Tobacco Cessation for Cancer Survivors

A Resource Guide for Local Health Departments

American Cancer Society®

NACCHO
National Association of County & City Health Officials

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Tobacco-Cessation Resource Guide

Contributing Organizations

The National Association of County and City Health Officials (NACCHO) is the national organization representing 2,800 local health departments. NACCHO supports efforts that protect and improve the health of all people in all communities by developing resources and programs affecting public health policies, health equity, and social justice. NACCHO's mission is to be a leader, partner, catalyst, and voice with local health departments to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a major health problem. Headquartered in Atlanta, Georgia, the organization has regional and local offices throughout the country that support 11 geographical divisions and ensure a presence in every community. The American Cancer Society is dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy, and service.

The CDC's National Comprehensive Cancer Control Program is a collaborative process through which a community and its partners pool resources to reduce the burden of cancer. The Centers for Disease Control and Prevention (CDC) supports cancer control programs in 50 states, the District of Columbia, seven tribes and tribal organizations, and seven U.S.-associated Pacific Islands/territories to strengthen comprehensive cancer control efforts. The CDC helps states, tribes, and territories build cancer coalitions, examine the cancer burden in their area, prioritize proven strategies for cancer control, and create cancer plans to implement cancer control interventions.

The Comprehensive Cancer Control National Partnership (CCCNP) is a group of 18 leading national cancer organizations in the U.S. dedicated to building and strengthening comprehensive cancer control (CCC) efforts across the nation **(see Figure 1)**. The CCCNP has made tobacco cessation in cancer survivors one of its three focus areas. The CCCNP was organized in 1999, and its mission is to assist CCC coalitions to develop and sustain the implementation of CCC plans at state, tribal, territorial, U.S. Pacific island jurisdictional, and local levels through coordination and collaboration. The CCCNP provides technical assistance and training to entities around partnership-building and the use of evidence-based strategies to improve cancer control efforts through funding by the CDC National Comprehensive Cancer Control Program.

FIGURE 1. MEMBERS OF THE COMPREHENSIVE CANCER CONTROL NATIONAL PARTNERSHIP

AMERICAN CANCER SOCIETY	AMERICAN CANCER SOCIETY CANCER ACTION NETWORK	AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER	ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS	CANCER SUPPORT COMMUNITY	CENTERS FOR DISEASE CONTROL AND PREVENTION
GW CANCER INSTITUTE	HEALTH RESOURCES AND SERVICES ADMINISTRATION	INTERCULTURAL CANCER COUNCIL	LEUKEMIA AND LYMPHOMA SOCIETY	LIVESTRONG	NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS	NORTH AMERICAN ASSOCIATION OF CENTRAL CANCER REGISTRIES	NATIONAL CANCER INSTITUTE	SUSAN G. KOMEN	TRUTH INITIATIVE	YMCA

Introduction

The American Cancer Society, in partnership with the Comprehensive Cancer Control National Partnership, developed this guide to detail the importance of tobacco cessation for cancer survivors and provide recommendations on how local health departments can use existing resources to link cessation services to cancer survivors.

This resource guide was supported by the Grant or Cooperative Agreement Number DP004969 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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Comprehensive Cancer Control Coalitions and Local Health Departments

Local health departments (LHDs) play a key role in minimizing the impact of cancer on their communities. Comprehensive cancer control (CCC) is a strategic approach developed by the CDC to convene stakeholders, including health departments, to implement the following strategies:[1]

- Building coalitions of stakeholders who are willing to share resources and expertise to fight cancer.
- Using data from cancer registries, behavioral risk factor surveys, and other sources to learn more about the cancers and risk factors that impact their communities most.
- Developing and implementing CCC strategic plans to address the burden.
- Setting priorities and leveraging resources to implement evidence-based interventions that support behavioral lifestyle changes to prevent cancer; ensure access to screening and treatment services.
- Paying special attention to the needs and concerns of groups of people in their communities with poor cancer health outcomes.
- Focusing on the needs and concerns of the cancer survivors and their families in their communities, particularly the survivors' (and their families') physical, financial, and emotional well-being.

