limit).

- Add colorful graphics including photos, videos, infographics or other illustrations whenever possible. Tweets with images receive 18% more clicks, 89% more favorites and 150% more retweets on average (Kim, 2018).
- Post regularly and make sure content is useful and relevant to your audience.
- Don't just talk "at" your audience, interact with them. Ask questions and listen – this builds engagement.
- Engage others by tweeting at their Twitter handles when possible (tweets that begin with a username will reach all of your followers, but will be categorized as "replies"; if you want the tweet to be seen on your main timeline, use ".@" at the beginning).
- Twitter, Sprout Social and Hootsuite as well as other social media scheduling tools offer options to shorten links as you write tweets.
- Promote engagement with other organizations by liking or retweeting their content. You can even add your own comment before retweeting. Likewise, be responsive and recognize retweets, mentions and when others share your content.
- Remember that tweets cannot be edited once they are posted, so proofread before you post!

Facebook Best Practices

- Facebook algorithms prioritize "meaningful interactions" over unrelated content. This means posting content that feels personal, conversational and authentic (Facebook, 2018).
- Shorter posts (around 250 characters or less) get up to 60% more distribution than longer posts (Cooper, 2016).
- Post consistently and with a variety of different content types like video or photos to maximize reach and make your content stand out (Facebook, 2018). Posts with photos receive up to 50% more likes than non-photo posts (Hershkowitz & Lavrusik, 2013).
- Monitor interactions and comments with visitors to your page, using Facebook analytics and insights to see how your audience is interacting with your comments. Track your results and act on them, focusing your efforts on what's working.
- Vary your post type. Users don't engage the same way with every post (Hershkowitz & Lavrusik, 2013).
- Develop a comment policy and moderate comments accordingly in order to prevent harassment in your comments section and avoid identifying people in photos without their consent. See the CDC's *Guidelines for Public Comments* for a model policy (CDC, 2019a).
- More information about Facebook best practices is available from CDC.

LinkedIn Best Practices

- Use a call to action to engage readers, like "click to find out more" (York, 2016).
- Ensure that your organization's profile is up-to-date; profiles with complete information get 30% more weekly views (LinkedIn, n.d.).

- Post consistently and ensure that your posts contain an image or other media as this is likely to increase engagement (LinkedIn, n.d.). Focus on practical and informative visuals, as this is more likely to be successful on LinkedIn (York, 2016).
- Share content that's likely to be relevant to your professional network and provide value to your target audience (Top Dog Social Media, n.d.).

Instagram Best Practices

- Tell a story with your images by focusing on experience and emotional appeals over simple repetition of health information (Photoslurp, n.d.). Great images and videos create engagement, especially on a visual platform like Instagram (York, 2016a).
- Understand your audience and don't try to appeal to everyone. Once you've identified your audience, be consistent with your style and branding (Photoslurp, n.d.).
- Use creative ideas like contests and post user-generated content to get your audience to participate (York, 2016). This doesn't have to cost money, sometimes the contest award can simply be recognition for the person who posts.
- Stay relevant by leveraging existing health-related observances to spread your content -- connect with what other organizations are already doing for commercial tobacco or commemorative awareness (Photoslurp, n.d.).
- Make your content stand out by using simple or free photo editing tools to make your images pop (York, 2016).
- Post regularly and during optimal times. Your analytics data from Instagram or other sources can help you identify when your audience is most active and likely to interact with a post (York, 2016).

BEST PRACTICES FOR COMMUNICATING ABOUT EMERGING ISSUES IN COMMERCIAL TOBACCO USE PREVENTION AND CESSATION

Terminology

"Traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used. Traditional tobacco is and has been used in sacred ways by American Indians for centuries. Its use differs by Tribe, with Alaska Natives generally not using traditional tobacco at all. Commercial tobacco is produced for recreational use by companies, contains chemical additives and is linked with death and disease." Commercial tobacco also includes electronic cigarette products. Learn more from the National Native Network.

The vocabulary around commercial tobacco products has grown substantially over the last decade. In addition to combustible commercial tobacco products like cigarettes, cigars, pipes, and water pipes (hookah or shisha), and smokeless tobacco products like dip, snuff, snus, and chew, there are now a growing array of noncombustible tobacco products in the U.S. market. According to the Food and Drug Administration ([FDA], 2020), "vapes, vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes or e-cigs), and e-pipes are some of the many terms used to describe electronic nicotine delivery systems (ENDS)." "Vaping" originated as an industry term intended to evoke the thought of harmless water

vapor despite the products generating a chemical-laden aerosol. Note, while professionals may say "vaping," people who use the brand JUUL, will often refer to the behavior as "JUULing." ENDS use a liquid containing nicotine, flavoring, and other chemical ingredients, which is heated to make an inhalable aerosol.

Heated tobacco products are another category of emerging products. For example, a new product called IQOS is a device that heats (not burns) tobacco "HeatSticks." Learn more from the FDA about how non-combustible tobacco products function and how they are regulated. See a glossary of terms from the National Academies of Sciences, Engineering and Medicine consensus report *Public Health Consequences of E-Cigarettes* and an e-cigarette products visual dictionary from the CDC.

People who use cigarettes in combination with smokeless tobacco or electronic cigarettes are practicing "dual use."

Priority Populations

Despite commercial tobacco use being at the lowest rate in recent history, there are still more than 34 million adult smokers in the U.S., and every day 1,600 youth try their first cigarette (Creamer et al., 2019; Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). There has been a dramatic rise in use of e-cigarettes, particularly among youth and adults ages 18-24 (Dai & Leventhal, 2019). A recent study reported e-cigarette use in the past 30 days at 27.5% among U.S. high school students and 10.5% among middle schoolers (Cullen et al., 2019). This amounts to more than 5 million nationally, with nearly 1 million reporting daily use. Poly-product use (vaping and use of one or more other commercial tobacco products) is common among youth (Glasser et al., 2020). One reason for the boom in youth vaping has been targeted marketing of flavored products (e.g., Hoffman et al., 2016; Villanti et al., 2017). Because of continuing commercial tobacco use concerns, messages should highlight the impact of commercial tobacco use, particularly for youth and young adults, and emphasize how many lives could be saved through prevention and cessation. Nicotine exposure is of particular concern for youth and young adults because it is harmful to the developing brain (U.S. Department of Health and Human Services [HHS], 2016).

The Surgeon General's 2020 Report on Smoking and Tobacco Use focuses on cessation. Read about the key findings and recommendations, and find videos, infographics, and tools for getting the word out here: https://bit.ly/358sG16

Beyond youth and young adults, additional populations warrant special attention for the advancement of health equity. These include: 1) African Americans; 2) American Indians or Alaska Natives; 3) Armed services members and military veterans; 4) Asian Americans, Native Hawaiians, or Pacific Islanders; 5) Hispanics/Latinx; 6) Lesbian, gay, bisexual, transgender, queer/questioning, (LGBTQ+) individuals; 7) People of lower socioeconomic status (SES); 8) People who live in rural communities; 9) People with mental health and/or substance use disorders (MH/SUD).

- **African Americans** – African Americans suffer the greatest burden of commercial tobacco-related mortality of any racial or ethnic group in the United States. Commercial tobacco use plays a primary role in the top three causes of death among African Americans–heart disease, cancer, and stroke; each year, approximately 45,000 African Americans die from smoking-related disease (Heron, 2013; Kochanek, Murphy, Xu, Tejada-Vera, 2016; HHS, 1998). African American commercial tobacco use in part stems from historical labor in southern tobacco fields and is also driven by targeted marketing from the commercial tobacco industry (U.S. National Cancer Institute [NCI], 2017). For example, marketing by tobacco companies targets predominantly African American neighborhoods, magazines that are popular with African Americans, and at music and lifestyle events aimed at African Americans (Gardiner & Clark, 2010; Tobacco Products Scientific Advisory Committee, 2011). In 2014-2015, 76.8% of non-Hispanic Black adults who smoked usually used menthol cigarettes, compared to 34.7% of Hispanic adults and 24.6% of white adults (CDC, 2019b). African Americans start smoking at a later age and tend to smoke fewer cigarettes per day (HHS, 1998; Schoenborn, Adams, & Peregoy, 2013). Most of them want to quit and have made more quit attempts than white or Hispanic smokers (HHS, 1998; Babb et al., 2017). However, African Americans have less success quitting compared with other racial/ethnic groups, partially due to less access to or use of cessation treatments like counseling and medication (HHS, 1998; Babb et al., 2017).

- **American Indians or Alaska Natives** – Tobacco has historically been and presently remains a sacred and traditional medicine for many Tribal communities across the continent (Boudreau, 2016). Commercial tobacco use rates among American Indian and Alaska Natives (AI/AN) remains the highest of any racial or ethnic minorities, and sadly, much of the progress seen in commercial tobacco control has not translated to American Indian and Alaska Native communities. According to the 2016 National Survey on Drug Use and Health, 33.9% of AI/AN people self-reported as current users of cigarettes in the last month (SAMHSA, 2017). Based on region, commercial tobacco abuse prevalence among AI/AN varies, with the Southwest being lower and the Northern Plains being much higher (Mowery, 2015). However, actual rates of commercial tobacco use could be much higher, not only across the board, but also within specific tribes. Smoking prevalence rates have been documented within certain tribes as being greater than 70% using the [American Indian Adult Tobacco Survey](#), which was developed by the CDC and tribes to improve the quality of data collection among AI/AN populations who are underrepresented in national surveys (National Native Network, 2016). Tribe-specific data also documents smoking initiation beginning before age eight and regular smoking beginning during the tween and teen years (National Native Network, 2016).

  High commercial tobacco use rates among American Indians and Alaska Natives are directly reflected in the disproportionate rates of chronic diseases in AI/AN populations, where six of the top eight causes of death are linked to smoking.

The leading cause of cancer death among American Indian and Alaska Native populations is lung cancer. While e-cigarettes are a new product within the commercial tobacco landscape, it isn't surprising that data collection has yet to capture appropriate and useful data for American Indian and Alaska Native adult use of ENDS. However, data show that American Indian/Alaska Native youth were second highest of racial/ethnic minority youth in using ENDS, and the highest (at nearly 44%) in using commercial tobacco products, generally (Odani, Armour & Agaku, 2018).

- **Armed services members and military veterans** – Active military personnel and veterans have a series of psychosocial and demographic factors that make them more susceptible than the civilian population to commercial tobacco use (Talcott et al., 2015). Among the psychosocial factors are high levels of risk-taking, rebelliousness and alcohol use (Nelson & Pederson, 2008). Additionally, a large proportion of the military experience a critical combination of demographic and environmental factors, such as low education and low socioeconomic status, and easy access to inexpensive commercial tobacco products, beginning with World War II, where tobacco was part of the campaign package, and continuing today where commercial tobacco is largely discounted in the Department of Defense (DoD) exchanges and commissaries (Institute of Medicine [IOM], 2009; Haddock et al., 2009). Military service personnel, including veterans, are also at a higher risk for commercial tobacco use compared to civilians due to unique psychosocial and environmental factors such as deployment, combat exposures, and cultural pressures (Haddock et al., 2009). Grier et al. (2010) report that, on average, 38% of current military members began using commercial tobacco after enlisting and Odani et al. (2018) found that 29.2% of veterans reported current use of commercial tobacco products.

  Commercial tobacco use among active military service members and veterans reduces fitness, readiness, overall performance levels, and increases their risk of developing chronic illnesses, which results in increased health care costs for the DoD and the Department of Veterans Affairs (VA) (Bondurant & Wedge, 2009; Ulanday et al., 2017; Yang, W. et al., 2018). Long-term smoking puts military personnel and veterans at an increased risk for poorer health outcomes compared to their civilian counterparts (Yang, W. et al., 2018 and Lin et al., 2019). In veteran populations, commercial tobacco use exacerbates pre-existing health problems and leads to new ones including: impaired wound healing, cancer, cardiovascular disease, and chronic obstructive pulmonary disease (COPD) (IOM, 2009). Therefore, reducing commercial tobacco use in the military (including National Guard and Reserve service members) is crucial to improving the health of those that serve and protect our nation. Learn more from the Office of the Surgeon General and Truth Initiative.

- **Asian Americans, Native Hawaiians, or Pacific Islanders** – Aggregated data is problematic for Asian Americans, Native Hawaiians and Pacific Islanders (AANHPIs) because it leaves the unique issues these communities face invisible. When all of the communities are lumped together as one, the average masks disparities and some

groups do not get the help or assistance they need (Shah & Ramakrishnan, 2017). For example, the National Health Interview Survey from 2018 estimates that only 6.8% of Asians in the U.S. smoke cigarettes. However, other studies with disaggregated data tell a different story. Population Assessment of Tobacco and Health (PATH) data from 2013-2014, show large disparities with estimates of about a 30% smoking rate for Korean men, 27% for Vietnamese men, and 4% for Asian Indian women, just to name a few (CDC, 2018a). The National Youth Tobacco Survey from 2014-2017 showed that about 34% of Native Hawaiian and Pacific Islander middle and high school students have ever used e-cigarettes, more than any other racial/ethnic group (Odani, Armour & Agaku, 2018). AANHPIs have long been targeted by the commercial tobacco industry as a key audience to profit from, but are often not often recognized because of aggregated data. Recognition and use of disaggregated data are essential to making sure people in these communities are not left behind.

- **Hispanics/Latinx** – While Hispanic adults have one of the lowest overall smoking rates (9.8% compared with 15% among non-Hispanic whites) (Creamer et al., 2019), smoking rates have been consistently higher among Hispanic youth (Gentzke et al., 2019). Hispanic middle school youth are the group most likely to use commercial tobacco products among their peers. According to the results from the 2018 National Youth Tobacco Survey (Gentzke et al., 2019):
    - Hispanic middle school students are more likely than their peers to be current commercial tobacco users (9.5%) compared to non-Hispanic white (6.6%) and non-Hispanic Black students (6.8%).
    - Hispanic middle school students also have the highest prevalence of e-cigarette use (6.6%) compared to their non-Hispanic white peers (4.9%) and non-Hispanic Black peers (3.0%).
    - Hispanic middle school students are more likely to use two or more commercial tobacco products than their white and Black peers (3.6%, 2.1%, and 1.5%, respectively).

Among adults, Hispanic men are more likely to smoke than Hispanic women (25.1% vs. 14.7%, respectively). Statistics also differ by Hispanic subgroups. For example, the 2010-2013 National Survey on Drug Use and Health demonstrated that Puerto Ricans had the highest rates of smoking (28.5%), followed by Cubans (19.8%), Mexicans (19.1%), and Central and South Americans (15.6%) (Martell, Garrett & Caraballo, 2016).

A majority (67.4%) of adult Hispanic daily smokers report that they want to quit (Babb et al., 2017). Hispanic smokers expressed that they are highly motivated to quit and point to the primary motivator of the health effects on their children and family. Nevertheless, Hispanics rely mostly on themselves for cessation, with little use of either cessation medication or advice from their healthcare provider (Carter-Pokras et al., 2011). A recent CDC report shows that in 2015, Hispanic smokers who visited a provider in the past year had 51% lower odds of receiving advice to quit than non-Hispanic white adults (Babb et al., 2020). Among Hispanic subgroups, Mexican

smokers had a significantly lower prevalence of cessation treatment use than non-Hispanic white smokers during the same period (Babb et al., 2020).

