

FY2019 Annual Evaluation Report

Prepared for the

Office of Tobacco Control
Mississippi State Department of Health

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Report By

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Introduction

Since its inception in 2007, the Mississippi State Department of Health Office of Tobacco Control has been developing and implementing evidence-based tobacco programs and cessation interventions to both decrease the use of tobacco products among youth and adults and to increase awareness about the health risks involved in tobacco use. In 2014, the Centers for Disease Control and Prevention (CDC) developed the Best Practices for Comprehensive Control Programs for tobacco control networks across the country. In fiscal year 2019, Mississippi's OTC continued to incorporate the program components into its annual plan. They are as follows:

1. Administration and Management:

- Strategic Plan approved and in place for 2019-2023
- Contracts and grants management
- Financial management system that tracks allocations and expenditure of funds
- Recruitment of staff
- Program contracts and grants awards

2. Community Programs:

Mississippi Tobacco free Coalitions (MTFC's)

- 34 coalitions with a presence in all 82 counties
- Charged with providing awareness activities, advocacy and policy work, cessation services awareness, youth programmatic activities and communications for adults and children/youth in their service areas

3. Youth Programs:

- Administered through a grant provided to the Partnership for a Healthy Mississippi (PHM) NOTE: Contract ended June 30, 2019.
- Generation FREE activities in grades 7-12
- RAT Activities in grades K-6
- RAT Troupe Performances in grades K-6
- Development and implementation of regional youth programming and training

4. Statewide Systems Change Interventions

- Mississippi Academy of Family Physicians Foundation (MAFPF)

- Mississippi Chapter of the American Academy of Pediatrics (MSAAP)
- The Institute for Disability Studies (IDS)
- The Community Health Center Association of Mississippi (CHCAMS) formerly known as the Mississippi Primary Health Association (MPHA)

5. Tobacco Cessation

- Mississippi Tobacco Quitline
- ACT Center for Tobacco Treatment, Education and Research

6. Surveillance and Evaluation

- The Mississippi Tobacco Data Project located at Mississippi State University's Social Science Research Center (SSRC)
- Evaluation services located at Mississippi State University's Social Science Research Center

Since the evaluation services were moved to the SSRC in 2015, the evaluation team has used a process evaluation approach for its mid-year and annual reports. Expanded from the model employed by the former evaluators located at the University of Southern Mississippi, the reports have included qualitative pieces and visual imagery to enhance the quantitative data collected through the online reporting system, TRAPS. Quantitative research methods include the development and dissemination of surveys to measure participant understanding of specific programs and to identify the source of the program's problems. Tracking data is also crucial to a process evaluation. Because of the TRAPS system and OTC's requirements that grantees' work be documented in a timely manner, detailed reviews of grantee work are made possible. Process evaluation is traditionally used to identify ways to improve programs, monitor program implementation, build effective program models, and demonstrate accountability.

This process evaluation indicates that most grantees met their contractual obligations to build and lead efforts to raise awareness and advocate for policy change across the state. Moreover, surveillance data demonstrates substantial increases in the number of local smoke-free ordinances; reductions in past 30-day use of cigarettes, cigars, and smokeless tobacco products among Mississippi youth; and reductions in current cigarette smoking among Mississippi adults. Whereas, it is not possible to make strong statements about the causal relationship between these programmatic activities and these desirable tobacco control outcomes, the result of following successfully implemented programs is highly consistent with the hypothesis that that these programs were effective and are improving the health of Mississippians.

The Mississippi Tobacco Control Network has adopted a Five-Year Strategic Framework aimed at ultimately reducing the disease and economic burden that tobacco puts on Mississippians and therefore improving their health. The 2019-2023 Action Plan outlines four

strategic direction goals beginning with first year targeted accomplishments and ending with year five success indicators. Among the objectives is the increased utilization and enforcement of existing policies that support tobacco control. Efforts are being made through the work of the Mississippi Tobacco Free Coalitions to build grassroots capacity to advocate for passage of more smoke-free ordinances in municipalities and counties across the state. An effective way to do so is through the training and advocacy of youth partners who have been effective in their efforts to advocate in both their schools and their communities. Youth advocates also are effective in peer-to-peer efforts to encourage their friends to become more aware of the dangers of electronic cigarettes.