Continued tobacco use after treatment increases the risk of a new cancer for up to 20 years after the initial cancer diagnosis.[8]

Decreasing tobacco use as a means of cancer prevention appears in the CCC strategic plans of 48 states and the District of Columbia.[2] See the Resources section on page 12 for a complete listing of state cancer plans. LHDs play an essential role in implementing these strategies at the community level. LHDs can leverage community partnerships and existing resources to ensure their state CCC efforts are realized and sustained.[3]

Tobacco Cessation and Cancer Survivors

Tobacco use is a leading cause of preventable illness and death in the United States and is attributed to 32% of all cancer deaths,[4,5] including cancer of the throat, mouth, nasal cavity, esophagus, stomach, pancreas, kidneys, bladder, and cervix.[6]

Approximately 23% of cancer survivors continue to use tobacco during the first year after diagnosis.[7] Tobacco use, particularly smoking, after a cancer diagnosis may result in treatment delays, treatment complications, worsened prognosis, and diminished quality of life for cancer patients and survivors.

The medical advantages of quitting tobacco after a cancer diagnosis are great. Healing the damage caused by tobacco use leads to decreased risk of a second cancer and longer survival.[8] Quitting smoking has immediate and long-term benefits.[9] Despite evidence about the negative effects of continued tobacco use in cancer patients, tobacco cessation remains a challenge in all communities.

Promoting cessation is an evidence-based practice and a key component of comprehensive tobacco control programs.[10] LHDs can modify existing cessation services and outreach to support cancer survivors in tobacco cessation. By maximizing existing resources, LHDs can play a critical role in improving health outcomes for cancer survivors across the county.

The Role of Local Health Departments in Promoting Tobacco Cessation to Cancer Survivors

A variety of free tobacco cessation resources are available to tobacco users interested in quitting. A list of resources for LHDs is provided beginning on page 12 of this guide. Traditionally, promotion of these resources has focused on cancer prevention. LHDs can take the following steps to expand the reach of existing tobacco cessation resources to ensure they are promoted to and accessible by individuals diagnosed with cancer who want to quit.

Maintain Support of Cessation Resources

Currently, all 50 states have quitlines, telephone-based help lines that offer tobacco cessation counseling, and no-cost nicotine replacement therapy, as available. See page 16 for a complete list of the state quitlines available. Health departments traditionally promote their state's quitline in several ways, including by (1) working with healthcare providers to develop referral systems to link patients to free cessation services; and (2) developing and promoting the quitline through comprehensive media campaigns.

FIGURE 2. HOW LHDS CAN SUPPORT TOBACCO CESSATION FOR CANCER SURVIVORS

The **following table** describes tobacco cessation interventions that LHDs can use to expand the accessibility of cessation services to cancer patients and survivors.

TABLE 1. TOBACCO CESSATION RESOURCES, DESCRIPTION, AND LHD ROLES

Resource	Description and LHD Role
QUITLINE REFERRAL	Each state has a quitline dedicated to offering free behavioral counseling to help tobacco users develop and adhere to a personalized quit plan. Some quitlines also offer free nicotine replacement therapy and expanded services for cancer survivors. The Stories from the Field section of this guide on page 10 shares an example of quitline referral for cancer survivors. The Resources section of this guide on page 16 lists the state quitlines. LHDs can promote quitline services by doing the following: • Creating targeted advertising and messaging; • Educating community members; and • Engaging healthcare systems and providers.
INDIVIDUAL OR GROUP COUNSELING	Individual and group counseling are shown to increase the likelihood of tobacco cessation for cancer survivors and are available at no cost in many communities.[11] LHDs can promote individual and group counseling in the following ways: • Training staff to provide services; • Promoting existing services using targeted communications; • Referring clients to classes; and • Providing space to host classes.
NICOTINE REPLACEMENT THERAPY	Nicotine replacement therapy (NRT) is an FDA-approved form of cessation medication. Use of NRT substantially increases the chance of quitting smoking.[12] Types of NRT include adhesive patches, chewing gum, lozenges, nasal sprays, and inhalers. The Stories from the Field section of this guide on page 9 shares an example of making NRT available using "Quitkits." LHDs can promote NRT by doing the following: • Educating community members; • Engaging healthcare systems and providers; • Funding NRT for cancer survivors; and • Promoting community services that provide NRT free of charge, such as some quitlines.