- **Lesbian, gay, bisexual, transgender, queer/questioning, + individuals (LGBTQ+)** – LGBTQ+ commercial tobacco use rates are 40% higher than the non-LGBTQ+ population (Wang et al. 2018). LGB people who experienced high levels of sexual orientation discrimination had a much greater probability of past-year cigarette smoking, any commercial tobacco/nicotine use, and tobacco use disorder compared to LGB people who experienced lower levels or no sexual orientation discrimination (McCabe et al. 2017).

  LGBTQ+ youth are especially at risk for starting to use commercial tobacco products. Data from the 2017 Youth Risk Behavioral Survey indicated that current cigarette smoking by high school students was twice as high among LGB students (16.2%) than among heterosexual students (8.1%) (Kann et al. 2018), and ever use of cigarettes was significantly higher among transgender high school students (32.9%) than among cisgender male (23.2%) and cisgender female (22.0%) students (Johns et al. 2019). Additionally, the e-cigarette youth epidemic has impacted the LGBTQ+ youth to a substantial degree. 50.5% of lesbian, gay, or bisexual youth have ever tried an electronic vapor product compared to 42.8% of their heterosexual peers. Furthermore, current electronic vapor product use is 17.5% among lesbian, gay, and bisexual youth compared to 13.2% among heterosexual youth (Kann et al. 2018).

  Lastly, not only are our rates of smoking higher than the rest of the population, but also our rates of accessing evidence-based cessation methods are less than half of the general population. In 2015, LGB adult smokers, as a group, reported a lower prevalence of cessation counseling and/or medication use (14.5%) when trying to quit than did straight smokers (31.7%) (Babb et al. 2017).

- **People of lower socioeconomic status (SES)** – Poverty is significantly correlated with commercial tobacco use (including smoking). Commercial tobacco use reinforces the cycle of poverty and contributes to poverty at multiple levels: individual, household and national levels (World Health Organization, 2004). Smoking rates remain high among populations with lower SES characteristics including: populations with lower levels of educational attainment [high school education or less, general education development certificates (GEDs)], living below or near the federal poverty level (FPL), Medicaid enrollees, uninsured, disabled, as well as adults experiencing homelessness and young adults who are aging out of foster care (Marbin & Gribben, 2019).

  Higher rates of cancer morbidity (illness) and mortality (including tobacco-related cancers) continue to exist among populations with low SES characteristics and minorities. Shared social, educational and environmental factors experienced by populations with low SES potentially impact commercial tobacco product initiation, maintenance of smoking, cessation and the potential for commercial tobacco-related health disparities to exist at each point along the care continuum (Simmons et al.,

2016). Poverty-related attributes such as: financial barriers and lack of social support can be stronger predictors associated with transitioning to sole or exclusive e-cigarette use among lower-SES cigarette smokers (Harlow, Stokes, & Brooks, 2019). Moreover, as e-cigarettes become more accessible, widespread and affordable, the potential for uptake among populations with lower socioeconomic status (SES) characteristics begins to increase.

- **People who live in rural communities** – Certain geographic regions in the United States are disproportionately affected by commercial tobacco product use. Among adults, commercial tobacco use prevalence, including cigarettes, smokeless tobacco, cigars and pipe tobacco is highest in the Midwest (26.7%) and the South (26%), and lowest in the Northeast (22.6%) and the West (20.3%) (SAMHSA, 2018). In the South, the majority of states are not covered by comprehensive smokefree indoor air laws (American Lung Association, 2012; Truth Initiative, 2019), which would protect nonsmokers from secondhand smoke exposure. This region also has some of the lowest excise taxes in the country (Campaign for Tobacco-Free Kids, 2020). Higher taxes on commercial tobacco products in combination with smoke-free air laws are some of the most effective deterrents to commercial tobacco use and initiation (Holmes, King, & Babb, 2016).

- **People with mental health and/or substance use disorders (MH/SUD)** – Individuals with MH/SUD use commercial tobacco at rates two to four times higher than the general population and have lower quit rates (Prochaska, Das & Young-Wolff, 2017). Despite overall rates of adults who smoke decreasing nationally, individuals with MH/SUD continue to smoke commercial combustible cigarettes at twice the rate of the general population, more than doubling their risk of developing cancer. Individuals with mental health conditions make up 25% of all adults, but smoke more than 40% of all cigarettes smoked by adults in the United States (SAMHSA, 2013).

  Addressing commercial tobacco use in MH/SUD treatment settings lags behind other health care settings. Fewer than 50% of MH and 64% of SUD treatment facilities screened clients for commercial tobacco use in 2016 and only 49% of MH and 35% of SUD treatment facilities had smoke-free campuses (Marynak et al., 2018). Additionally, tobacco companies utilize targeted marketing to increase commercial tobacco product usage by individuals with MH/SUD (Hirshbein, 2012). Factors such as inadequate insurance coverage, delayed screening, unavailability of nicotine cessation medication and physician bias contribute to decreased access to quality care and treatment (McDonnell, Cristofolo & Ries, 2012; NCI, 2008). Despite these barriers, individuals with MH/SUDs are interested in quitting at the same rate as the general population and can quit successfully when given the tailored evidence-based cessation supports to do so.

  Individuals with MH/SUD also face challenges in accessing primary and behavioral health care, resulting in delayed screenings that lead to advanced disease

progression, co-morbid conditions and early mortality (Weinstein et al., 2016). Individuals with behavioral health conditions die, on average, 5 years earlier than the general population, with many of these deaths attributable to smoking cigarettes (Druss et al, 2011; CDC, 2013). In addition, people with serious mental health disorders who smoke die about 15 years earlier than people without these disorders who do not smoke (Tam, Warner, & Meza, 2016). Research shows that individuals with mental illness have an increased risk of cancer (Weinstein et al., 2016). One study found total cancer incidence to be 2.6 times higher among individuals with serious mental illness (Weinstein et al., 2016).

Evidence-Based Interventions and Communication

Commercial tobacco use prevention is the most effective way to reduce the risks of negative health outcomes associated with commercial tobacco use. Still, commercial tobacco cessation, especially before age 40, significantly reduces the risk of dying from commercial tobacco-related illness.

The Community Preventive Services Taskforce recommends mass-reach health communication interventions and social marketing campaigns, quitline interventions, technology-assisted cessation interventions, reducing out of pocket costs for cessation treatments, and implementing comprehensive commercial tobacco control programs, among other evidence-based interventions to promote commercial tobacco prevention and cessation.

The CDC (2014) recommends that comprehensive commercial tobacco control programs implement community-based interventions focused on:

1. "Preventing initiation of [commercial] tobacco use among youth and young adults,
2. Promoting quitting among adults and youth,
3. Eliminating exposure to secondhand smoke, and
4. Identifying and eliminating [commercial] tobacco-related disparities among population groups."

About 2-in-3 adult smokers want to quit. In 2015, about half of smokers reported that a health professional provided advice to quit and they made a quit attempt in the last year (Babb et al., 2017). But, evidence-based cessation interventions are underused—fewer than 1-in-3 used a proven cessation method: 6.8% reported using counseling, 29.0% medication, and 4.7% both (Babb et al., 2017). Only 1-in-10 successfully quit (Babb et al., 2017). FDA-approved cessation medications play an important role in successful quit attempts and success is even greater when some form of counseling is use together with medication.

When crafting materials and messages to encourage prevention and cessation, both high and low health literacy audiences benefit from simple messages and illustrations (Meppelink, Smit, Buurman & van Weert, 2015). Be sure each message states the issue, provides supporting facts, evokes a shared value that resonates with the audience, and includes an action the reader should take (CDC, 2018b). Ideally, use messages that have been field-tested and are available for free or low-cost from trusted sources like the CDC, FDA,

American Lung Association and Truth Initiative. Social media messages from professional sources with many followers may have higher credibility, so heed the tips in this toolkit and try to increase your following (Lee & Sundar, 2013). The most effective messages will follow the guidelines below.

GENERALLY, MESSAGES ABOUT COMMERCIAL TOBACCO PREVENTION AND CONTROL SHOULD…

1. Target narrow audience segments to promote health equity

- Priority populations experience different drivers of commercial tobacco disparities and barriers to cessation. **Address root causes of commercial tobacco use in your messaging.**
    - o For example, people with mental health conditions (e.g., depression) may turn to commercial tobacco use as a form of self-medication. People with mental illness may have a more difficult time quitting because of stressful living conditions, lower incomes and lack of access to health care and cessation support. **Mental health support resources should be promoted simultaneously with commercial tobacco prevention or cessation messages for this population** to ensure factors leading to commercial tobacco use or making cessation difficult are addressed (CDC, 2020a).
- Cultural, generational, or other audience segments may differ in their commercial tobacco-related vocabulary and experiences. Cultural tailoring for racial/ethnic minority youth is important, particularly for prevention messaging (Kong, Singh, & Krishnan-Sarin, 2012). **Work with community members and conduct formative research to ensure messages are culturally appropriate and relevant.**
    - o For example, Truth Initiative research found that triggers for youth today regarding e-cigarettes differ from cigarettes a decade or more ago (Amato et al., 2020). Anti-industry messages may promote quit intentions and attempts among some groups of youth but not others (Nguyen, Lisha, Neilands, Jordan, & Ling, 2019).
- **Promote free programs and interventions designed for subpopulations.**
    - o For example. SmokeFree.gov now has targeted resources for veterans, women, teens, people over 60 years old and in Spanish: veterans.smokefree.gov, women.smokefree.gov, teen.smokefree.gov, 60plus.smokefree.gov, espanol.smokefree.gov

2. Use pictorial warnings and feature personal testimonies

- Per the CDC (2018b, p.19), "hard-hitting messages that depict the negative health consequences of [commercial] tobacco use through graphic images or personal testimonials increase recall and prompt changes in attitudes and behaviors…**Emphasize the risk of death from [commercial] tobacco use, the effects of living with [commercial] tobacco-related illnesses, or the impact of [commercial]**

tobacco use on loved ones" in [commercial] tobacco prevention and cessation messages.

- Pictorial warning labels and visual messages are effective in changing commercial tobacco and ENDS knowledge, beliefs, attitudes, and even behaviors in some studies (Cornacchione Ross et al., 2019; Noar et al., 2016). **Use culturally appropriate and diverse stories and images** to reach underserved and underrepresented populations at higher risk for commercial tobacco use.
- **Avoid including images of commercial tobacco products, use, or related items as this can decrease effectiveness of your messaging** (Kang, Cappella, Strasser & Lerman, 2009; CDC, 2018b).
- Personal and surprising narratives or testimonials may increase emotional reaction and recall (Allen et al., 2015; CDC, 2018b). **Feature real community members to increase social media sharing and potential coverage by local media** (Pham, Connolly, Cotter & Dmitrieva, 2007).
- Use CDC's *Tips From Former Smokers®* campaign resources for compelling, evidence-based media with personal testimonies. Find and share real stories by specific groups including:
  - African Americans
  - American Indians / Alaska Natives
  - Asian American
  - Caregivers
  - Hispanics / Latinos
  - HIV-positive individuals
  - Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals
  - Military Service Members & Veterans
  - People With Mental Health Conditions
  - Pregnant or Planning individuals
  - Also view stories by Name or by Disease/Condition.

SPECIFICALLY, MESSAGES ABOUT COMMERCIAL TOBACCO CESSATION SHOULD…

3. Recommend and refer to easy-to-access quit resources

- Individuals may not be aware of or understand the benefits of commercial tobacco cessation. **Promote the benefits of commercial tobacco cessation. Describe the impact of e-cigarettes while giving people a way to address it**. Messages should highlight the fact that quitting can reverse some damage, extend life expectancy and lower the chance of adverse health effects.
- **Recommend and refer to evidence-based behavioral and/or pharmacotherapy cessation interventions**. Behavioral interventions include in-person counseling programs; virtual counseling through telephone quitlines, online chat, email or text-messaging. Pharmacotherapy interventions include nicotine replacement therapy (NRT), bupropion hydrochloride sustained release (bupropion SR), and varenicline (Siu for the U.S. Preventive Services Task Force, 2015). According to the recent Surgeon General's report there is currently "inadequate evidence to conclude that e-cigarettes, in general, increase smoking cessation… Smoking cessation medications approved by the U.S. Food and Drug Administration (FDA) and behavioral counseling are effective treatments for quitting smoking, particularly when used in combination" (HHS, 2020).
  - For current smokers, messages comparing the risks of combustible cigarettes and e-cigarettes may increase self-efficacy to quit smoking (Yang, B., Owusu, & Popova, 2019). **Emphasize multiple negative anti-smoking elements to encourage a complete switch to electronic devices (i.e. not dual-use).**
- Close to half of smokers do not receive advice to quit (U.S. Department of Health and Human Services, 2020). Even those who see a health provider regularly may not receive advice to quit. **Health care providers should recommend and refer patients to quit resources.** Resources should be easy-to-access (low barrier, low cost) and evidence-based.
- **Employers and health systems should actively promote easy-to-access, evidence-based cessation services and comprehensive tobacco cessation coverage.** Access and utilization of comprehensive cessation coverage increases the use of evidence-based cessation treatments and quit rates (Fiore et al., 2008). Incentives and competitions among workers can enhance smoking cessation when combined with other interventions (Leeks et al., 2010).
- For youth prevention and cessation, including parents in anti-substance use programming is important. **Encourage support and parent-child communication** (Kuntsche & Kuntsche, 2016).
- Quitting can feel lonely. **Point consumers to supporting materials, visuals and reliable, accurate sources of information** such as trusted websites or clinicians. While research and interventions are still emerging, quitting ENDS likely requires the same skills as quitting other commercial tobacco products: planning, knowing motivations for quitting, understanding triggers, preparing to manage cravings and knowing how to access supports like counseling or medications.