Methodology

The Fiscal Year 2018-2019 report marks the fourth developed by the evaluation team at Mississippi State University's Social Science Research Center. Over the four years, the evaluation team has implemented an evaluation system that includes site visits and telephone interviews to grantees. The team is also available for technical assistance when needed. Periodically the evaluation team may reach out to grantees for clarification of data uploaded or collected in the TRAPS system.

The MTFC directors receive one site visit and one telephone interview per year. Because the scope of work is so detailed, it is important to have these two check-ins annually. The site visits provide the directors with a better understanding of how they may adequately reflect their work within the context of the online reporting system. The visits also assist the evaluators in determining the strengths and weaknesses of each director.

The six-month assessment of all OTC grantees was conducted between December 2018 and February 2019 with the report presented to OTC staff on February 28, 2019. For the first time, the assessment was requested a month prior to the previous deadline of March 30th. The report represented more of a snapshot of work completed to date instead of a text heavy document. Reports were pulled from the data portal in early January after all grantees were notified of the specific date. Evaluators conducted site visits to 19 MTFC directors during January and February. The remaining received telephone interviews.

The scope of work contractual areas that were assessed included:

- Timely online reporting
- Coalition building and organization
- Awareness activities
- Advocacy and policy
- Youth advocacy
- Communications
- Cessation
- Programmatic Activities

The average time spent per evaluation was approximately one and a half hours in which directors were asked specific questions related to their work. Each was asked to describe their challenges, and discussion followed on how problem areas could be resolved. Templates outlining all scope of work requirements were used as checklists to ensure that the directors were on track at the six-month period for completion of requirements prior to the end of the fiscal year.

In July, the evaluation process was repeated with reports pulled from TRAPS during the first week in the month. Unfortunately, evaluation efforts were decreased due to a medical situation with one of the two evaluators. Because of this, no site visits or telephone evaluations were conducted during the second half of the contract year.

MTFC Project Director Survey

In the Spring of 2019, evaluators collaborated with OTC administrators and branch directors to develop an electronic survey instrument designed to learn how MTFC Project Directors view their work as well as the support they receive from OTC personnel, evaluators and their community stakeholders. The survey was a recommendation made by the evaluation team for the Fiscal Year 2018 final report. Thirty-two of the 34 directors participated in the survey. Most project directors identified talking to policy makers and advocating for policy change as areas where more training should be provided. Nearly thirty percent (28.8%) said the transitions among directors and OTC personnel in recent years had impacted their work. The majority (90.6%) said they believed their coalition had positively changed community attitudes about tobacco.

Figure 1.