Educate Healthcare Providers to Link Cancer Survivors to Cessation Services

Healthcare providers play an important role in helping cancer patients and survivors quit tobacco use.[11] In a 2010 survey of smokers, fewer than half (48.3%) were advised to quit tobacco during a healthcare visit over the past year.[13]

LHDs can work with primary care providers and oncologists to increase tobacco cessation counseling and referral among cancer survivors. A list of resources that can be shared with healthcare providers can be found on page 13 of this guide.

LHDs can educate healthcare providers on The 5 A's, shown in **Figure 3**, a clinical method for screening patients for tobacco use and furnishing them with and/or referring them to cessation treatments. LHDs can also train healthcare providers and office staff in the use of Fax-to-Quit or e-referral programs that involve electronic health records. These programs allow for immediate referral of a patient to a quitline. First, contact with the patient is made by the service, thus eliminating the need for the patient to follow up. An example of a Fax-to-Quit form is given on page 11. In addition to educating primary healthcare providers about patient referral, LHDs can encourage oncologists to include tobacco cessation in cancer survivorship care plans.

The 5 A's approach calls upon healthcare providers to ask all patients about tobacco use and advise tobacco users to quit. The 5 A's then provides an assessment and intervention framework that will help providers develop an effective cessation intervention plan.

FIGURE 3. THE 5 A'S MODEL

The 5 A's

A tobacco cessation intervention model for healthcare providers

ASK	Identify and document tobacco use status for every patient at every visit.
ADVISE	In a clear, strong, and personalized manner, urge every tobacco user to quit.
ASSESS	Is the tobacco user willing to make a quit attempt at this time?
ASSIST	For the individual willing to make a quit attempt, prescribe counseling and (unless contraindicated) pharmacotherapy to assist.
ARRANGE	Schedule follow-up contact, in person or by telephone, preferably within one week after the quit date.

Develop Targeted Messaging to Promote Tobacco Cessation

LHDs often promote tobacco quitlines using messaging developed and disseminated within their communities. Traditionally, messaging has focused on prevention of illnesses, including cancer. LHDs can expand this messaging to focus on cancer survivors as well. This guide provides a list of media resources available to LHDs starting on page 15. See **Figure 4** for an example of an advertisement that was modified to communicate with cancer survivors.

FIGURE 4. QUITLINE ADVERTISING MODIFIED FOR CANCER SURVIVOR AUDIENCES[5,7]

Local Health Department Stories from the Field

As the agencies on the front lines of public health in communities, LHDs have the statutory authority to implement policies and programs that ensure cancer survivors have access to tobacco cessation services regardless of their socioeconomic status. LHDs also collaborate with other sectors of the community to create changes in systems and environments to increase the use of cessation services. Following are two examples of local tobacco cessation efforts.

Nicotine Replacement Therapy:

New York City Department of Health and Mental Hygiene

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New York State Department of Health's quitline collaborated with the New York City Department of Health and Mental Hygiene to promote a limited-time distribution of NYC QuitKits, tobacco cessation services provided free-of-charge to residents who reported tobacco use and a desire to quit. NYC QuitKits included a coaching guide in different languages and a two-week supply of patches and/or gum depending on the number of cigarettes smoked daily. The state quitline also provided follow-up support in the form of phone calls and e-mails to prevent relapse.

The Department of Health's Nicotine Patch and Gum Program developed a marketing campaign, "Quitting is Hard, Cancer is Harder," featuring a 39-year-old former smoker and stage 4 lung cancer survivor.