MESSAGES ABOUT E-CIGARETTE AWARENESS SHOULD…

4. Communicate the risks of e-cigarette use in unambiguous terms

- Despite some evidence that e-cigarettes are less harmful than combustible cigarettes, they are not low-risk (U.S. National Institute on Drug Abuse [NIDA], 2020). ENDS aerosol is not harmless water vapor. Studies show youth lack clear, specific information about e-cigarettes and their harms (Roditis et al., 2019) and young adults who are ambivalent about e-cigarettes may be at increased risk for trying them (Majmundar, Cornelis, & Moran, 2019). **Risks of e-cigarette use must be clearly communicated.**
    - ENDS aerosols contain irritating chemicals that deeply penetrate the lungs and can cause lung damage and breathing problems. Harmful chemicals in e-liquid include cancer-causing agents like formaldehyde and benzene, and heavy metals like lead and nickel (CDC, 2020b).
    - Nicotine is highly toxic and addictive. Youth exposure to nicotine affects brain development and can have long-term negative effects on memory and attention. Nicotine poisoning can happen if the e-liquid is absorbed through the skin, swallowed or through inhalation (NIDA, 2020).
    - ENDS batteries can explode and cause serious injuries such as burns (FDA, 2017).
- It is important to note that the risk of addiction may not be the biggest motivator for e-cigarette avoidance (Rhode et al., 2019; Roditis et al., 2019). **Emphasize other risks such as potential for respiratory harm and exposure to chemicals.**
- **Avoid discussing scientific uncertainty in your messaging.** This may make ENDS use appear less risky than it is (Pepper et al., 2019).
- **Combat misinformation by providing up-to-date scientific information about the e-cigarette/vaping product use-associated lung injury (EVALI) outbreak.** Tetrahydrocannabinol (THC)-containing vaping products, particularly from informal sources like friends, family, or in-person or online dealers, and vitamin E acetate have been strongly linked to the EVALI outbreak. The CDC and FDA recommend that people avoid using THC-containing e-cigarettes and recommend that vitamin E acetate not be added to any vaping products (CDC, 2020c).
    - Adults using nicotine-containing e-cigarettes as an alternative to cigarettes should not go back to smoking (CDC, 2020c)—**Refer them to FDA-approved smoking cessation medications or other cessation resources.**

SAMPLE COMMERCIAL TOBACCO PREVENTION POSTS

Priority Population	Tweets	Facebook Posts
LGBTQ+	Tobacco use is TWICE as high for LGBTQ+ high school students than for heterosexual students. Learn more from @TruthInitiative https://bit.ly/2J7WDUU #protectlgbtyouth	"Tobacco is not an equal opportunity killer." Did you know that commercial tobacco use is TWICE as high for LGBTQ+ high school students than for heterosexual students? We need to protect our youth, especially those most at risk! Learn more from Truth Initiative: https://bit.ly/2J7WDUU
LGBTQ+	DYK tobacco companies have targeted our LGBTQ+ communities for years including under "Project SCUM"? Don't let yourself be manipulated into using tobacco. Learn more with this infographic from @TruthInitiative: https://bit.ly/3dhSqM2	Did you know that commercial tobacco companies have targeted our LGBTQ+ communities for years including under "Project SCUM"? This has contributed to higher smoking rates among LGBTQ+ adults than straight (21%vs 15%). More than one third (36%) of transgender community members smoke too. Don't let yourself be manipulated into using commercial tobacco. Learn more with this infographic from Truth Initiative: https://bit.ly/3dhSqM2
LGBTQ+	DYK LGBTQ+ discrimination and tobacco use are linked? Learn more from @LungAssociation about why controlling tobacco in the LGBTQ+ population is a priority: https://bit.ly/2U96sIg	You can't talk about commercial tobacco use within LGBTQ+ communities without talking about discrimination. LGB people who experienced high levels of sexual orientation discrimination had a much greater probability of past-year cigarette smoking compared to LGB people who experienced lower levels or no sexual orientation discrimination. Read the research findings here: https://buff.ly/386lDWg Learn more from The American Lung Association about all the reasons why controlling commercial tobacco in the LGBTQ+ population is a priority and what strategies can work: https://bit.ly/2U96sIg
LGBTQ+	DYK that LGBTQ+ communities smoke more, and that smoking leads to several different cancers? Get help on your journey to quit smoking from @ThisFreeLife thisfreelife.betobaccofree.hhs.gov	Here are the facts: smoking is linked to several different types of cancer, LGBTQ+ communities smoke more, and that isn't character judgement. The LGBTQ+ community is strong, and with a little help you can quit smoking. Learn more about the impact of smoking on LGBTQ+ communities here: https://buff.ly/2Vtyb7N and join our community: www.facebook.com/nationalLGBTcancerNetwork

AANHPI	When we think of tobacco we often only think of cigarettes, but did you know that tobacco is often wrapped into products such as paan and gutka? Chewing these products is also harmful for our health. Learn more here: http://bit.ly/2xaVb1b #tobaccofree #AANHPI	In our quest for a commercial tobacco free world, we need to make sure everyone's health is considered. Cigarettes are the most commonly used commercial tobacco product among adults, but they are not the only one. Did you know commercial tobacco is often wrapped into products such as paan and gutka? Paan and gutka are often consumed among South and Southeast Asian cultures. Chewing these smokeless products is also harmful for our health. Learn more about these products and others here: http://bit.ly/2xaVb1b
AANHPI	Stress is hard to cope with, but you are not alone. Smoking tobacco will harm your body more than help it. Take up community gardening to help alleviate stress and feel more connected. Find a garden close to you: http://bit.ly/39shy0i #tobaccofree #AANHPI	Stress is hard to cope with, but you are not alone. Smoking commercial tobacco will harm your body more than help it. Consider taking up gardening to help alleviate stress. Food can bring us together, and growing our own food as a community can help us all feel more connected while nourishing our bodies with healthy food. Learn more about how you can join or start a community garden here: http://bit.ly/39shy0i
AANHPI	Everyone deserves clean air at home. 🏠 🚭 DYK 40% of Asians who live in multi-unit housing are protected by a smoke-free law. Still being exposed to secondhand smoke? Here are some steps you can take to protect your family: http://bit.ly/3ayTeKu	Everyone deserves to live in their homes with clean air. 🏠 🚭 Did you know that 40% of Asian Americans who live in multi-unit housing are protected by a smoke-free law? Secondhand smoke harms everyone in your home. This is especially concerning for Asian households that are often multigenerational. If you or a loved one is still being exposed to secondhand smoke in your building, here are some steps you can take to protect your family: http://bit.ly/3ayTeKu
Military	Attention! If you are an active duty military member who doesn't smoke, don't start. Tobacco use culture permeates all military branches and hurts national defense readiness. Learn about tobacco-free policies that can help: https://bit.ly/3ae2ROA	A culture of commercial tobacco use permeates all military branches and hurts readiness. Nonsmokers exposed to combat have 60% higher odds of beginning smoking and former smokers have 30% higher odds of picking up the habit again after deployment compared to personnel without combat exposure. Learn more about mitigating military commercial tobacco use, including commercial tobacco-free policies, from Truth Initiative here: https://bit.ly/3ae2ROA
Military	Did you start smoking again after completing basic training? Don't let it shake your confidence. #UCanQuit2 has resources to motivate and help you stay quit for good! www.ycq2.org	Basic training is hard. Congratulations on your completion of basic training and quitting smoking! If you're struggling walking the fine line between picking up a cigarette or staying smokefree, #UCanQuit2 is here to help: www.ycq2.org

Youth - Hispanic/ Latinx	Did you know that even smoking in small amounts can be addicting? On average, every cigarette you smoke shortens your life by 11 minutes. In some teens, all it takes is 1 cigarette a month to show signs of addiction. Learn more about what happens to your body when you use tobacco: youtu.be/OA8_Z2h1ydw [Spanish Translation] ¿Sabías que incluso fumar en pequeñas cantidades puede ser adictivo? En promedio, cada cigarrillo que fumas acorta tu vida en 11 minutos y en algunos casos 1 cigarrillo al mes puede mostrar signos de adicción. Aprende más: bit.ly/2xfuoRf 	Before thinking "It won't hurt if I smoke only once," did you know that even smoking in small amounts can be addicting? On average, every cigarette you smoke shortens your life by 11 minutes. In some teens, all it takes is 1 cigarette a month to show signs of addiction. Teens who smoke can develop smaller, weaker lungs that never grow to their full size or perform the best they can. Watch this video to learn more about what happens to your body when you use commercial tobacco: youtu.be/OA8_Z2h1ydw [Spanish Translation] Antes de pensar "No me hará daño si fumo solo una vez", ¿sabías que incluso fumar en pequeñas cantidades puede ser adictivo? En promedio, cada cigarrillo que fumas acorta tu vida en 11 minutos. En algunos adolescentes, todo lo que se necesita es 1 cigarrillo al mes para mostrar signos de adicción. Los adolescentes que fuman pueden desarrollar pulmones más pequeños y débiles que nunca crecen a su tamaño completo o rinden lo mejor que pueden. Para obtener más información sobre los efectos del consumo de tabaco en tu cuerpo visite: https://bit.ly/2xfuoRf
Parents of Youth	DYK that if youth don't start using tobacco by age 26, they will be less likely to start later in life? Parents can help teens avoid tobacco use and live a healthier lifestyle. For tips on talking to your child about smoking visit: bit.ly/3a7twg6	Parents, did you know that if youth don't start using commercial tobacco by age 26, they will be less likely to start later in life? You can help teens avoid any form of commercial tobacco use and live a healthier lifestyle. The American Lung Association is here to help. For tips on how to talk to your child about smoking visit: bit.ly/3a7twg6 For a conversation guide about e-cigarettes or vaping visit: www.lung.org/stop-smoking/vape-talk
Youth	DYK vaping can make paying attention and learning harder? Nicotine exposure causes long-term harm to brain development. Get the facts and know the risks at e-cigarettes.surgeongeneral.gov	Did you know vaping can make paying attention and learning harder? Nicotine exposure causes long-term harm to brain development. Get the facts and know the risks at e-cigarettes.surgeongeneral.gov
Lower SES	Some communities have greater access to #tobacco prevention programs. For those who don't, like some low-income communities, their risk of tobacco use may	Some communities have greater access to commercial tobacco prevention programming than others do. When people don't have access to these programs, their vulnerability to commercial tobacco use may increase. Read the SelfMade Health

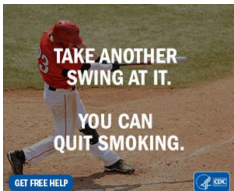|		
	increase. Find out what you can do to help create positive change: bit.ly/2KQLVE6	Network fact sheet to learn more and find out what you can do to help create positive change: https://bit.ly/2KQLVE6
Rural/ Lower SES	To help address #disparities in #rural #health and #tobacco use, @NACCHOalerts has compiled a report outlining how rural health depts across the U.S. carry out tobacco prevention & control activities. Find the full report here: bit.ly/2kFVEm7	Rural populations are disproportionately affected by commercial tobacco use compared to urban populations, putting them at higher risk for commercial tobacco-related health issues. To help address this disparity, the National Association of County and City Health Officials has compiled a report, "Tobacco Control Efforts in Rural America: Perspectives from Local Health Departments," outlining how rural health departments across the U.S. carry out commercial tobacco prevention and control activities. Check it out here: https://bit.ly/2kFVEm7
Lower SES	How can we expand access to tobacco cessation services & cancer screenings to support populations using limited resources? See this @SelfMadeHealth infographic to find out: bit.ly/2B4B304 Share it with leaders in your community today. #EndDisparities	How can we expand access of commercial tobacco cessation services & cancer prevention screenings to populations using limited resources? The SelfMade Health Network infographic, "Ensuring Low Socioeconomic Populations Have Access to Care" provides an excellent overview. https://bit.ly/2B4B304 Share it with leaders in your community today. #EndDisparities
Lower SES	DYK tobacco companies target advertising toward low-income communities? Fight back with @CDCgov recommendations on tobacco prevention, control, and policies to help reduce the burden of tobacco-related disease in low SES populations: bit.ly/2InvGh3	Commercial tobacco companies target advertising campaigns toward communities of low-income individuals. For @CDC recommendations for commercial tobacco prevention, control, and policies to help reduce the burden of commercial tobacco-related disease in low SES populations, visit: https://bit.ly/2InvGh3
AI/AN	DYK that tobacco companies misappropriate Native culture and imagery to help their products sell? Listen to ClearWay MN talk about their research on this: https://bit.ly/3aw7Qu8 #KeepItSacred	Commercial tobacco companies exploit tobacco as a sacred medicine and misappropriate Native cultural symbols and imagery to help their products sell. Listen to some of the team at ClearWay Minnesota discuss their research findings: https://bit.ly/3aw7Qu8 #KeepTobaccoSacred #KeepItSacred
AI/AN	DYK that tobacco is a sacred medicine to many tribes across the Americas? Visit https://bit.ly/3alCPJo to learn more #KeepTobaccoSacred #KeepItSacred	Tobacco is a sacred and traditional medicine to many Tribes across the American continent. Traditional tobacco is separate from commercial tobacco, which is filled with additives, chemicals, carcinogens, and is a leading cause of preventable illness and death. To learn more about traditional tobacco, visit https://bit.ly/3alCPJo #KeepTobaccoSacred #KeepItSacred

African Americans	Although African Americans usually smoke fewer cigarettes and start smoking cigarettes at an older age, they are more likely to die from smoking-related diseases than Whites. Learn more from NAATPN, www.naatpn.org/tobacco Tobacco has killed many great African Americans in the last 50 years.	[Use on May 17, 2020] No Menthol Sunday, a national observance day led by NAATPN, Inc. is an important opportunity to engage faith leaders and their communities in a discussion about how to improve health outcomes for African Americans. Learn more from NAATPN https://bit.ly/2UT6Pau
African Americans	Historically, tobacco companies have aggressively marketed menthol cigarettes to African Americans exposing them to more cigarette ads than Whites. Learn more from NAATPN, www.naatpn.org/menthol Tobacco use is a major contributor to the three leading causes of death among African Americans —heart disease, cancer, and stroke	Most teens and African Americans who smoke choose menthols because the minty flavor helps make it easier to start smoking -- it also makes it harder to quit smoking. Here's how you can help get tobacco out of our communities. http://ow.ly/xDEc50pK9dM Break the addiction. You can quit smoking. For free help: 1-800-QUIT-NOW.

SAMPLE COMMERCIAL TOBACCO CESSATION POSTS

Priority Population	Tweets	Facebook Posts
LGBTQ+	LGBTQ+ communities smoke at rates 40% higher than the rest of the population, but QUITTING is possible! Hear from the @Surgeon_General and get help quitting here: smokefree.gov/lgbt-and-smoking	The Surgeon General made a great point when he unveiled the latest Report on Tobacco Cessation. LGBTQ+ communities smoke at rates much higher (~40%) than the rest of the population, but that doesn't mean they don't want to quit! Take Pride in yourself, take pride in your quit journey: smokefree.gov/lgbt-and-smoking
LGBTQ+	Our identities are beautifully complex. We refuse to let cigarettes damage our bodies or who we are. Let's grow the community of former LGBTQ+ smokers together. Learn more: thisfreelife.betobaccofree.hhs.gov @ThisFreeLife	Our identities are beautifully complex. We refuse to let cigarettes damage our bodies or who we are. Quitting smoking is hard for everyone, that's why we need to use cessation methods that are proven to work. Let's grow the community of former LGBTQ+ smokers together. Learn more: thisfreelife.betobaccofree.hhs.gov
LGBTQ+	Find inspiration to #quit smoking from within the LGBTQ+ community. You can quit too! 🏳️‍🌈	Find inspiration to quit smoking from within the LGBTQ+ community. You can quit too! 🏳️‍🌈
AANHPI	(1/2) Protect your family. DYK that secondhand smoke hurts the health of everyone in your home? @asianquitline offers FREE resources in Chinese, Vietnamese, and Korean. Call today! 📞 (2/2) Chinese: 請立即撥打 1-800-838-8917 獲得免費戒煙協助 Korean: 지금 1-800-556-5564로	Protect your family. Did you know that secondhand smoke hurts the health of everyone in your home? @Asian Smokers' Quitline provides FREE resources and telephone counseling in multiple languages to help quit smoking. Call today! 📞 Chinese: 請立即撥打 1-800-838-8917 獲得免費戒煙協助 📞 Korean: 지금

	전화하시고 무료 금연 서비스를 받으십시오. Vietnamese: Xin gọi 1-800-778-8440 ngay và nhận được các dịch vụ cai thuốc lá miễn phí 	1-800-556-5564로 전화하시고 무료 금연 서비스를 받으십시오. 📞 Vietnamese: Xin gọi 1-800-778-8440 ngay và nhận được các dịch vụ cai thuốc lá miễn phí
AANHPI	Cancer takes too many lives, including #AANHPIs. Lung cancer, often caused and worsened by smoking, is the most common cancer among AANHPI men and women. You can protect your health by #quitting smoking. Take the first step today and use @asianquitline for FREE help.	Cancer takes too many lives, including Asian Americans, Native Hawaiians, and Pacific Islanders. Lung cancer, often caused and worsened by smoking, is the most common cancer among AANHPI men and women. You can protect your health by quitting smoking. Take the first step today and call @Asian Smokers' Quitline for FREE help. You can receive counseling in your language and could qualify for free nicotine patches. Numbers below ⬇⬇ 📞 Chinese: 請立即撥打 1-800-838-8917 獲得免費戒煙協助 📞 Korean: 지금 1-800-556-5564로 전화하시고 무료 금연 서비스를 받으십시오. 📞 Vietnamese: Xin gọi 1-800-778-8440 ngay và nhận được các dịch vụ cai thuốc lá miễn phí
AANHPI	Tobacco is responsible for most lung cancers. No one should have to go through cancer treatment alone. Light and Salt Association holds cancer support groups for the Chinese community in	Commercial tobacco is the cause of most lung cancers. No one should have to go through cancer treatment alone. It's more important than ever that support is available to everyone, especially in people's home languages. Light and Salt Association holds cancer support groups for the Chinese community in Houston,