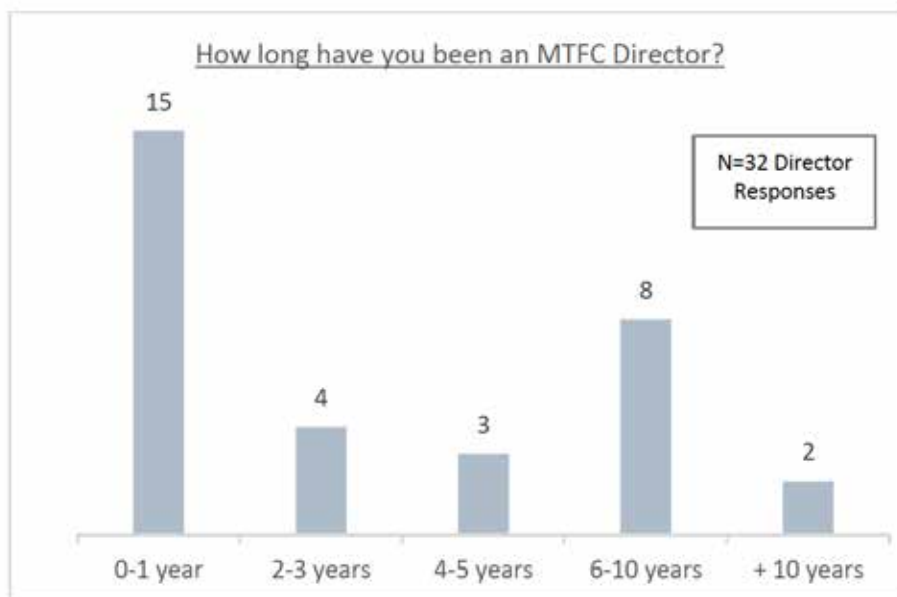


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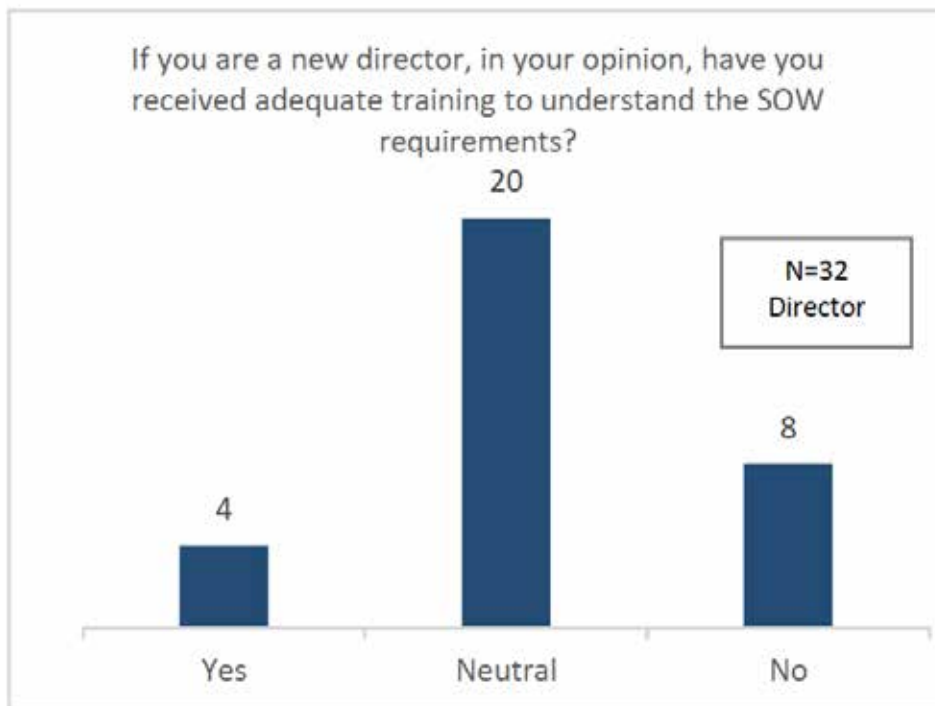