To support the campaign, the LHD developed and launched a robust local-level mass marketing plan, placing advertisements on TV, on social media, in newspapers, and on the radio. The LHD also paid to place campaign print ads in the subway, on buses, at bus stops, and on the Staten Island Ferry. The combination of broad promotion/outreach and the time-limited programmatic design, which reminded residents they only had a few days left to receive the services, drove callers to the Quitline. New York City Department of Health and Mental Hygiene is a model for what LHDs can do to create targeted messages. This successful strategy can be replicated by other LHDs to target cancer survivors.

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Quitline Referral:

Ingham County Health Department

Ingham County Health Department in Michigan, in collaboration with the Michigan Cancer Consortium and Michigan Department of Health and Human Services, launched a tobacco cessation demonstration project. The project was initiated in response to a high incidence of cancer patients and survivors in Ingham County who used tobacco products, a problem exacerbated because medical centers in the area were not referring these patients to existing, free cessation services.

This partnership resulted in new QuitLine screening questions to identify cancer patients and survivors from Ingham County. Once identified, cancer patients and survivors immediately qualified to receive free nicotine patches, gum, and lozenges, as a supplement to the QuitLine's telephonic counseling.

Through this partnership, the Michigan Cancer Consortium worked with the Ingham County Health Department to engage and train 19 local medical centers and Ingham County Health Department clinic staff on evidence-based tobacco cessation intervention strategies, the effects of tobacco use on cancer treatment, and data management for patient referrals and follow-up. The participating provider offices and clinics identified tobacco use behaviors in all patient records and implemented the Fax-to-Quit component of the project to prompt a tobacco cessation intervention for all patients with cancer diagnoses.

For any cancer patient or survivor who reported using tobacco, the Fax-to-Quit form was completed and sent to the Michigan Tobacco QuitLine. This system allowed the QuitLine to initiate contact with the patient. This technique increased enrollment in the QuitLine and provided important counseling support and services to people who may not have had access. See **Figure 5** on page 11 for the Fax-to-Quit form.

LHDs can play an important role in linking cancer survivors to cessation services.

FIGURE 5. MICHIGAN FAX-TO-QUIT FORM

PATIENT FAX REFERRAL FORM **Fax to: 1-800-261-6259**

Today's Date _____

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Michigan Tobacco Quitline.

PROVIDER(S): Complete this section

Provider name _____ Contact Name _____

Clinic/Hosp/Dept _____ E-mail _____

Address _____ Phone ( ) -

City/State/Zip _____ Fax ( ) -

Does patient have any of the following conditions: ☐pregnant ☐uncontrolled high blood pressure ☐heart disease

If yes, please sign to authorize the Michigan Tobacco Quitline to send the patient free, over-the-counter nicotine replacement therapy if available. If provider does not sign and the patient has any of the above listed conditions, the Michigan Tobacco Quitline cannot dispense medication.

Provider Signature _____

Please Check: ☐ Patient agreed with clinician to be referred to the Michigan Tobacco Quitline.

PATIENT: Complete this section

_____ *Initial* Yes, I am ready to quit and ask that a quitline coach call me. I understand that the Michigan Tobacco Quitline will inform my provider about my participation.

Best times to call? ☐morning ☐afternoon ☐evening ☐weekend

May we leave a message? ☐Yes ☐No

Are you hearing impaired and need assistance? ☐Yes ☐No

Date of Birth? / / Gender ☐M ☐F

Patient Name (Last) _____ (First) _____

Address _____ City _____ State _____

Zip Code _____ E-mail _____

Phone #1 ( ) - Phone #2 ( ) -

Language ☐English ☐Spanish ☐Other _____

Patient Signature _____ Date _____

PLEASE FAX TO: 1-800-261-6259

Or mail to: Michigan Tobacco Quitline., c/o National Jewish Health®, 1400 Jackson St., S117A, Denver, CO 80206

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

Conclusion

Tobacco cessation services must be made available to cancer patients and survivors to improve short- and long-term health outcomes. LHDs play an important role in linking cancer survivors to cessation services. The preexisting tools and resources available for tobacco cessation can be modified by LHDs to target cancer survivors.