	Houston, TX. To connect with Light & Salt, visit http://light-salt.org/English	TX. To connect with Light & Salt, visit http://light-salt.org/English/
Nascar	A clean engine runs longer. The same goes for you. You can #QuitSmoking. For free help, visit cdc.gov/quit	A clean engine runs longer. The same goes for you. You can #QuitSmoking. For free help, visit cdc.gov/quit
Baseball	Take another swing at it. You can #QuitSmoking. #EveryTryCounts For free help, visit cdc.gov/quit	Take another swing at it. You can #QuitSmoking. #EveryTryCounts For free help, visit cdc.gov/quit
Football	A good game plan is the key to winning. Build a plan to #QuitSmoking. For free help, visit cdc.gov/quit	A good game plan is the key to winning. Build a plan to #QuitSmoking. For free help, visit cdc.gov/quit
Rodeo	This might not be your first rodeo. Quitting smoking is worth another try. You can #QuitSmoking for good. #EveryTryCounts #stayquit https://smokefree.gov/everytrycounts/	This might not be your first rodeo. Quitting smoking is worth another try. You can #QuitSmoking for good. #EveryTryCounts #stayquit https://smokefree.gov/everytrycounts/
Military	For military service members looking to quit tobacco, visit www.ycq2.org for more information on resources and support to help you get there.	Although rates of cigarette smoking have decreased nation-wide, active duty members of all military branches and veterans continue to report higher cigarette use. Check out the Department of Defense's YOU CAN QUIT2 program for more resources on helping our heroes quit: www.ycq2.org
Military	Trying to quit tobacco? There are a variety of services available to active duty military	If you are an active duty or retired service member looking for ways to quit commercial tobacco use, start

	members & veterans. Start with @CDCTobaccoFree to find service-specific resources and programs: https://bit.ly/3eV6ewY	with the U.S. Centers for Disease Control and Prevention to find service-specific resources and programs: https://bit.ly/3eV6ewY
Military	Deployment + Boredom = Tobacco Craving. Nicotine replacement therapy (NRT) is safe and helps double your chances of #quitsmoking Learn more: https://bit.ly/2J1A7N8	Has your recent deployment increased your commercial tobacco use? Nicotine replacement therapy (NRT) is safe and effective, and can help you #quitsmoking! Click here to find out how NRT works: https://bit.ly/2J1A7N8
Military/ Veterans	Quitting is a team effort. Don't go it alone. SmokefreeVET offers free tools for military personnel and veterans to help you quit tobacco and #stayquit Visit: veterans.smokefree.gov	Smoking? Using smokeless tobacco? Quitting commercial tobacco is one of the best things you can do for your physical health, emotional well-being, and quality of life. But quitting is a team effort—don't go it alone. Learn about free tools just for military personnel and veterans like tailored quit plans, texting and social media support, and a Smartphone coaching app: veterans.smokefree.gov
Military/ Veterans	Ready to #quitsmoking but not sure where to begin? You are not alone! #SmokefreeVET provides 24/7 messaging support for veterans. Get started here: veterans.smokefree.gov	Quitting smoking might seem daunting alone. SmokefreeVET can help you with a 24/7 messaging support program designed for veterans. Join us on Facebook to find out more about the program or share your experience with others who are ready to quit: https://facebook.com/smokefreevet
Veterans	Veteran? Motivated to quit smoking? Your fellow vets are here to help and provide tips: https://bit.ly/3a44u1f #BetterStartToday	"Why did I use tobacco?" - Hear real stories from fellow veterans who suffered from lung cancer, heart disease, chronic bronchitis, and how they are successfully smokefree: #BetterStartToday https://bit.ly/3a44u1f
Veterans	You served your country, now let us help you beat #tobacco addiction. If you receive care from the VA, call 1-855-QUIT-VET (1-855-784-8838) to start quitting today! Learn more and don't wait: https://bit.ly/3927lH1	You served your country, now let us help you beat commercial tobacco addiction. The VA's free telephone quitline, 1-855-QUIT-VET (1-855-784-8838), offers commercial tobacco cessation counseling to any veteran who receives their health care through VA. Learn more and don't wait: https://bit.ly/3927lH1
Hispanic/ Latinx	Did you know that one year after quitting smoking, a person's risk for coronary heart disease decreases by half? Call 1-800-Quit-Now (1-800-784-8669) or visit smokefree.gov for help. [Spanish Translation] ¿Sabía que al año de dejar de fumar se reduce hasta la mitad el riesgo de tener un infarto? Llame al 1-855-DÉJELO-YA (1-855-335-3569) o visite a espanol.smokefree.gov para ayuda.	Did you know that if you stop smoking you can start seeing results almost immediately? In a little as 20 minutes your heart rate and blood pressure drop to more normal levels. You can quit, call 1-800-Quit-Now (1-800-784-8669) or visit https://smokefree.gov/ for help. [Spanish Translation] ¿Sabía que si decide dejar de fumar puede empezar a ver resultados casi inmediatamente? A partir de los 20 minutos se normalizan la presión arterial y la frecuencia cardiaca. Usted puede dejar de fumar, llame al 1-855- DÉJELO-YA (1-855-335-3569) o visite a espanol.smokefree.gov para ayuda.

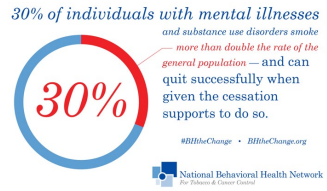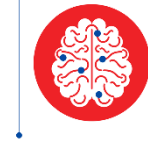|		
Hispanic/ Latinx	Did you know that after 10 years of being tobacco-free you cut the risk of developing lung cancer and dying from it in half compared with a smoker? Call 1-800-Quit-Now (1-800-784-8669) or visit smokefree.gov for help. [Spanish Translation] ¿Sabía que después de 10 años de estar libre de tabaco, usted reduce a la mitad el riesgo de desarrollar y morir de cáncer de pulmón en comparación con un fumador? Llame al 1-855- DÉJELO-YA (1-855-335-3569) o visite a espanol.smokefree.gov para ayuda.	The health benefits of quitting smoking can help most of the major parts of your body. After 10 years of being commercial tobacco-free you cut the risk of developing lung cancer and dying from it in half compared with a smoker and you also reduce the likelihood of developing mouth, throat, or pancreatic cancer. Call 1-800-Quit-Now (1-800-784-8669) or visit smokefree.gov for help. [Spanish Translation] El dejar de fumar tiene muchos beneficios para su salud y las partes principales de su cuerpo. Después de 10 años de estar libre de tabaco, usted reduce a la mitad el riesgo de desarrollar y morir de cáncer de pulmón en comparación con un fumador, y también reduce la probabilidad de desarrollar cáncer de boca, garganta o de páncreas. Llame al 1-855- DÉJELO-YA (1-855-335-3569) o visite a espanol.smokefree.gov para ayuda.
Hispanic/ Latinx	Let's celebrate Hispanic Heritage Month with the family. Quitting smoking is the best gift you can give to your loved ones. You can #quit. Call 1-800-QUIT-NOW. [Spanish Translation] Celebremos el mes de la herencia hispana en familia. Dejar de fumar es la mejor herencia que usted le puede regalar a sus seres queridos. Usted puede dejar de fumar. Llame al 1-855-DÉJELO-YA. 	Let's celebrate Hispanic Heritage Month with the family. Quitting smoking is the best gift you can give to your loved ones. You can quit. Call 1-800-QUIT-NOW. [Spanish Translation] Celebremos el mes de la herencia hispana en familia. Dejar de fumar es la mejor herencia que usted le puede regalar a sus seres queridos. Usted puede dejar de fumar. Llame al 1-855-DÉJELO-YA.

Hispanic/Latinx	There's a lot to be proud of this month: our culture, our passion for life, and, above all, our love of family. Make this month even more special by quitting smoking. You can quit smoking. To receive free help, call 1-800-QUIT-NOW. [Spanish Translation] Hay mucho de que estar orgulloso este mes: nuestra cultura, nuestra pasión por la vida, y por encima de todo, nuestro amor por la familia. Haga que este mes sea aún más especial dejando de fumar. Para recibir ayuda gratis llame al 1-855-DÉJELO-YA 	There's a lot to be proud of this month: our culture, our passion for life, and, above all, our love of family. Make this month even more special by quitting smoking. You can quit smoking. To receive free help, call 1-800-QUIT-NOW. [Spanish Translation] Hay mucho de que estar orgulloso este mes: nuestra cultura, nuestra pasión por la vida, y por encima de todo, nuestro amor por la familia. Haga que este mes sea aún más especial dejando de fumar. Para recibir ayuda gratis llame al 1-855-DÉJELO-YA.
Low SES/Blue collar workers	Tobacco cessation can sometimes be challenging, especially among communities comprised of families with lower levels of income and education. Together within families & communities, we can lower tobacco use in places where we live, learn, work and play https://smokefree.gov/	Tobacco cessation can sometimes be challenging, especially among communities comprised of families with lower levels of income, education and limited resources (to learn more: https://bit.ly/2hQsVrr). By joining together within families and communities, we can lower tobacco use in places where we live, learn, work, worship and play. Sharing resources is one form of caring for communities: https://smokefree.gov/
General / Low SES	We all—friends, neighbors, workplaces, healthcare orgs, community-based orgs, government—have a role to play to protect our communities from the effects of deadly tobacco products. Learn how we can bring tobacco-related cancer deaths down to ZERO: https://bit.ly/31C3r5d	All of us – friends, neighbors, workplaces, healthcare organizations, community-based organizations, and government – have a role to play to protect our communities from the effects of deadly commercial tobacco products. Learn how we can bring commercial tobacco-related cancer deaths down to zero. Check out SelfMade Health Network's infographic to learn more: https://bit.ly/31C3r5d
Low SES	You may have heard of secondhand smoke. But have you heard of thirdhand smoke--residual chemicals left by smoke on surfaces like furniture? #Smokefree housing protects against second & thirdhand smoke. Get tips for implementing comprehensive #smokefree policies: https://bit.ly/2MYdbmG	You may have heard of second-hand smoke. But have you heard of third-hand smoke--residual chemicals left by smoke on surfaces like furniture? Smokefree housing protects against second- and third-hand smoke. Find tips for implementing smokefree policies here: https://bit.ly/2MYdbmG
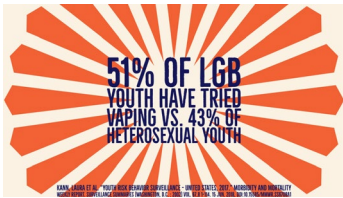
Mental Health/ Substance Use Disorders	Individuals with a mental health illness or a substance use challenge use tobacco at a rate 2-3x higher than the general population. Learn more about the link between tobacco and behavioral health: https://buff.ly/2t4Js2l #BHtheChange	Individuals with a mental health illness or a substance use challenge use commercial tobacco at a rate 2-3x higher than the general population. Learn more about the link between commercial tobacco and behavioral health: https://buff.ly/2t4Js2l #BHtheChange
Mental Health/ Substance Use Disorders	There isn't a one-size-fits-all solution for reducing tobacco use. #bhthechange	There isn't a one-size-fits-all solution for reducing tobacco use. #bhthechange
Mental Health/ Substance Use Disorders	Smoking is one way people cope with depression, anxiety or thoughts of suicide. Can quitting smoking help with suicide prevention? If you or someone you care about is in a crisis, call 1-800-273-TALK (8255). Learn more: https://buff.ly/34CV8GY #bhthechange	Smoking is one way many individuals try to cope with depression, anxiety or thoughts of suicide. Can quitting smoking help with suicide prevention? Check out our infographic and see why this is a conversation worth having. If you or someone you care about is in a crisis, call 1-800-273-TALK (8255). Learn more: https://buff.ly/34CV8GY #bhthechange
Mental Health/ Substance Use Disorders		
General adults	Imagine your life without commercial tobacco. Looks great, right? Join @TruthInitiative's free #BecomeAnEX program to make a custom quit plan, and get support on your journey to becoming #tobaccofree Visit www.becomeanex.org	Imagine your life without tobacco. Looks great, right? Join Truth Initiative's free #BecomeAnEX program to get: • A customized quit plan that learns and grows with you. • Text messages for support quitting smoking or vaping. • Smart, interactive guides and tools for you to navigate your commercial tobacco-free journey.

		• Expert advice and tips from Mayo Clinic. • An active, supportive EX Community of real commercial tobacco users who have been through it all. • The program has helped more than 800,000 people develop the skills and confidence to successfully quit. • Research has shown that following the BecomeAnEX quit plan quadruples a tobacco user's chance of quitting. There's no better time to quit than today. Visit www.becomeanex.org to get started.
AI/AN	Nearly 1 in 4 Native Americans & Alaska Natives use commercial tobacco, more than any other ethnic group. More than half have tried to quit. For free help call 1-800-QUIT-NOW. https://bit.ly/2Uut9Wc #KeepItSacred	Nearly 1 in 4 Native Americans & Alaska Natives use commercial tobacco, more than any other ethnic group. More than half have tried to quit. For free help call 1-800-QUIT-NOW. https://bit.ly/2Uut9Wc #KeepItSacred
African Americans	Despite more quit attempts, African Americans are less successful at quitting than White and Hispanic cigarette smokers, possibly because of lower utilization of cessation treatments such as counseling and medication. Learn more www.naatpn.org/pathways PATHWAYS TO FREEDOM Leading the Way to A Smoke Free Community	Despite more quit attempts, African Americans are less successful at quitting than White and Hispanic cigarette smokers, possibly because of lower utilization of cessation treatments such as counseling and medication. Pathways to Freedom is a culturally-based cessation program designed for African American Smokers that combines knowledge regarding the history of smoking among African Americans, smoking cessation, and relapse prevention. Learn more, www.youtube.com/watch?v=Ut5yRoJ5tKo
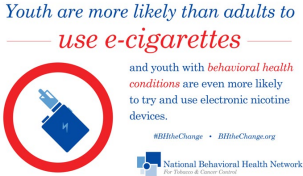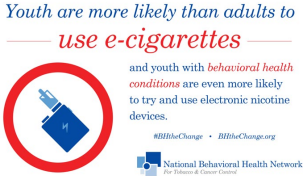
SAMPLE E-CIG / VAPING AWARENESS POSTS