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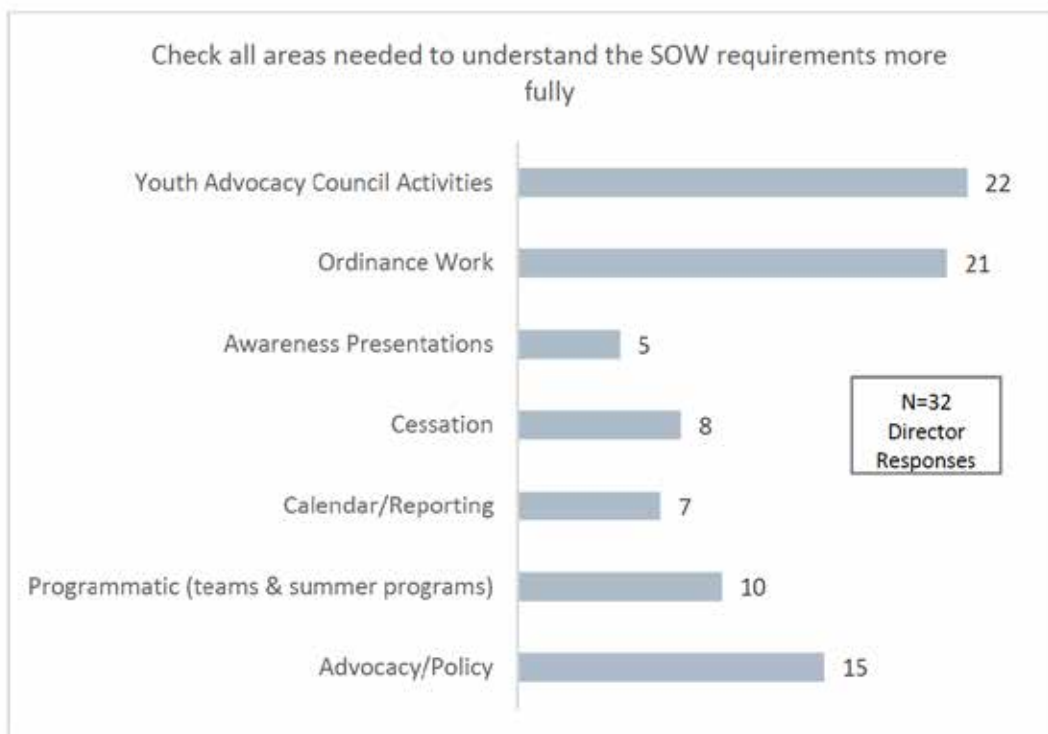


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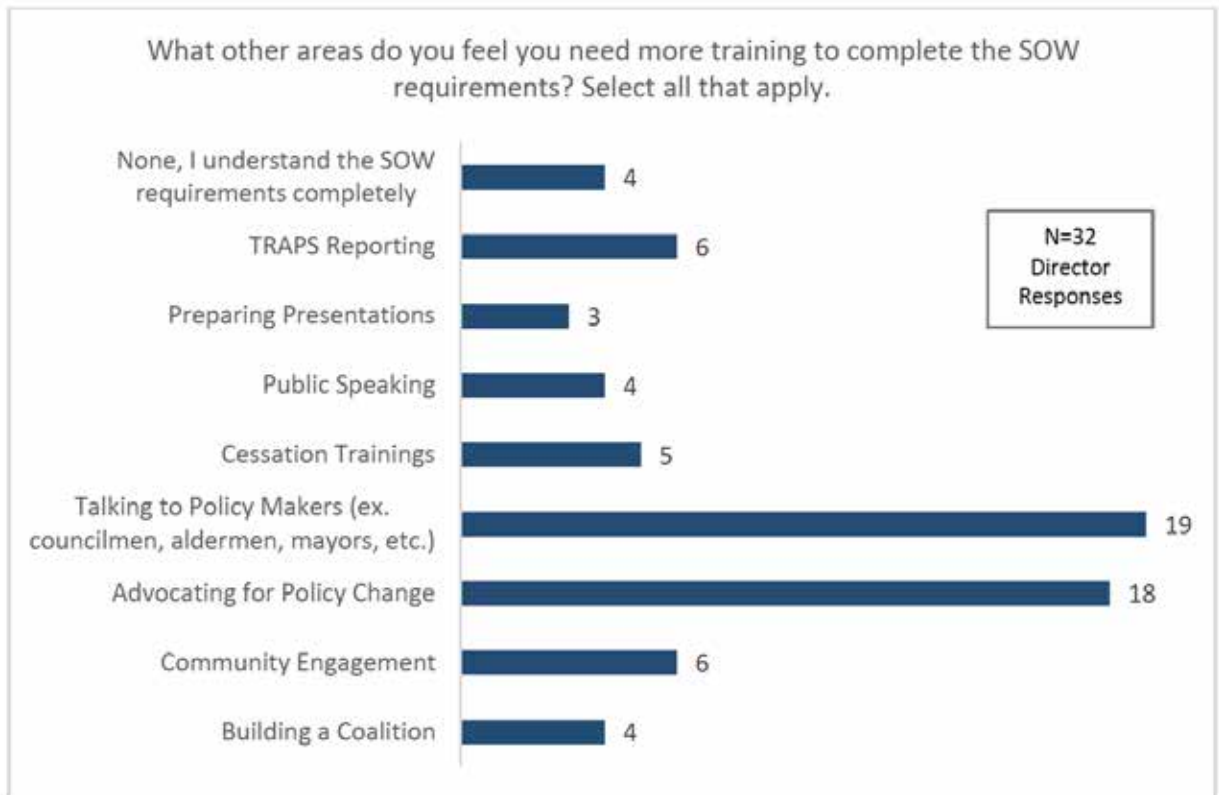