LHDs can take the following steps to expand the reach of these resources:

- Maintain support of cessation services;
- Educate healthcare providers and encourage them to link cancer survivors to cessation services; and
- Develop targeted messaging and advertising campaigns to promote tobacco cessation.

Resources

Audio/Video

National Association of County and City Health Officials	• Screencast: How to Fund Local Tobacco Cessation Efforts for Survivors, http://bit.ly/2acoLpp • Webinar: Moving toward Integration of Tobacco Cessation in Cancer Survivorship Care Plans, http://bit.ly/2aHJnEj

Brochures

National Cancer Institute	• Clearing the Air, http://bit.ly/2aees19 • Forever Free Series Booklet #1: Overview, http://bit.ly/2aeGr3W • Forever Free Series Booklet #2: Smoking Urges, http://bit.ly/2aitNS8 • Forever Free Series Booklet #3: Smoking and Weight, http://bit.ly/2a2jOfz • Forever Free Series Booklet #4: What if You Have a Cigarette? http://bit.ly/2a8VVsq • Forever Free Series Booklet #5: Your Health, http://bit.ly/2aHKsfl • Forever Free Series Booklet #6: Smoking, Stress, and Mood, http://bit.ly/2aunX16 • Forever Free Series Booklet #7: Lifestyle Balance, http://bit.ly/2a77xIg • Forever Free Series Booklet #8: Life without Cigarettes, http://bit.ly/2aufg3N

Data and Statistics

American Cancer Society	• Cancer Facts and Figures 2017, http://bit.ly/2ksCPAg
Centers for Disease Control and Prevention	• Smoking and Tobacco Use Data and Statistics webpage, http://bit.ly/2aeHiBG

Fact Sheets for Tobacco Control Programs

American Lung Association	• Coverage of Tobacco Cessation Medications in Medicaid, http://bit.ly/2ackDp8 • Tobacco Cessation as a Preventive Service, http://bit.ly/2aiwsLK • Tobacco Cessation Treatment and Medicaid in the Affordable Care Act, http://bit.ly/2arckGG • Tobacco-Related Provisions of the Affordable Care Act, http://bit.ly/2aix0Bb

Resources

Guidelines for Tobacco Control Programs

Centers for Disease Control and Prevention	• Best Practices for Comprehensive Tobacco Control Programs, http://bit.ly/1L41SOp » Infrastructure, Administration, and Management, http://bit.ly/2a4vl9B » Funding, http://bit.ly/1AYf84w » Surveillance and Evaluation, http://bit.ly/2auguMD » State and Community Interventions, http://bit.ly/2aegs9G » Cessation Interventions, http://bit.ly/2aclnKF » Mass-Reach Health Communication Interventions, http://bit.ly/2bfQqVs • Achieving Equity by Identifying and Eliminating Tobacco-related Disparities, http://bit.ly/2aHN0da
Department of Health and Human Services	• 2014 Surgeon General's Report—The Health Consequences of Smoking: 50 Years of Progress, http://bit.ly/1kyA1f3
National Association of County and City Health Officials	• Best Practices for Comprehensive Tobacco Control Programs at the Local Level, http://bit.ly/22dKAqH
U.S. Preventive Services Task Force	• The Guide to Community Preventive Services, http://bit.ly/1PjBdAv

Healthcare Provider Materials and Resources

Agency for Healthcare Research Quality	• Five Major Steps to Intervention (The "5 A's"), http://bit.ly/2aiygnK
American Cancer Society	• American Cancer Society Prevention, Early Detection, and Survivorship Guidelines, http://bit.ly/2arcnCA
American College of Surgeons	• Quit Smoking Before Surgery Program, http://bit.ly/2arcMVr
American Lung Association	• Coverage of Tobacco Cessation Medications in Medicaid, http://bit.ly/2ackDp8 • Tobacco Cessation as a Preventive Service, http://bit.ly/2aiwsLK • Tobacco Cessation Treatment and Medicaid in the Affordable Care Act, http://bit.ly/2arckGG • Tobacco-Related Provisions of the Affordable Care Act, http://bit.ly/2aix0Bb