Priority Population	Tweets	Facebook Posts
LGBTQ+	DYK more LGB youth have tried vaping than their heterosexual peers (51% vs. 43%)? Learn more from @CancerLGBT bit.ly/2J4Za1W #KeepLGBTyouthsafe	Commercial tobacco use, including electronic cigarettes, is the most serious yet preventable health crisis facing lesbian, gay, bisexual, and transgender (LGBT) youth in their teens and twenties. Did you know 51% of LGB youth have tried vaping compared to 43% of their heterosexual peers? Learn more from the National LGBT Cancer Network: https://bit.ly/2J4Za1W #KeepLGBTyouthsafe
LGBTQ+	DYK 17.5% of LGB youth are currently vaping compared to 13.2% among heterosexual youth? Learn more from @CancerLGBT bit.ly/2J4Za1W #KeepLGBTyouthsafe	Commercial tobacco use, including electronic cigarettes, is the most serious yet preventable health crisis facing lesbian, gay, bisexual, and transgender (LGBT) youth in their teens and twenties. Did you know 17.5% of LGB youth are currently vaping compared to 13.2% among heterosexual youth. Learn more from the National LGBT Cancer Network: https://bit.ly/2J4Za1W #KeepLGBTyouthsafe
AANHPI	We need to protect the health of ALL our youth. Familiar e-liquid flavors encourage Native Hawaiian and Pacific Islander high school students to vape--They now vape more than any other group. If you're interested in quitting, text "DITCHJUUL" to 88709 to get help. #ThisIsQuitting	We need to protect the health of ALL of our youth. Did you know Native Hawaiian and Pacific Islander high school students in the U.S. vape more than any other group? Familiar flavors like Ube and passionfruit encourage youth to vape. If you or a loved one is looking to quit vaping, there are free resources available. Text "DITCHJUUL" to 88709. Other resources are also available here: https://truthinitiative.org/thisisquitting
AANHPI	Familiar e-liquid flavors encourage young Asian Americans to vape. This is NOT okay. If you are looking to quit, text "DITCHJUUL" TO 88709. #ThisIsQuitting	Familiar e-liquid flavors encourage Asian American youth to vape. This is NOT okay. If you are looking to quit, text "DITCHJUUL" TO 88709. Other resources are also available here: https://truthinitiative.org/thisisquitting
Parent of Youth/	Parents: Protect your child by educating yourself about the different shapes and types of e-cigarettes and the risks of e-cig use for	Parents, do you know what electronic cigarettes look like? They can look like a pen, pipe, a USB stick. They come in various flavors and are addictive. These

Hispanic/ Latinx	young people. WHAT'S THE BOTTOM LINE? Learn more: bit.ly/2Upqdu6 Then, use this guide to talk to your child: bit.ly/2QC8hLO

[Spanish Translation] Padres: protejan a sus hijos educándose sobre las diferentes formas y tipos de cigarrillos electrónicos y los riesgos de su uso en los jóvenes. ¿QUÉ ES LO MÁS IMPORTANTE? Infórmese: bit.ly/3anNAex Luego, use esta guía para hablar con su hijo/a: bit.ly/2UuDn9i | cigarettes do not produce smoke but produce an aerosol that usually contains nicotine and is inhaled into the lungs. The electronic cigarette aerosol contains chemicals that are harmful to health. Likewise, the use of electronic cigarettes by young people is also associated with the use of other commercial tobacco products, such as regular cigarettes. Get informed: https://bit.ly/2Upqdu6 Then, use this guide to talk to your child: bit.ly/2QC8hLO

[Spanish Translation] ¿Padres, saben ustedes cómo son los cigarrillos electrónicos? Pueden verse como un bolígrafo, pipa, una memoria USB. Vienen en varios sabores y son adictivos. Estos cigarrillos no echan humo, pero producen un aerosol que por lo general contiene nicotina y es inhalado por los usuarios en los pulmones. El aerosol del cigarrillo electrónico contiene sustancias químicas que son dañinas para la salud. Asimismo, el uso de cigarrillos electrónicos por parte de los jóvenes también está asociado al uso de otros productos de tabaco, como los cigarrillos regulares. Infórmese: bit.ly/3anNAex Luego, use esta guía para hablar con su hijo/a: bit.ly/2UuDn9i |
| Parents of Youth | Are you a parent of a young person who vapes? @TruthInitiative's #BecomeAnEX has resources to help you be the best supporter you can while a child quits e-cigarettes. Text QUIT to 202-899-7550 to sign up to receive text messages designed for parents of youth who vape. | Are you a parent of a young person who vapes? Truth Initiative's #BecomeAnEX program has resources to help you be the best supporter you can while a child quits e-cigarettes. Text QUIT to 202-899-7550 to sign up to receive text messages designed specifically for parents and guardians of youth who vape.

Helping a loved one as they are quitting e-cigarettes can be an isolating, challenging, and emotional time. Visit the EX Community to read about what it feels like to break a nicotine addiction, ask questions about how others are supporting loved ones, or post about the stressors and successes in your life as it relates to your child quitting: https://excommunity.becomeanex.org/welcome |
Parents of Youth	The @Surgeon_General wants you to get the science-based facts on e-cigarette use among youth & young adults. Watch and share this video: bit.ly/3bjSYz4 #KnowTheRisks Get tips for talking with your child: bit.ly/2Urs4Pe	The @Surgeon_General wants you to get the science-based facts on e-cigarette use among youth & young adults. Watch and share this video: bit.ly/3bjSYz4 #KnowTheRisks Get tips for talking with your child: bit.ly/2Urs4Pe
Parents of Youth		Do you have a teen or young adult at home that vapes? @TruthInitiative offers free text messages for parents who are helping their children quit vaping. Join by texting "QUIT" to (202) 899-7550 or by visiting BecomeAnEX.org to sign up.
Youth	#ThisIsQuitting is an anonymous, free, text message program to help you quit vaping.	#ThisIsQuitting is an anonymous, free, text message program to help you quit vaping. Get tips, advice, and

	Get tips, advice, and encouraging messages from people who have quit before. Text DITCHJUUL to 88709 to sign up. #vapefree	encouraging messages from people who have quit before. Ready? Text DITCHJUUL to 88709 for text support & resources. #vapefree
Youth	Hear real teens share their stories about how vaping affected their mental health, sport performance, friendships and more: bit.ly/39ax4Nl #TheRealCost Learn more: bit.ly/2UccwQv & Get help quitting here: teen.smokefree.gov/quit-vaping	Hear real teens share their stories about how vaping affected their mental health, sport performance, friendships and more: bit.ly/39ax4Nl Follow #TheRealCost on Facebook http://www.Facebook.com/KnowTheRealCost Learn more about the danger of vapes and how quitting now will improve your health https://bit.ly/2UccwQv Get help quitting here: teen.smokefree.gov/quit-vaping
Mental Health/ Substance Use Disorders	*Youth are more likely than adults to* *use e-cigarettes* and youth with *behavioral health conditions* are even more likely to try and use electronic nicotine devices. #BHtheChange • BHtheChange.org National Behavioral Health Network For Tobacco & Cancer Control	*Youth are more likely than adults to* *use e-cigarettes* and youth with *behavioral health conditions* are even more likely to try and use electronic nicotine devices. #BHtheChange • BHtheChange.org National Behavioral Health Network For Tobacco & Cancer Control
General/ Low SES	States are leading the way to support healthier generations. To address adolescent #vaping in schools, @KDHE compiled a helpful resource, "Kansas Vape-Free Schools Toolkit." Obtain helpful strategies, tips & resources to use in your community: https://bit.ly/2HzgPQD #vapefree	States across the nation are leading the way to support healthier generations. To address adolescent #vaping in schools, @KDHE compiled a helpful resource, "Kansas Vape-Free Schools Toolkit." To obtain helpful strategies, tips & resources to use in your community and with partners including the Parent Teacher Association (PTA): https://bit.ly/2HzgPQD #vapefree #smokefreegeneration
AI/AN	Protect our future generations. E-cigarettes contain nicotine, which can harm the developing adolescent brain. Young people who use e-cigarettes may be more likely to smoke cigarettes. https://bit.ly/2UhL6sb #KeepItSacred	Protect our future generations. E-cigarettes contain nicotine, which can harm the developing adolescent brain. Young people who use e-cigarettes may be more likely to smoke cigarettes. https://bit.ly/2UhL6sb #KeepItSacred
General	Over 5 million youth are using e-cigarettes, risking #nicotine addiction in the process. @truthinitiative launched a first-of-its kind text message e-cigarette quit program to support both young people and their parents. Check it out here: bit.ly/2JgRzxP #ecigs #mobilize	Over 5 million youth are using e-cigarettes, risking nicotine addiction in the process. Truth Initiative launched a first-of-its kind text message e-cigarette quit program to support both young people and their parents. Check it out here: https://bit.ly/2JgRzxP
General	As the e-cigarette epidemic continues to spread across the nation, the 2016 Surgeon General's report is timely as the first report issued by a federal agency that comprehensively reviews the public health issue of e-cigarettes. Find the full report here: https://bit.ly/2SiBsoD	As the e-cigarette epidemic continues to spread across the nation, the 2016 Surgeon General's Report: *E-Cigarette Use Among Youth and Young Adults* is timely as the first report issued by a federal agency that comprehensively reviews the public health issue of e-cigarettes. Find the full report, as well as a wealth of resources and news about e-cigarettes here: https://bit.ly/2SiBsoD

SAMPLE LINKEDIN POSTS

LinkedIn Messages

Here are the facts: smoking is linked to several different types of cancer and LGBTQ+ communities (both adult and youth) smoke more, but that isn't a judgement of character. The LGBTQ+ community is strong, and with a little help, community members can quit smoking. Learn more about the impact of smoking on LGBTQ+ communities here: https://buff.ly/2Vtyb7N

The Surgeon General made a great point when he unveiled the latest Report on Smoking Cessation. LGBTQ+ communities smoke at rates much higher than the rest of the population (40%), but that doesn't mean they don't want to quit! Learn more about the impact of smoking on LGBTQ+ communities here: https://buff.ly/2Vtyb7N

LGBTQ+ youth are not immune to the youth e-cigarette epidemic. More LGBTQ+ youth have tried vaping, and more LGBTQ+ youth are currently vaping. Conquering the youth e-cigarette epidemic is going to take a comprehensive approach. We need to support our LGBT teens. More information and quit resources specifically for LGBTQ+ community members at: https://smokefree.gov/lgbt-and-smoking #KeepLGBTyouthsafe

It's a huge misconception that Asians have the lowest smoking rate out of all other racial/ethnic groups. Usually aggregated data is available and used, making it appear as if all Asians are relatively "healthy." However, this is far from the truth. Asian American, Native Hawaiian, and Pacific Islanders (AANHPIs) as a whole are extremely diverse and represent more than 50 ethnic groups and speak over 100 languages. When commercial tobacco use data is disaggregated into subgroups, there are alarming disparities. National averages estimate the Asian smoking rate at about 7%, but some disaggregated studies estimate rates as high as 30% for Korean men. We need to make sure that no one is left behind in public health efforts or in the clinical setting. Learn about commercial tobacco disparities among Asian Americans, Native Hawaiians, and Pacific Islanders from the Centers for Disease Control and Prevention: https://bit.ly/2Ur35v8

Smoking quitlines are a valuable resource, but many only serve English-speaking callers. Did you know that about 35% of the Asian population in the U.S. has limited English proficiency? Asian Smokers' Quitline (ASQ) is a national smoking quitline that serves Chinese, Korean, and Vietnamese speaking callers. AANHPIs are the fastest growing demographic in the U.S. and it is important now more than ever that tailored resources like ASQ are available.

Below are the 3 quitline numbers you can provide to patients and community members:

Chinese: 1-800-838-8917 | Korean: 1-800-556-5564 | Vietnamese: 1-800-778-8440

There is even a web-based referral program to make referrals easier and faster. To learn more information, visit: https://www.asiansmokersquitline.org/health-care-providers/

Did you know that about 35% and 40% of Pacific Islanders and Asian Americans respectively are protected by smoke-free multiunit housing laws? Unfortunately, these laws are not always enforced and our Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities suffer the health effects of secondhand smoke.

Many people in the community are not even aware of these laws. An effective way to inform the community is through community health workers. Asian Health Services, a health clinic serving the Asian American community in Oakland, CA, has a model called the Patient Leadership Council (PLC). Through the PLCs, they empower and train their patients to be advocates for their communities. Among many other important issues, advocates educate their communities in multiple languages about secondhand smoke and residents' rights to breathe clean air.

This is just one way we as public health professionals can make sure that we reach ALL communities. We encourage you to include AANHPIs in advocacy for smoke-free multiunit housing policies. For more information on Patient Leadership Councils, visit: https://asianhealthservices.org/community-programs/#plc

Rural communities continue to bear a disproportionate burden of health harms related to commercial tobacco use. The National Network of Public Health Institutes' publication, *Advancing Tobacco Prevention and Control in Rural America*, provides a comprehensive report on the unique challenges tobacco control programs face in rural communities. It highlights commercial tobacco prevention and control strategies and interventions that can be replicated to improve commercial tobacco control efforts in rural communities. Read it here: https://bit.ly/2J2mTzS

Health care providers: you can help prevent the use of electronic cigarettes among young people. Ask your adolescent patients about the use of commercial tobacco products, including e-cigarettes. Get informed about the different types of e-cigarettes and other popular commercial tobacco products among young people. For more information, visit: https://bit.ly/2UgYZWw

[Spanish Translation] Como proveedor de servicios de salud, usted puede ayudar a prevenir el uso de cigarrillos electrónicos entre los jóvenes. Pregúnteles a sus pacientes adolescentes sobre el uso de productos de tabaco incluyendo los cigarrillos electrónicos. ¡Infórmese! sobre los diferentes tipos de cigarrillos electrónicos y otros productos de tabaco populares entre los jóvenes. Para más información visite: https://bit.ly/3bcpJ1k

Did you know that most adult smokers want to quit? You can help your patients quit smoking by offering brief counseling, prescribing cessation medications, and connecting them to additional resources and quitlines. To access tools and resources for health care providers visit: https://bit.ly/2JdD0e9

[Spanish Translation] ¿Sabía que la mayoría de los fumadores adultos quieren dejar de fumar? Usted puede ayudar a sus pacientes a dejar de fumar ofreciéndoles una breve consejería, recetándoles medicamentos para dejar de fumar y conectándolos con recursos adicionales y líneas de ayuda para dejar de fumar. Para acceder a herramientas y recursos para proveedores de atención médica, visite: https://bit.ly/33BC3p5

Some communities and worksites have greater access to commercial tobacco prevention programming than others. When populations don't have access to these programs, their vulnerability for commercial tobacco use may increase. Please review SelfMade Health Network's Determinants of Health fact sheets to learn more about how to create a positive impact: https://selfmadehealth.org/educate/determinants-of-health-fact-sheets/

Tobacco addiction can be complex even among cancer survivors. Among cancer survivors, cigarette smoking remains the predominant form of tobacco use, and dual or poly tobacco use are still common. All of us – friends, neighbors, worksites, healthcare organizations, community-based organizations, government and across sectors (transportation, housing, emergency preparedness) – have a role to play to protect and support cancer survivors and other vulnerable populations from effects of commercial tobacco use. Explore opportunities to learn more with the CDC's Best Practices User Guide: Health Equity https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/index.htm

As the e-cigarette epidemic continues to spread across the nation, the 2016 Surgeon General's Report, *E-Cigarette Use Among Youth and Young Adults*, is timely as the first report issued by a federal agency that comprehensively

reviews the public health issue of e-cigarettes. Find the full report, as well as a wealth of resources and news about e-cigarettes here: https://bit.ly/2SiBsoD

Hot off the presses! 2020 Surgeon General's report on smoking cessation presents 10 key findings: https://bit.ly/33KgQJJ

Evidence shows quitting smoking is beneficial at any age to improve health, reduce risk of early death, and lower financial burden on individuals and society. Many smokers, 3 in 5 on average, want to and have attempted to quit but few use available evidence-based cessation medications or behavioral counseling. Cost-effective cessation strategies include quitline counseling, technology-assisted programs, and medication, especially when used in combination. What are some broad-reaching strategies your community can adopt to promote smoking cessation? Consider raising the price of cigarettes, adopting comprehensive smokefree policies, implementing mass media campaigns, requiring pictorial health warnings, and maintaining comprehensive statewide tobacco control programs.