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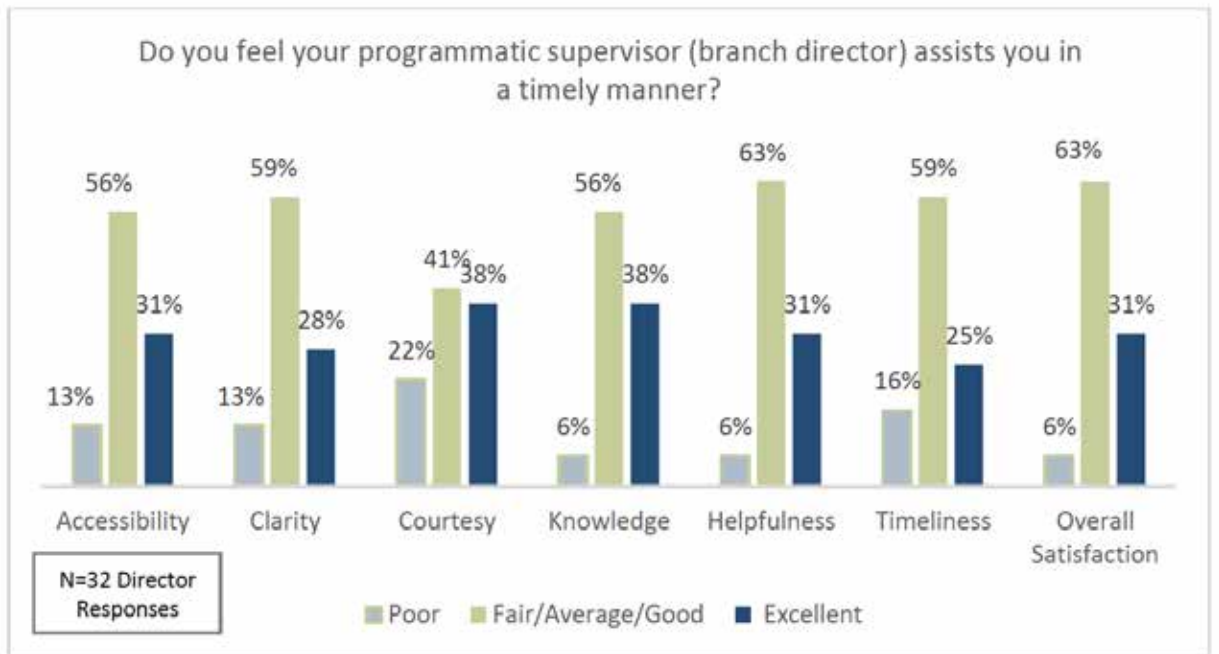