Resources

Healthcare Provider Materials and Resources, cont.	
American Society of Clinical Oncology	• Cancer Treatment and Survivorship Care Plans, http://bit.ly/1Hd7O9k • Key Components of Survivorship Care, http://bit.ly/2a2lDsO • Tobacco Cessation Guide for Oncology Providers, http://bit.ly/2auqsjU
Centers for Disease Control and Prevention	• Fact Sheet: What to Tell your Patients About Smoking, http://bit.ly/2aszsGo
GW Cancer Institute	• National Cancer Survivorship Resource Center Toolkit, http://bit.ly/2a8YRp4
Journey Forward	• Cancer Care Plan Builder, http://bit.ly/2a4AYd8
National Cancer Institute	• Smoking in Cancer Care PDQ , http://bit.ly/2a2mSIx
Substance Abuse and Mental Health Services Administration	• Tobacco Cessation Toolkit, http://bit.ly/1sEx97a
University of California, San Francisco	• Smoking Cessation Leadership Center, tools for providers webpage, http://bit.ly/2abpKm6
University of Texas, MD Anderson Cancer Center	• Tobacco Cessation Course, http://bit.ly/2aujg4k
U.S. Preventive Services Task Force	• Guide to Clinical Preventive Services, http://bit.ly/2aiCqfv

Resources

Media	
American Cancer Society	• Great American Smokeout Toolkit for Healthcare Systems, http://bit.ly/2axpoJa
Centers for Disease Control and Prevention	• Tips from Former Smokers Campaign, http://bit.ly/1BI4tw9 • Media Campaign Resource Center, http://bit.ly/2a4AwvN

Web-based Information and Education for the Public	
American Cancer Society	• Guide to Quitting Smoking, http://bit.ly/1ltRoxc • Smoking and Cancer Treatment: Danger Ahead blog post, http://bit.ly/2aeJVU6 • Stay Away from Tobacco webpage, http://bit.ly/1S2L9OQ
American Heart Association	• Quit Smoking webpage, http://bit.ly/1S2L9OQ
American Lung Association	• Stop Smoking webpage, http://bit.ly/1qcswNw
Centers for Disease Control and Prevention	• Basic Information on Smoking and Tobacco Use webpage, http://bit.ly/1QygVp2
CVS Health	• Everybody Loves a Quitter webpage, http://bit.ly/1xcYs6E
National Cancer Institute	• Harms of Cigarette Smoking and the Benefits of Quitting webpage, http://bit.ly/1T9yTyE • Light Cigarettes and Cancer Risk, http://bit.ly/2aeK0qR • Smokefree.gov website, http://bit.ly/1XwmOr9

Resources

Tobacco Quitlines and Cancer Control Plans

Each state and the District of Columbia has a comprehensive cancer control strategic plan. LHDs can align their local work with these plans, linked below.

All 50 U.S. states, the District of Columbia, Puerto Rico, and Guam operate quitlines that can be accessed through 1-800-QUIT-NOW. This toll-free number automatically transfers callers to their state quitline. This easy-to-remember number allows for national promotion of quitline services. Healthcare professionals can refer patients who are interested in quitting to 1-800-QUIT-NOW. Additional promotion information is available on the website for each state quitline.