Clinicians: Research shows that military service members and veterans are more likely to turn to commercial tobacco products compared to the civilian population. We can do our part to educate, prevent, or help reduce the rates of commercial tobacco usage among these patients. Visit https://bit.ly/3a0qgDa for more information and resources from the Centers for Disease Control and Prevention that we can share with our communities. Let's work together to protect the health of those that are protecting us.

Public health professionals: Did you know? Active military service members and veterans often present a distinct combination of demographic factors that requires a unique approach to reduce commercial tobacco use in these special populations. Sex, age, fitness, education level, and socioeconomic status play a significant role when designing effective targeted tobacco control programs. Learn more about which evidence-based practices work best to create comprehensive tobacco control programs for current and former military personnel here: https://bit.ly/2Quky4X

Commercial tobacco consumption by military members has been found to be much higher than in the general population. Stress relief is considered to be the main reason for commercial tobacco use, especially for those deployed, and can cause various health issues, including cancer. Being younger, male, having lower socioeconomic status can put military members in a higher risk of becoming addicted to commercial tobacco products. Healthcare providers need to address the increasing demand for health equity. The U.S. Department of Veteran Affairs offers helpful resources to assist military veterans wanting to quit commercial tobacco: https://www.mentalhealth.va.gov/quit-tobacco/

More than two thirds of smokers want to quit. They need an engaging and supportive commercial tobacco cessation program. Did you know that as an employer or health plan you can support employees/members to quit commercial tobacco with The EX Program?

Developed by Truth Initiative® in collaboration with Mayo Clinic, The EX Program provides an enterprise-level tobacco cessation program designed for employers and health plans. The EX Program has an active social network of thousands of smokers and ex-smokers and delivers proven quit-tobacco treatment via interactive quitting tools and video, live chat, text message, email, and quit medication. It also includes personalized, digital coaching and medication support from tobacco treatment specialists at the Mayo Clinic Nicotine Dependence Center and Truth Initiative. Clients receive quarterly program performance reports, promotional materials, a dedicated client success manager, and more.

The EX Plan has helped more than 800,000 commercial tobacco users develop the skills and confidence that are critical for a successful quit. Visit https://www.theexprogram.com/ to see what they can do for your population.

OTHER IDEAS TO PROMOTE COMMERCIAL TOBACCO USE PREVENTION AND CESSATION

Host or Participate in a Twitter Chat or Twitterview

Twitter chats are a great way to expand your audience and promote engagement with other partners and organizations. You can organize a Twitter chat yourself or simply participate in another one. Twitter chats are live moderated Twitter conversations focused around a specific topic using a single hashtag. They usually last an hour and involve a list of pre-circulated questions to participants. If you are organizing a chat, reach out to partners early and provide the list of questions as far in advance as possible.

A Twitterview is an interview conducted through tweets. For a Twitterview, typically an interviewer asks questions directly to the interviewee and participants can follow the conversation through an event hashtag. You may also open up the interview to questions from the audience. Potentially influential speakers might include researchers, cancer survivors or caregivers, health care providers or other subject matter experts. Consider using a website to help manage the Twitterview or Twitter chat such as [TWUBS](#).

Promote the event to your followers. Host the event, running it similarly to how you would host a live in-person meeting (introduce topic, speaker or participating organizations, your organization). Number your questions starting with a "Q" for question. For example: Q1: Which groups are at increased risk for vaping? #eCigChat. Your speaker(s) can either "reply" to the question you tweet or tweet starting with an "A" and the corresponding number. For example: A1: Youth generally, and Latinx youth in particular, are at increased risk for e-cigarette use. #eCigChat

Retweet or favorite the best questions posed by your followers and answers by your speaker(s) and be sure to share relevant links and resources. After the event, archive an event summary and share with participants and your other followers. Consider using [Hashtracking](#) to create a visual transcript of the Twitterview or tweet chat.

Live Tweet an Event or Conference

Consider live tweeting a conference or other event around commercial tobacco awareness. Live tweeting is a form of notetaking that is online and interactive. During an event, conference, speech or webinar, organizers and attendees can live tweet and use established hashtags so that everyone following the event hashtag can see the tweet and reply. During the event you can tweet quotes from speakers, share pictures of attendees, and retweet messages from the attendees. When quoting speakers, make sure to include their Twitter handles to let them know you are promoting their sessions. You can also pre-write tweets and schedule them to go out during the event if you know when certain parts of the event are planned to occur.

Host a Facebook Live Event

[Facebook Live](#) is a live video streaming service that can be used to connect with your followers in real time. Facebook Live offers the opportunity to conduct live Q & A's through

the comment function where followers can ask questions or post commentary during the livestream. You can also use this livestream service to host an interview or broadcast an event, enabling people to participate even if they are not able to attend in person.

Pick a date and time. Tell your followers about your livestream event ahead of time. Live broadcasts can last for up to 4 hours.

Promote the event to your followers. Write a compelling description for your event which will show up on your followers' newsfeeds along with the video to help people understand what your event is about. You can also add your location to the broadcast to increase discoverability. Keep track of your audience's reactions to gauge how your broadcast is being received.

Share Event Photos on Instagram

Instagram is a photo sharing application that allows users to share pictures, videos, and messages with their followers. Instagram can be a great platform for increasing engagement with your audience and sharing your mission through photos. You can use Instagram to share photos from your events and feature individuals involved with the events such as speakers or volunteers. You can also share video clips from the events by posting them to your Instagram story. Encourage followers to share their photos of your events by using a hashtag.

Pick a hashtag. Using hashtags is a way to group and organize photos together. Many users search for photos in Instagram using hashtags. If you use an established hashtag, your posts may reach audiences that you usually do not reach. If you would like to create your own hashtag, make sure it is short and intuitive. You can increase visibility of your event by having followers post their photos to Instagram with a hashtag.

Connect your Instagram to your other social media accounts to cross-promote your activities and increase engagement with your audience.

Share Your Event on Snapchat

Snapchat is another social media platform to help you share photos and videos with your followers. Snapchat has over 215 million daily active users with a majority of users under 30 years old (Sprout Social, 2020; Statista, 2020). You can share photos and videos individually with followers or share them in your Snapchat story. Photos and videos in your Snapchat story are visible to followers for 24 hours. You can use the story feature to promote your event, provide exclusive content such as behind the scenes footage or send a call to action. Share your story to your local "Our Story" to be featured on Snapchat's map of stories and gain more visibility.

Utilize Snapchat's unique features to promote your organization and events. Geofilters are location-based filters than can be used on photos and videos to further promote your cause as followers can then use these geofilters in their own posts. In the past, Snapchat has created geofilters for Giving Tuesday and donated to a designated charity every time someone posted using one of those geofilters. Snapcash is a feature that allows users to send money through Snapchat which could be a useful tool for soliciting online donations. Check out this [Snapchat guide](#) for more information.

Promote Your Cause on Pinterest

Pinterest is an online tool that can help users discover and organize creative ideas by serving as a vison board. Pinterest can be used to drive more traffic to your website by adding eye-catching images, infographics, or quotes to your Pinterest boards and linking them to your website. Pinterest boards function as albums or folders in that they categorize pins for users to peruse. If you are just starting out with Pinterest it may be good to include general boards showcasing your organization's mission in addition to adding events or fundraising boards for general commercial tobacco awareness, or whichever health or commemorative observance your campaign is organized around. ***Important reminder – Be careful not to unintentionally promote smoking/tobacco use or trigger cravings by including images of smoking behaviors as cues to followers.***

Link your website and other social media accounts to your Pinterest by including them in the profile header to expand your exposure. If you have a YouTube channel or photo sharing page consider sharing those videos and photos on Pinterest as well.

Publish a Blog Post

Publishing blog posts can be a great way to highlight the successes of your organization and promote your events. Consider writing a post with a call to action for your readers to attend your awareness events. Personal stories of youth peers, patients or survivors, for example, can make for powerful blog posts by connecting with the reader emotionally. Use visuals such as photos and videos to illustrate your narrative and engage readers.

Create dialogue. Use your blog not only to share stories but also to communicate with your readers and increase engagement. Ask for audience feedback on your content and promote a space to discuss issues and share success stories.

Host a Reddit Ask Me Anything

Reddit is a social news aggregation, content rating, and discussion website. An Ask Me Anything (A.M.A.) is a feature on Reddit where users can interview someone with a notable trait such as a researcher or other expert through posting questions to the Reddit message board. The A.M.A. begins with the interviewee posting an introduction about themselves and then users respond with questions and comments. Users can "upvote" posted questions to indicate that are also interested in knowing the answer to those questions. A.M.As can be scheduled to start and stop at certain times or be open-ended in duration. Consider hosting an A.M.A with a commercial tobacco-related cancer expert or survivor.

Publicize your A.M.A. through your other social media channels to draw more participants.

Host a Commercial Tobacco-Related Cancer Survivors Meetup Event

Consider hosting a meetup for local survivors of commercial tobacco-related cancers. It doesn't have to be a formal support group setting or even have cancer survivorship as the main focus. It could simply be a social activity intended to gather cancer survivors, caregivers or family members who have been affected by cancer.

Consider reaching out to local organizations to solicit donations or prizes for the event. Organize a giveaway or prizes to encourage people to use your hashtag and engage with your content. Twitter and Instagram photo contests are another a great way to get your followers involved and engaged.

You might also consider hosting a special webinar or panel to promote commercial tobacco-related cancer awareness. Make sure to reach out to potential partners early to ensure support. Check out Communication Training for Comprehensive Cancer Control (CCC) Professionals 101 for more information on working with local media.

Best Practices for Engagement Events and Activities

- Plan early and well
- Expand your audience and reach by partnering with another organization
- Make sure you use an original hashtag (unless it makes sense to use an established hashtag)
- Involve well-known local figures to help raise the profile of your event(s) and increase participation and engagement

MEASURING SUCCESS

Looking to measure the success of your social media campaign? Several platforms offer analytic tools to allow you to demonstrate the impact of your social media efforts.

Tool	Description
Facebook Insights	Allows users to track page likes, post reach, number of visits, specific posts as well as who is following your page. According to Facebook, "posts that get more likes, comments and shares show up more in News Feed and are seen by more people. Posts that are hidden, reported as spam or cause people to unlike your page reach fewer people."
Instagram Insights	Available in the app for users who have an Instagram Business Profile. This tool allows you to see overall account metrics, follower demographics and metrics for your Instagram stories such as impression, reach and replies.
Snaplytics	Paid service that allows users to manage their Snapchat stories, Instagram stories and Instagram accounts and can help identify the most engaging content across platforms.
Twitter Analytics	Allows users to see and download detailed tracking information about tweet activity, engagement, audience and trends over time. Log in with your Twitter username and password to learn more.
Pinterest Analytics	Allows users to track statistics about your reach, activity and engagement. It provides you with audience and account insights so you can strategize what you need to do to boost your Pinterest presence.

NATIONAL COMMERCIAL TOBACCO AND CANCER CONTROL NETWORKS

Networking2Save: CDC's National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations (DP18-1808) supports a consortium of national networks to advance commercial tobacco use prevention and cancer prevention in populations experiencing tobacco- and cancer-related health disparities.

The consortium is jointly funded by CDC's Division of Cancer Prevention and Control and Office on Smoking and Health. It is intended to enhance the quality and performance of specific public health programs, public health data and information systems, public health practice and services, public health partnerships, and public health resources that focus on tobacco- and cancer- related health disparities in specific populations.

This partnership provides leadership on and promotion of evidence-based approaches for prevention of commercial tobacco use and cancer. Learn more about each of the networks and who they serve below.

Network Name	Population of Focus	Description
ASPIRE Network	Asian-American, Native Hawaiian, and Pacific Islander	The Asian Americans, Native Hawaiians, and Pacific Islanders Network to Reach Equity in Tobacco Control and Cancer (ASPIRE) Network aims to build community capacity and facilitate development of tobacco and cancer policy initiatives that uplift diverse Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities across the United States. The ASPIRE Network also provides training and technical assistance to state health departments and other community organizations looking to include AANHPIs in their outreach. The ASPIRE program is housed under the larger organization Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL).
Geographic Health Equity Alliance	Geographically defined	The Geographic Health Equity Alliance (GHEA), a CADCA initiative, is dedicated to reducing geographic health disparities related to tobacco and cancer. We define geographic health disparities as the differences in health behaviors and health outcomes related to where people live. Scientists have found that the locations in which we live, work and play have an enormous impact on our health. Our network supports the implementation of effective public health practices in places that need it the most. We work closely with state tobacco and cancer programs and their partners to provide training and support on how to reduce health disparities and improve the health of communities across our nation.
National African American Tobacco Prevention Network	African American	NAATPN Inc. is a 20-year-old organization that exists to facilitate the implementation and promotion of comprehensive policies, community-led programs and

		culturally competent public health campaigns that benefit African Americans. We are committed to addressing the social and economic injustices that have marginalized our communities and led to deep health disparities. NAATPN is fortified by a nationwide network of partners who use their expertise to inform our policy work and amplify our educational campaigns.
National Behavioral Health Network for Tobacco and Cancer Control	Mental health and/or substance use disorders	The National Behavioral Health Network for Tobacco & Cancer Control (NBHN) is an initiative of the National Council for Behavioral Health, the nation's premier mental health and addiction advocacy association representing over 3,300 behavioral health facilities and 10 million Americans impacted by mental illness and addiction. NBHN serves as a resource hub of public and behavioral health organizations, health care providers, and public health officials seeking to address these disparities among individuals with mental illnesses and addictions.
National LGBT Cancer Network	Lesbian, gay, bisexual, transgender, queer/ questioning, +	The National LGBT Cancer Network became home to the CDC-funded Tobacco Related Cancer Project. Our national network aims to reduce tobacco and cancer-related disparities in LGBTQ+ populations.
National Native Network (Keep It Sacred)	American Indian and Alaska Native	The National Native Network is a one of a kind public health program and resource hub for American Indians and Alaska Natives (AI/AN), focusing primarily on commercial tobacco and cancer prevention and control. With unique brand recognition and strong messaging, the NNN is one of the most recognizable public health programs that highlight, share, and spur adaptation to interventions and methodologies for impacting public health improvement and general wellness throughout Indian Country.
Nuestras Voces (Our Voices) Network	Hispanic/ Latinx	The National Alliance for Hispanic Health's *Nuestras Voces* (Our Voices) Network Program is implementing population-specific and public health-oriented strategies, to impact the prevalence of commercial tobacco use and tobacco related cancers. The purpose of the *Nuestras Voces* Network Program is to expand multi-sector networks and their capacity to effectively address the threats of commercial tobacco use and reduce the impact of tobacco related cancers on the nation's health and wellbeing, with a particular focus on reducing disparities in underserved Hispanic communities.

SelfMade Health Network	Low socioeconomic status	SelfMade Health Network is a national network dedicated to addressing cancer and tobacco-related disparities specifically among populations with low socioeconomic status (SES) characteristics in rural, metropolitan and other medically underserved areas. The concept "SelfMade" has historical roots. And its translation has been contemporized to "SelfMade Health" by our network to include the significance of resource-friendly environments, sustained local infrastructure and evidence-based resources essential for improving the health of low SES populations.