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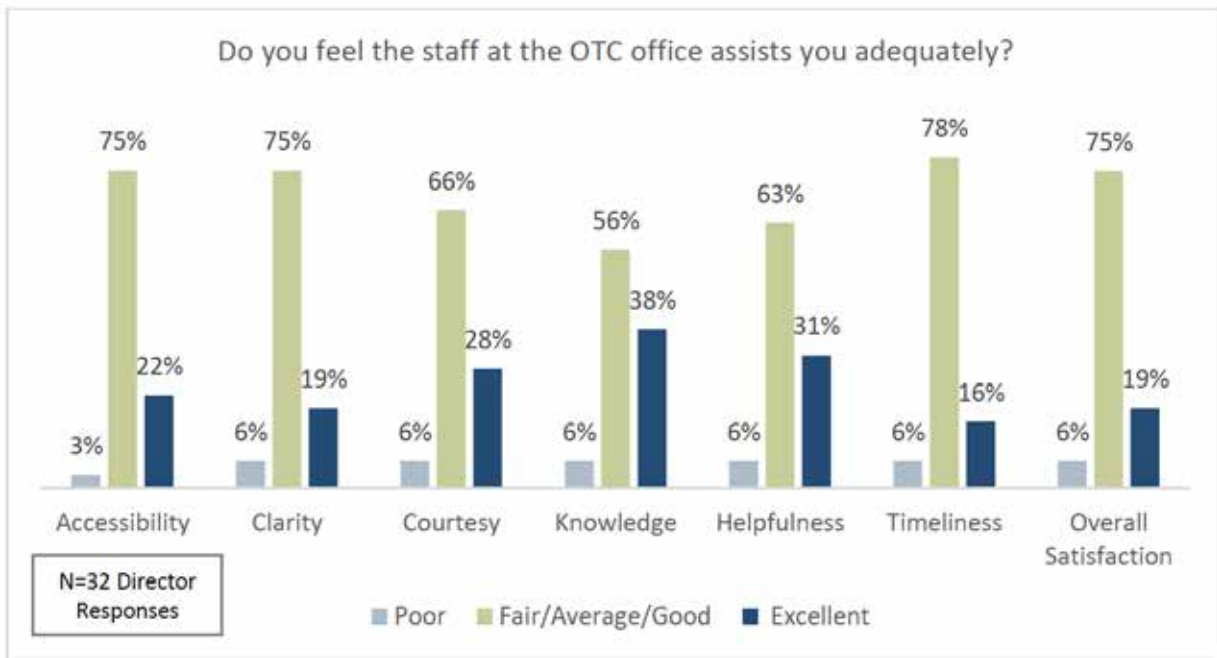


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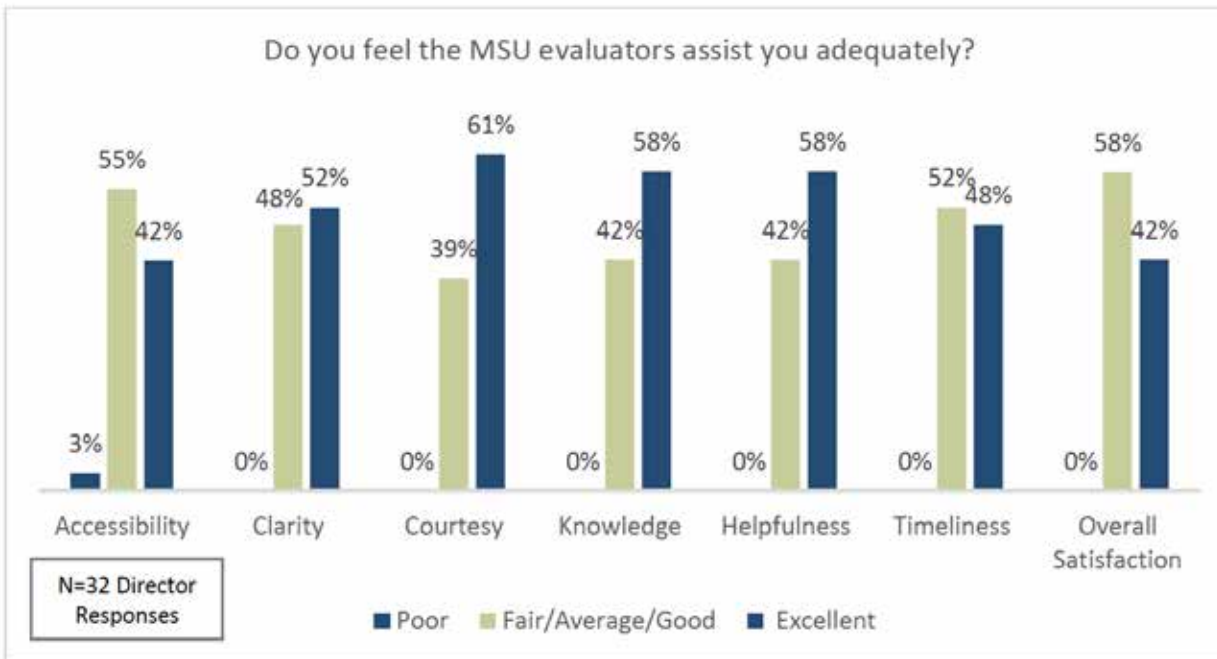