STATE	COMPREHENSIVE CANCER CONTROL PLAN	QUITLINE
Alabama	The Path to Cancer Control in Alabama, http://bit.ly/2aFYQoo	https://alabama.quitlogix.org
Alaska	Alaska Comprehensive Cancer Control Plan, http://bit.ly/2a0aNDI	http://alaskaquitline.com
Arizona	Arizona Cancer Control Plan, http://bit.ly/2aeMFS4	http://www.ashline.org
Arkansas	Arkansas Cancer Plan: A Framework for Action, http://bit.ly/2a8MMKf	http://www.stampoutsmoking.com
California	California's Comprehensive Cancer Control Plan, http://bit.ly/2aoxKnZ	http://www.nobutts.org
Colorado	The Colorado Cancer Plan, http://bit.ly/2ariipB	https://www.coquitline.org
Connecticut	The Connecticut Cancer Plan 2014-2017, http://bit.ly/2alEYrL	http://www.ct.gov/dph/tobacco
Delaware	Making Progress, Making a Difference. Turning Action into Results: The Next Five-Year Plan, http://bit.ly/2aG7l2y	http://dhss.delaware.gov/dph/dpc/quitline.html
District of Columbia	District of Columbia Cancer Control Plan 2013–2018, http://bit.ly/2ar3Z6b	http://doh.dc.gov/service/smoking-cessation-programs
Florida	The Florida State Cancer Plan 2010, http://bit.ly/2aoziyk	http://www.tobaccofreeflorida.com
Georgia	Georgia Cancer Plan 2014–2019, http://bit.ly/2atbPOg	https://dph.georgia.gov/ready-quit
Hawaii	Hawai'i State Cancer Plan 2010–2015, http://bit.ly/2aeQ83b	http://www.hawaiiquitline.org
Idaho	Comprehensive Cancer Alliance for Idaho, Strategic Plan Objective 2011–2015, http://bit.ly/2aoBWUF	http://projectfilter.org
Illinois	Illinois Comprehensive Cancer Control Plan 2012–2015, http://bit.ly/2adI3bl	http://www.quityes.org
Indiana	Indiana Cancer Control Plan, http://bit.ly/2aaOU49	http://www.indianaquitline.net
Iowa	Iowa Cancer Plan, 2012–2017, http://bit.ly/2a1Ryd6	http://www.quitlineiowa.org

Resources

STATE	COMPREHENSIVE CANCER CONTROL PLAN	QUITLINE
Kansas	Kansas Cancer Prevention and Control Plan 2012 -2016, http://bit.ly/2a8ue	http://www.kdheks.gov/tobacco/cessation.html
Kentucky	Cancer Action Plan: A Blueprint for Cancer Prevention and Control in Our State, http://bit.ly/2aqMp1P	http://www.quitnowkentucky.org
Louisiana	Louisiana Comprehensive Cancer Control Plan 2011–2015, http://bit.ly/2ai0dfD	http://quitwithusla.org
Maine	Maine Comprehensive Cancer Control Plan 2011–2015, http://bit.ly/2ac6k3C	http://www.tobaccofreemaine.org/quit_tobacco/Maine_Tobacco_HelpLine.php
Maryland	Maryland Comprehensive Cancer Control Plan, http://bit.ly/29X1ER2	http://www.smokingstopshere.com
Massachusetts	Massachusetts' Comprehensive Cancer Prevention and Control Plan 2012–2016, http://bit.ly/2aHBwGO	http://makesmokinghistory.org/quit-now/
Michigan	Comprehensive Cancer Control Plan for Michigan 2009–2015 Mapping a Course for Excellence in Michigan, http://bit.ly/2a28qAl	https://michigan.quitlogix.org
Minnesota	Cancer Plan Minnesota 2011–2016, http://bit.ly/2ae28OF	http://www.quitplan.com
Mississippi	Mississippi Comprehensive Cancer Control Plan, http://bit.ly/2auTEHt	http://www.quitlinems.com
Missouri	The Burden of Cancer in Missouri: A Comprehensive Analysis and Plan 2010—2015, http://bit.ly/2a2aQis	http://on.mo.gov/15JuGwt
Montana	Montana Comprehensive Cancer Control Plan 2016–2021, http://bit.ly/2askfpb	http://tobaccofree.mt.gov
Nebraska	Nebraska Comprehensive Cancer Control State Plan 2011–2016, http://bit.ly/2a2bXyy	http://www.quitnow.ne.gov
Nevada	Nevada State Cancer Plan 2016–2020 Refining Strategies for the Future of Cancer Control in Nevada, http://bit.ly/2a6Zj2P	https://nevada.quitlogix.org
New Hampshire	New Hampshire Comprehensive Cancer Control Plan 2010–2014, http://bit.ly/2abeBBQ	http://www.trytostopnh.org
New Jersey	Comprehensive Cancer Control Plan: Task force on Cancer Prevention, Early Detection and Treatment in New Jersey 2008–2012, http://bit.ly/2aHFv68	http://www.njquitline.org
New Mexico	New Mexico Cancer Plan 2012–2017, http://bit.ly/2aHFIXb	http://www.quitnownm.com
New York	2012–2017 New York State Comprehensive Cancer Control Plan, http://bit.ly/29X6xcu	http://www.nysmokefree.com
North Carolina	A Call to Action: North Carolina Comprehensive Cancer Control Plan 2014–2020, http://bit.ly/2au6S4k	http://www.quitlinenc.com
North Dakota	North Dakota Cancer Control Plan 2011–2016, http://bit.ly/2ae9gum	http://www.ndhealth.gov/ndquits