ADDITIONAL TOOLS AND RESOURCES

These social media, communication and design tools can help you enhance your online presence and overall communications strategy.

Tool	Description
American Lung Association's The Vape Talk Resources	Resources for parents, including a conversation guide, to facilitate talking about vaping with their children.
Canva	Allows users to create visually appealing graphics and photos for social media and print materials; includes a collection of low-cost or free stock photos and backgrounds.
CDC Best Practices User Guide: Health Communications in Tobacco Prevention and Control	This user guide focuses on how comprehensive tobacco control programs can deliver effective health communications. Best Practices for Comprehensive Tobacco Control Programs—2014 recommends mass-reach health communication interventions as powerful tools for preventing the initiation of tobacco use, promoting and facilitating cessation, and shaping social norms related to tobacco use. Health communications help achieve tobacco control goals by building support for policy and program efforts, countering the tobacco industry's extensive advertising and promotion, and reaching large audiences to shift social norms around tobacco use. This guide offers program staff and partners information on how to effectively develop and implement paid media, earned media, social media, and other program communications to support tobacco control efforts.
CDC Guidelines for Public Comments	Example of comment policy to guide users in appropriate engagement on websites, blogs, and social media.
CDC Infographics	Provides a gallery of CDC-designed infographics to visually communicate data or information.

CDC on Flickr	Designed for public health image sharing. CDC images include public health photos and graphics developed for public health events that users can comment on and share.
CDC's Know the Risks Campaign	Campaign to raise awareness about e-cigarette use among youth and young adults based on the 2016 Surgeon General's report.
CDC Media Campaign Resource Center (MCRC)	Educate audiences about the harmful effects of commercial tobacco use with the MCRC, your source for free and low-cost tobacco education campaign materials. This collection is available to the tobacco control community and partners to support your communications efforts. You can type in a keyword to start your search or use the section links to find ads for your campaign. See also selected tobacco counter-advertisements and printable and shareable media such as videos, podcasts, reports, infographics and brochures. Also offered are free tobacco-related subscription services.
CDC Public Health Image Library (PHIL)	Free image library from CDC.
CDC's Tips From Former Smokers® Campaign	The Tips® campaign profiles real people who are living with serious long-term health effects from smoking and secondhand smoke exposure. Campaign goals are to build public awareness of the immediate health damage caused by smoking and exposure to secondhand smoke; encourage smokers to quit, and make free help available; and encourage smokers not to smoke around others, and encourage nonsmokers to protect themselves and their families from exposure to secondhand smoke. The campaign primary audiences include adult smokers ages 18 through 54 and secondary audiences include family members, health care providers, and faith communities.
Communication Training for Comprehensive Cancer Control Professionals 101	Comm 101 is a no-cost online training from the GW Cancer Center on establishing a media and communications strategy and working with the media.
Communication Training for Comprehensive Cancer Control Professionals 102	Comm 102 is a no-cost online training from the GW Cancer Center on planning, implementing and evaluating evidence-based communication campaigns.
Guide to Making Communication Campaigns Evidence-Based	Companion guide to Comm 102 training that explores the process for planning, implementing and evaluating a communication campaign.
FDA's Every Try Counts Campaign	Every Try Counts aims to encourage adult cigarette smokers ages 25-54 to quit through messages of support that underscore the health benefits of quitting.

FDA's The Real Cost Campaign	The Real Cost is a fact-based awareness campaign that works to prevent and reduce commercial tobacco use (vaping, smoking, and smokeless) among youth and young adults.
FDA's This Free Life Campaign	This Free Life is a campaign that works to prevent and reduce commercial tobacco use among young adults who identify as lesbian, gay, bisexual, and transgender (LGBT). We focus on commercial tobacco because of the damage it is causing. This Free Life helps LGBT young adults achieve their best by encouraging them to live commercial tobacco-free. Help This Free Life spread its message by following their social media channels Instagram, Facebook, Twitter, and YouTube, sharing their content, and telling others about the campaign.
GW Cancer Center Social Media Toolkits	Additional social media toolkits for other health-related observances throughout the year.
Hootsuite	Social media management platform that allows users to schedule social media posts, keep up with trends and followers, and collect basic analytics for evaluation.
Media Planning and Media Relations Guide	Companion guide to Comm 101 training that covers working with the media and establishing a communications and media strategy.
Periscope	Live-streaming video app to show events or videos live to your audience on social media.
Sprout Social	Paid social media management platform that allows users to schedule social media posts, keep up with trends and followers, and collect basic analytics for evaluation.
Stanford Medicine's Tobacco Prevention Toolkit	Theory-based and evidence-informed resources created by educators, parents, and researchers aimed at preventing middle and high school students' use of commercial tobacco and nicotine.
TinyURL	Link shortening service that allows for customization of URLs to make them more memorable.
Truth Initiative	Truth Initiative is America's largest nonprofit public health organization committed to making tobacco use a thing of the past. Visit their website to learn more about their research and resources.
Tweetdeck	Platform from Twitter that allows for pre-scheduling tweets and graphics.

GLOSSARY & ACRONYMS

Ask Me Anything (A.M.A): A feature of Reddit where users can interview someone through posting questions to the Reddit message board

AANHPIs: Asian Americans, Native Hawaiians and Pacific Islanders

AI/AN: American Indian/Alaska Native

Dual Use: Using cigarettes in combination with smokeless tobacco or electronic cigarettes

ENDS: Electronic nicotine delivery systems – Commercial non-combustible tobacco products (Learn more from the CDC)

Facebook: A social networking site that allows people to create personal profiles and stay connected with others (www.facebook.com)

Facebook Live: A live video streaming service provided through Facebook

Feed: News feeds which you receive straight into your account

FDA: Food and Drug Administration

Followers: People who have agreed to receive your tweets or Facebook posts

Hashtags (#): A form of metadata tag that makes it possible to group messages

Instagram: A photo sharing application that allows users to share pictures and videos to their followers either publicly or privately to pre-approved followers (https://www.instagram.com/)

LGBTQ+: Lesbian, gay, bisexual, transgender, queer/questioning, +

Live Tweet: To post comments about an event on Twitter while the event is taking place

MH/SUD: Mental Health/Substance Use Disorder

NIDA: National Institute on Drug Abuse

NRT: Nicotine replacement therapy – "A type of treatment that uses special products to give small, steady doses of nicotine to help stop cravings and relieve symptoms that occur when a person is trying to quit smoking. These products include nicotine gum, nicotine inhaler, nicotine nasal spray, nicotine lozenges, and nicotine patch, and some are available without a prescription. They do not contain any of the other chemicals found in tobacco products." (NCI Dictionary of Cancer Terms)

Pinterest: A website where users can discover information mainly through images, GIFs (animated images), and videos (https://www.pinterest.com/)

Reddit: A social news aggregation, content rating, and discussion website (https://www.reddit.com)

Retweet (RT): Re-posting of someone else's tweet

SAMHSA: Substance Abuse and Mental Health Services Administration

SES: Socioeconomic status

Snapchat: an image messaging application where messages auto-delete after set amount of seconds

Tweets: 280-character text messages

Twitter: An online social networking and microblogging service that enables users to send and read short 280-character text messages, called "tweets" (www.twitter.com)

Twitter chat: A live moderated Twitter conversation focused around a specific topic using a single hashtag

Twitter handle: Your Twitter name that begins with the "@" sign. For example: @GWCancer

Twittersphere or **Twitterverse**: The total universe of Twitter users and their habits

Twitterview: A combination of the terms Twitter, a popular microblogging platform, and interview. It is a type of interview for which the medium restricts the interviewer and interviewee to short-form responses

See Twitter's "Twitter Glossary" for more.

REFERENCES

Allen, J. A., Duke, J. C., Davis, K. C., Kim, A. E., Nonnemaker, J. M., & Farrelly, M. C. (2015). Using Mass Media Campaigns to Reduce Youth Tobacco Use: A Review. *American Journal of Health Promotion, 30*(2), e71–e82.

Amato, M. S., Cha, S., Bottcher, M., Jacobs, M. A., Pearson, J. L., Graham, A. L. (2020). *Reasons for quitting vaping among treatment seeking young people.* Abstract accepted for podium presentation at the Society for Research on Nicotine and Tobacco annual meeting.

American Lung Association. (2012). *Cutting tobacco's rural roots: Tobacco use in rural communities.* American Lung Association, Washington DC. Retrieved from https://www.lung.org/our-initiatives/research/lung-health-disparities/tobacco-in-rural-communities.html

Babb, S., Malarcher, A., Schauer, G., Asman, K., & Jamal, A. (2017). Quitting Smoking Among Adults – United States, 2000–2015. *MMWR Morb Mortal Wkly Rep 65*(52), 1457–1464.

Babb S, Malarcher A, Asman K, Johns M, Caraballo R, VanFrank B, et al. (2020). Disparities in Cessation Behaviors Between Hispanic and Non-Hispanic White Adult Cigarette Smokers in the United States, 2000–2015. *Prev Chronic Dis, 17*, 190279.

Bondurant, S. & Wedge, R. (2009). Combating tobacco use in military and veteran populations. *Washington, D.C: National Academies Press.* Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK215333/

Boudreau, G., Hernandez, C., Hoffer, D., Preuss, K. S., Tibetts-Barto, L., Villaluz, N. T., & Scott, S. (2016). Why the World Will Never Be Tobacco-Free: Reframing "Tobacco Control" Into a Traditional Tobacco Movement. *American Journal of Public Health*, 106(7), 1188–1195.

Campaign for Tobacco-Free Kids. (2020). Map of State Cigarette Tax Rates. Retrieved from https://www.tobaccofreekids.org/assets/factsheets/0222.pdf

Carter-Pokras, O. D., Feldman, R. H., Kanamori, M., et al. (2011). Barriers and facilitators to smoking cessation among Latino adults. *J Natl Med Assoc, 103*(5), 423– 431.

Cooper, B. B. (2016, April 19). *7 powerful Facebook statistics you should know for a more engaging Facebook page*. Retrieved from https://blog.bufferapp.com/7-facebook-stats-you-should-know-for-a-more-engaging-page

Cornacchione Ross, J., Noar, S. M., & Sutfin, E. L. (2019). Systematic Review of Health Communication for Non-Cigarette Tobacco Products. *Health Communication, 34,* 3, 361-369.

Creamer, M. R., Wang, T. W., Babb, S., et al. (2019). Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018. *Morbidity and Mortality Weekly Report, 68*(45), 1013–1019.

Cullen, K. A., Gentzke, A. S., Sawdey, M. D., et al. (2019). E-Cigarette Use Among Youth in the United States, 2019. *JAMA, 322*(21), 2095–2103.

Dai, H. & Leventhal, A. M. (2019). Prevalence of e-Cigarette Use Among Adults in the United States, 2014-2018. *JAMA, 322*(18), 1824–1827.

D'Silva, J., O'Gara, E., Villaluz, N. (2018). Tobacco industry misappropriation of American Indian culture and traditional tobacco. *Tobacco Control*, 27, 57-64

Druss, B. G., Zhao, L., Von Esenwein, S., Morrato, E. H., Marcus, S. C. (2011). Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. *Medical Care, 49*(6):599–604.

Facebook. (2018). *Facebook and Instagram best practices* Retrieved from https://www.facebook.com/gms_hub/share/best-practice-fb-and-ig

Fiore, M. C., Jaén. C. R., Baker, T. B., et al. (2008). *Treating Tobacco Use and Dependence: 2008 Update.* Clinical practice guideline. Rockville, MD: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Fox, S. (2014, January 15). The social life of health information. *Fact Tank: News in the Numbers*. Retrieved from http://www.pewresearch.org/fact-tank/2014/01/15/the-social-life-of-health-information/

Gardiner, P. and Clark, P.I. (2010). Menthol cigarettes: Moving toward a broader definition of harm. *Nicotine & Tobacco Research*, *12*(Suppl 2):S85–S93.

Garrett B.E., Dube S.R., Winder, C., Caraballo, R.S. (2013) Quitting Smoking Among Adults – United States, 2006-2008 and 2009-2010. *Morbidity and Mortality Weekly Report*, 62(03), 81-84.

Gentzke, A. S., Creamer, M., Cullen, K. A., et al. (2019). Vital Signs: Tobacco Product Use Among Middle and High School Students – United States, 2011–2018. *Morbidity and Mortality Weekly Report, 68*(6), 157–164.

Glasser, A. M., Johnson, A. L., Niaura, R. S., Abrams, D. B., & Pearson, J. L. (2020). Youth Vaping and Tobacco Use in Context in the United States: Results from the 2018 National Youth Tobacco Survey. *Nicotine & Tobacco Research*, ntaa010, https://doi.org/10.1093/ntr/ntaa010

Grier, T., Knapik, J., Canada, S., Canham-Chervak, M., & Jones, B. (2010). Tobacco Use Prevalence and Factors Associated with Tobacco Use in New U.S. Army Personnel. *Journal of Addictive Diseases, 29*(3), 284–293.

Haddock, C., Taylor, J., Hoffman, K., Poston, W., Peterson, A., Lando, H., & Shelton, S. (2009). Factors which influence tobacco use among junior enlisted personnel in the United States Army and Air Force: a formative research study. American Journal of Health Promotion, 23(4), 241–246.

Harlow, A. F., Stokes, A., Brooks, D. R. (2019). Socioeconomic and Racial/Ethnic Differences in E-Cigarette Uptake Among Cigarette Smokers: Longitudinal Analysis of the

Population Assessment of Tobacco and Health (PATH) Study. *Nicotine & Tobacco Research, 21*(10), 1385–1393.

Hirshbein, L. (2012). Scientific Research and Corporate Influence: Smoking, Mental Illness, and the Tobacco Industry. *Journal of the History of Medicine and Allied Sciences, 67*(3), 374-397.

Hershkowitz, S. & Lavrusik, V. (2013, May 2). *12 best practices for media companies using Facebook pages*. Retrieved from https://m.facebook.com/notes/facebook-media/12-best-practices-for-media-companies-using-facebook-pages/518053828230111/

Heron, M. (2013). Deaths: Leading Causes for 2010. *National Vital Statistics Reports, 62*(6). Hyattsville, MD: National Center for Health Statistics.

Hoffman, A. C., Salgado, R. V., Dresler, C., Faller, R. W., & Bartlett, C. (2016). Flavour preferences in youth versus adults: A review. *Tobacco control, 25*(Suppl 2), ii32-ii39.

Holmes, C. B., King, B. A., & Babb, S. D. (2016). Stuck in Neutral: Stalled Progress in Statewide Comprehensive Smoke-Free Laws and Cigarette Excise Taxes, United States, 2000–2014. *Prev Chronic Dis, 13*, 150409.

Institute of Medicine. (2009). *Combating Tobacco Use in Military and Veteran Populations.* Washington D.C.: The National Academies Press.

Kann, L., McManus, T., Harris, W. A., et al. (2018). Youth Risk Behavior Surveillance – United States, 2017. *MMWR Surveill Summ, 67*(No. SS-8), 1–114.

Kim, L. (2018, July 6). 5 ways to get 10x more retweets on Twitter. *Medium: Marketing and Entrepreneurship*. Retrieved from https://medium.com/marketing-and-entrepreneurship/5-ways-to-get-10x-more-retweets-on-twitter-f0b2ba18a7ff

Kochanek, K. D., Murphy, S. L., Xu, J. Q., Tejada-Vera, B. (2016). Deaths: Final Data for 2014. *National Vital Statistics Reports, 65*(4). Hyattsville, MD: National Center for Health Statistics.