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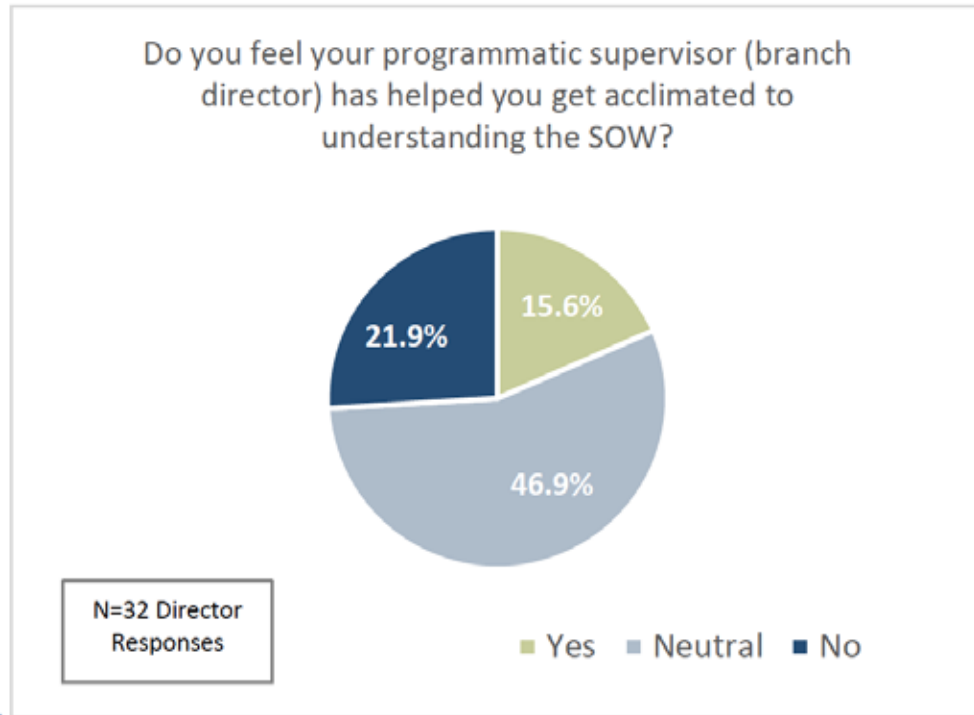