Resources

STATE	COMPREHENSIVE CANCER CONTROL PLAN	QUITLINE
Ohio	The Ohio Comprehensive Cancer Control Plan 2011–2014, http://bit.ly/2asogK4	https://ohio.quitlogix.org
Oklahoma	Cut Out Cancer in Oklahoma: Oklahoma Cancer State Plan 2006–2010, http://bit.ly/2ar54Le	http://www.ok.gov/helpline/
Oregon	Oregon Comprehensive Cancer Plan: Our Call to Action 2005–2010, http://bit.ly/2ar5gKo	https://www.quitnow.net/oregon/ or http://smokefreeoregon.com/resources/quit/i-want-to-quit/
Pennsylvania	2013–2018 Pennsylvania Cancer Control Plan, http://bit.ly/2a8SOAY	http://bit.ly/2a5o8LT
Rhode Island	Rhode Island Cancer Prevention and Control, 2013–2018 Strategic Plan, http://bit.ly/2a4lcPQ	https://ri.quitlogix.org
South Carolina	South Carolina 2011–2015, http://bit.ly/2anHYUh	http://www.scdhec.gov/quitforkeeps
South Dakota	South Dakota Comprehensive Cancer Control State Plan 2015–2020, http://bit.ly/29X9ES3	http://www.sdquitline.com
Tennessee	State of Tennessee Cancer Plan 2013–2017, http://bit.ly/2aiqBpE	http://www.tnquitline.org
Texas	Texas Cancer Plan 2012, http://bit.ly/2audW0K	http://www.dshs.state.tx.us/tobacco/quityes.shtm
Utah	Utah's Comprehensive Cancer Prevention and Control Plan, 2011–2015, http://bit.ly/2a2kSQq	http://waytoquit.org
Vermont	2016–2020 Vermont Cancer Plan a Framework for Action, http://bit.ly/2ar9HEY	http://802quits.org or https://vermont.quitlogix.org
Virginia	Virginia Cancer Plan 2013–2017, http://bit.ly/2anKEBp	https://www.quitnow.net/virginia/
Washington	The Washington State Plan for Healthy Communities, http://bit.ly/2a77XhW	http://www.quitline.com
West Virginia	The West Virginia Center Control Plan, http://bit.ly/2abmR4H	http://www.wvquitline.com
Wisconsin	Wisconsin's Comprehensive Cancer Control Plan 2010–2015, http://bit.ly/2a78kJg	http://www.wiquitline.org
Wyoming	Wyoming Cancer Control Plan 2011–2015, http://bit.ly/2a8XDtQ	https://wyo.quitlogix.org
Guam	Guam Comprehensive Cancer Control Plan 2013–2017, http://bit.ly/2bG7jd0	http://livehealthy.guam.gov
Puerto Rico	Puerto Rico Comprehensive Cancer Control Plan 2015–2020, http://bit.ly/2bgp3id	http://www.salud.gov.pr/pages/home.aspx

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