Kong, G., Singh, N., Krishnan-Sarin, S. (2012). A Review of Culturally Targeted/Tailored Tobacco Prevention and Cessation Interventions for Minority Adolescents. *Nicotine & Tobacco Research, 14*(12), 1394–1406.

Kuntsche, S. & Kuntsche, E. (2016). Parent-based interventions for preventing or reducing adolescent substance use - A systematic literature review. *Clin Psychol Rev, 45,* 89-101. doi: 10.1016/j.cpr.2016.02.004. Epub 2016 Mar 23.

Leeks, K. D., Hopkins, D. P., Soler, R. E., Aten, A., Chattopadhyay, S. K., Task Force on Community Services. (2010). Worksite-based incentives and competitions to reduce tobacco use: A systematic review. *American Journal of Preventive Medicine, 38*(2S), 263-274.

Lin, J., Zhu, K., Soliván-Ortiz, A., Larsen, S., Schneid, T., Shriver, C., & Lee, S. (2019). Deployment and Smokeless Tobacco Use Among Active Duty Service Members in the U.S. Military. *Military Medicine, 184*(3-4), e183–e190.

LinkedIn. (n.d.). *LinkedIn pages best practices*. Retrieved from
https://business.linkedin.com/marketing-solutions/linkedin-pages/best-practices

Majmundar, A., Cornelis, E., Moran, M. B. (2019). Examining the vulnerability of ambivalent
young adults to e-cigarette messages. *Health Mark Q, 2019 Dec 27*, 1-16. doi:
10.1080/07359683.2019.1680119. [Epub ahead of print]

Marbin, J. N. & Gribben, V. (2019). Tobacco Use as a Health Disparity: What Can Pediatric
Clinicians Do?. *Children (Basel), 6*(2), 31.

Martell, B. N., Garrett, B. E., & Caraballo, R. S. (2016). Disparities in Adult Cigarette Smoking –
United States, 2002–2005 and 2010–2013. *MMWR Morb Mortal Wkly Rep 65*(30), 753–
758.

Marynak, K., VanFrank, B., Tetlow, S., Mahoney, M., Phillips, E., Jamal, A., . . .& Babb, S.
(2018). Tobacco Cessation Interventions and Smoke-Free Policies in Mental Health
and Substance Abuse Treatment Facilities – United States, 2016. *Morbidity and
Mortality Weekly Report, 67*(18), 519-523.

McCabe, S. E., Hughes, T. L., Matthews, A. K., Lee, J. G. L., West, B. T., Boyd, C. J., &
Arslanian-Engoren, C. (2017). Sexual Orientation Discrimination and Tobacco Use
Disparities in the United States. *Nicotine & Tobacco Research, 21*(4), 523–531.

McDonnell, M., Cristofolo, M. & Ries, R. (212). Exploring Barriers to Primary Care For Patients
with Severe Mental Illness: Frontline Patient and Provider Accounts. *Issues in Mental
health Nursing, 33*(3)*, 172–180.

Meppelink, C. S., Smit, E. G., Buurman, B. M., & van Weert, J. C. M. (2015) Should We Be
Afraid of Simple Messages? The Effects of Text Difficulty and Illustrations in People
with Low or High Health Literacy. *Health Communication, 30,* 12, 1181-1189.

Mowery, P.D., Dube, S.R., Thorne, S.L., et al. (2015). Disparities in Smoking-Related Mortality
Among American Indians/Alaska Natives. *American Journal of Preventative Medicine*,
49(5), 738-744.

National Native Network. (2016). *Commercial Tobacco*. Retrieved from
http://keepitsacred.itcmi.org/tobacco-and-tradition/commercial-tobacco/

Nelson, J. P., & Pederson, L. L. (2008). Military tobacco use: A synthesis of the literature on
prevalence, factors related to use, and cessation interventions. *Nicotine & Tobacco
Research*, 10(5), 775-790.

Nguyen, N., Lisha, N. E., Neilands, T. B., Jordan, J. W., Ling, P. M. (2019). Differential
associations between anti-tobacco industry attitudes and intention to quit smoking
across young adult peer crowds. *Am J Health Promot, 33*(6), 876-885

Noar, S. M., Hall, M. G., Francis, D. B., et al. (2016). Pictorial cigarette pack warnings: A meta-
analysis of experimental studies. *Tobacco Control, 25,* 341-354.

Odani, S., Agaku, I. T., Graffunder, C. M., Tynan, M. A., & Armour, B. S. (2018). Tobacco
Product Use Among Military Veterans - United States, 2010-2015. *MMWR Morb Mortal
Wkly Rep*, 67(1), 7–12.

Odani S., Armour, B. S., & Agaku, I. T. (2018). Racial/Ethnic Disparities in Tobacco Product Use Among Middle and High School Students – United States, 2014–2017. *MMWR Morb Mortal Wkly Rep*, *67(34)*, 952–957.

Pepper, J. K., Squiers, L. B., Peinado, S. C., Bann, C. M., Dolina, S. D., Lynch, M. M., Nonnemaker, J. M., McCormack, L. A. Impact of messages about scientific uncertainty on risk perceptions and intentions to use electronic vaping products. *Addict Behav, 91*, 136-140.

Pew Research Center. (2019). *Social media fact sheet*. Retrieved from http://www.pewinternet.org/fact-sheet/social-media/

Pham, T., Connolly, G., Cotter, T., & Dmitrieva, E. (2007). Guidelines for planning and implementing mass media advertising campaigns. International Union Against Tuberculosis and Lung Disease. PDF available for viewing at https://www.yumpu.com/en/document/read/7293085/guidelines-for-planning-and-implementing-mass-media-advertising-

Photoslurp. (n.d.). *Instagram best practices - 8 content tricks used by top brands*. Retrieved from https://hi.photoslurp.com/blog/instagram-best-practices-content/

Prochaska, J.J., Das, S., & Young-Wolff, K.C. (2017). Smoking, Mental Illness, and Public Health. *Annual Review of Public Health, 38*, 165-185.

Roditis, M. L., Dineva, A., Smith, A., et al. (2019). Reactions to electronic nicotine delivery system (ENDS) prevention messages: Results from qualitative research used to inform FDA's first youth ENDS prevention campaign. *Tobacco Control*. Published Online First: 10 September 2019. doi: 10.1136/tobaccocontrol-2019-055104

Rohde, J. A., Noar, S. M., Mendel, J. R., Hall, M. G., Baig, S. A., Ribisl, K. M., Brewer, N. T. (2019). E-cigarette health harm awareness and discouragement: implications for health communication. *Nicotine & Tobacco Research, pii: ntz194*. doi: 10.1093/ntr/ntz194. [Epub ahead of print]

Sarkar, U., Le, G. M., Lyles, C. R., Ramo, D., Linos, E., & Bibbins-Domingo, K. (2018). Using social media to target cancer prevention in young adults: Viewpoint. *Journal of Medical Internet Research, 20*(6), e203-e210. http://dx.doi.org/10.2196/jmir.8882

Schoenborn, C. A., Adams, P. F., Peregoy, J. A. (2013*). Health Behaviors of Adults: United States, 2008–2010*. National Center for Health Statistics. Vital Health Stat 10(257).

Shah, S. & Ramakrishnan, K. (2017, April 21). Why Disaggregate? Disparities in AAPI Health. Retrieved from http://aapidata.com/blog/countmein-health-disparities/

Simmons, V. N., Pineiro, B., Hooper, M. W., Gray, J. E., Brandon, T. H. (2016). Tobacco-Related Health Disparities Across the Cancer Care Continuum. *Cancer Control, 23*(4), 434–441.

Siu, A. L., for the U.S. Preventive Services Task Force. (2015). Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including

pregnant women: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine, 163*(8), 622-634.

Sprout Social. (2020). *Social media demographics to inform your brand's strategy in 2020.* https://sproutsocial.com/insights/new-social-media-demographics/#SC-demos

Statista. (2020). *Number of daily active Snapchat users from 1st quarter 2014 to 4th quarter 2019.* Retrieved from https://www.statista.com/statistics/545967/snapchat-app-dau/

Talcott, G. W., Ebbert, J. O., Klesges, R. C., Linde, B. D., Seals, R. W., Krukowski, R. A., . . . Martin-Zona, D. M. (2015). Tobacco Research in the Military: Reflections on 20 Years of Research in the United States Air Force. *Military Medicine, 180*(8), 848-850.

Tam, J., Warner, K. E., Meza, R. (2016). Smoking and the reduced life expectancy of individuals with serious mental illness. *American Journal of Preventive Medicine, 51*(6):958–966.

Tobacco Products Scientific Advisory Committee. (2011). *Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations*. Rockville, MD: U.S. Department of Health and Human Services, Food and Drug Administration.

Top Dog Social Media. (n.d.). *LinkedIn etiquette and best practices [20 do's and don'ts]*. Retrieved from https://topdogsocialmedia.com/linkedin-etiquette-and-best-practices/

Truth Initiative. (2019*). Tobacco Nation: An Ongoing Crisis Examining The Health And Policy Disparities Of U.S. States With The Highest Smoking Rates*. Retrieved from https://truthinitiative.org/sites/default/files/media/files/2019/06/Tobacco-Nation-An-Ongoing-Crisis.pdf

Ulanday, K., Jeffery, D., Nebeling, L., & Srinivasan, S. (2017). Perceived Deterrence of Cigarette Use and Smoking Status Among Active Duty Military Personnel. *Military Medicine, 182*(5), e1733–e1741.

U.S. Centers for Disease Control and Prevention. (2013, February). *Vital Signs Fact Sheet: Adult Smoking Focusing on People With Mental Illness*. National Center for Chronic Disease and Health Promotion, Office on Smoking and Health. Retrieved from https://www.cdc.gov/vitalsigns/smokingandmentalillness/index.html

U.S. Centers for Disease Control and Prevention. (2014). *Best Practices for Comprehensive Tobacco Control Programs–2014*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

U.S. Centers for Disease Control and Prevention. (2015). *CDC social media tools*. Retrieved from https://www.cdc.gov/socialmedia/tools/index.html

U.S. Centers for Disease Control and Prevention. (2018a). Table A-12a. Summary Health Statistics: National Health Interview Survey. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/nhis/shs/tables.htm

U.S. Centers for Disease Control and Prevention. (2018b). *Best Practices User Guide: Health Communications in Tobacco Prevention and Control.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from https://www.cdc.gov/tobacco/stateandcommunity/bp-health-communications/index.htm

U.S. Centers for Disease Control and Prevention. (2019a). *Guidelines for Public Comments.* Retrieved from https://www.cdc.gov/other/public-comments.html

U.S. Centers for Disease Control and Prevention. (2019b). *Menthol and Cigarettes.* Retrieved from https://www.cdc.gov/tobacco/basic_information/tobacco_industry/menthol-cigarettes/index.html

U.S. Centers for Disease Control and Prevention. (2020a). *Tobacco Use and Quitting Among Individuals with Behavioral Health Conditions.* Retrieved from https://www.cdc.gov/tobacco/disparities/mental-illness-substance-use/index.htm

U.S. Centers for Disease Control and Prevention. (2020b, January 3). *Smoking & tobacco use: About electronic cigarettes (e-cigarettes).* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html

U.S. Centers for Disease Control and Prevention. (2020c). *Smoking & tobacco use: Outbreak of lung injury associated with the use of e-cigarette, or vaping, products.* Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

U.S. Department of Defense. (2013). 2011 Department of Defense Health Related Behaviors Survey Among Active Duty Military Personnel. Retrieved from https://www.murray.senate.gov/public/_cache/files/889efd07-2475-40ee-b3b0-508947957a0f/final-2011-hrb-active-duty-survey-report.pdf

U.S. Department of Health and Human Services. (1998). *Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health.

US Department of Health and Human Services. (2016). *E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

U.S. Department of Health and Human Services. (2020). *Smoking Cessation. A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

U. S. Food & Drug Administration. (2017, December 20). *Tips to Help Avoid "Vape" Battery Explosions.* Retrieved from https://www.fda.gov/tobaccoproducts/labeling/productsingredientscomponents/ucm539362.htm

U.S. Food and Drug Administration. (2020, Feb 14). Vaporizers, e-cigarettes, and other electronic nicotine delivery systems (ENDS). Retrieved from https://www.fda.gov/tobacco-products/products-ingredients-components/vaporizers-e-cigarettes-and-other-electronic-nicotine-delivery-systems-ends

U.S. National Cancer Institute. (2008). Influence of Tobacco Marketing on Smoking Behavior. *National Cancer Institute Tobacco Control Monograph 19. NIH Publication No. 07-6242.* Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.

U.S. National Cancer Institute. (2017). A Socioecological Approach to Addressing Tobacco-Related Health Disparities. *National Cancer Institute Tobacco Control Monograph 22. NIH Publication No. 17-CA-8035A.* Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.

U.S. National Institute on Drug Abuse. (2020, January 8). *Vaping Devices (Electronic Cigarettes).* Retrieved from https://www.drugabuse.gov/publications/drugfacts/vaping-devices-electronic-cigarettes

U.S. Substance Abuse and Mental Health Services Administration. (2013). *Adults with mental illness or substance use disorder account for 40 percent of all cigarettes smoked.* The National Survey on Drug Use and Health Report. Retrieved from https://www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf

U.S. Substance Abuse and Mental Health Services Administration. (2017). 2016 National Survey on Drug Use and Health Detailed Tables. Retrieved from https://www.samhsa.gov/data/report/results-2016-national-survey-drug-use-and-health-detailed-tables

U.S. Substance Abuse and Mental Health Services Administration. (2018). 2017 National Survey on Drug Use and Health Detailed Tables. Retrieved from https://www.samhsa.gov/data/report/2017-nsduh-detailed-tables

Villanti, A. C., Johnson, A. L., Ambrose, B. K., et al. (2017). Flavored Tobacco Product Use in Youth and Adults: Findings From the First Wave of the PATH Study (2013-2014). *American Journal of Preventive Medicine*, *53*(2), 139-151.

Wang, T. W., Asman, K., Gentzke, A. S., et al. (2018). Tobacco Product Use Among Adults-United States, 2017. *MMWR Morb Mortal Wkly Rep,* 67(44), 1225–1232.

Weinstein, L. Stefancic, A., Cummingham, A.T., Hurley, K.E., Cabassa, L., & Wender, R. (2016). Cancer screening, prevention, and treatment in people with mental illness. *CA: A Cancer Journal for Clinicians,* 66(2), 133-151.

World Health Organization. (2004). *Tobacco increases the poverty of individuals and families*. Retrieved from https://www.who.int/tobacco/communications/events/wntd/2004/tobaccofacts_famili es/en/

Yang, B., Owusu, D., Popova, L. (2019). Testing messages about comparative risk of electronic cigarettes and combusted cigarettes. *Tobacco Control, 28*, 440-448.

Yang, W., Zou, Q., Tan, E., Watkins, L., Beronja, K., Hogan, P., & Elenberg, K. (2018). Future Health and Economic Impact of Comprehensive Tobacco Control in DoD: A Microsimulation Approach. *Military Medicine, 183*(1-2), e104–e112.

York, A. (2016, October 11). *5 LinkedIn best practices for marketing professionals*. Retrieved from https://sproutsocial.com/insights/linkedin-best-practices/

York, A. (2016a, June 8). *7 Instagram best practices to build your audience*. Retrieved from https://sproutsocial.com/insights/instagram-best-practices/