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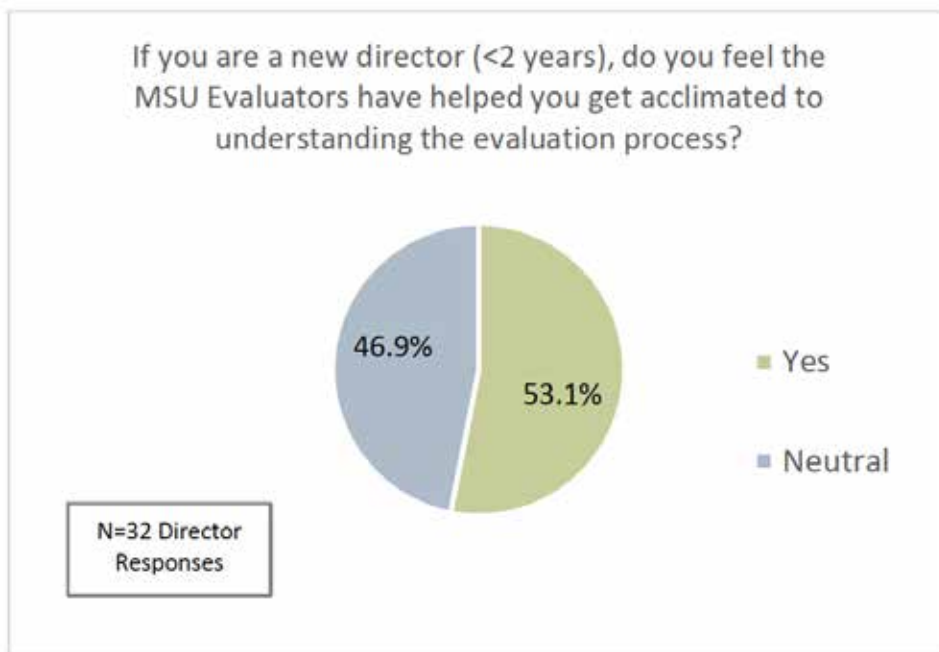


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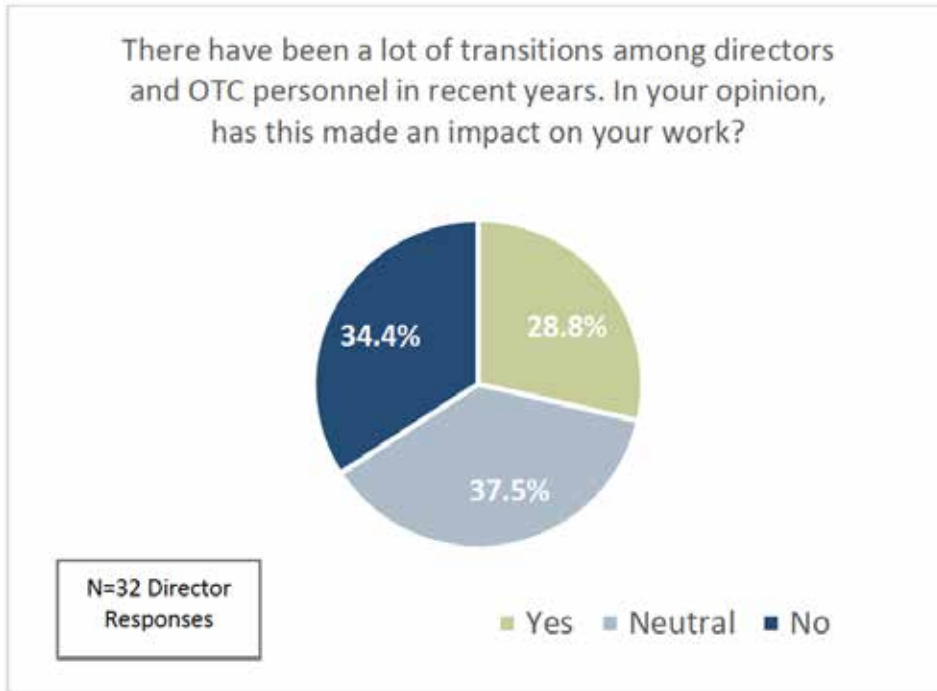


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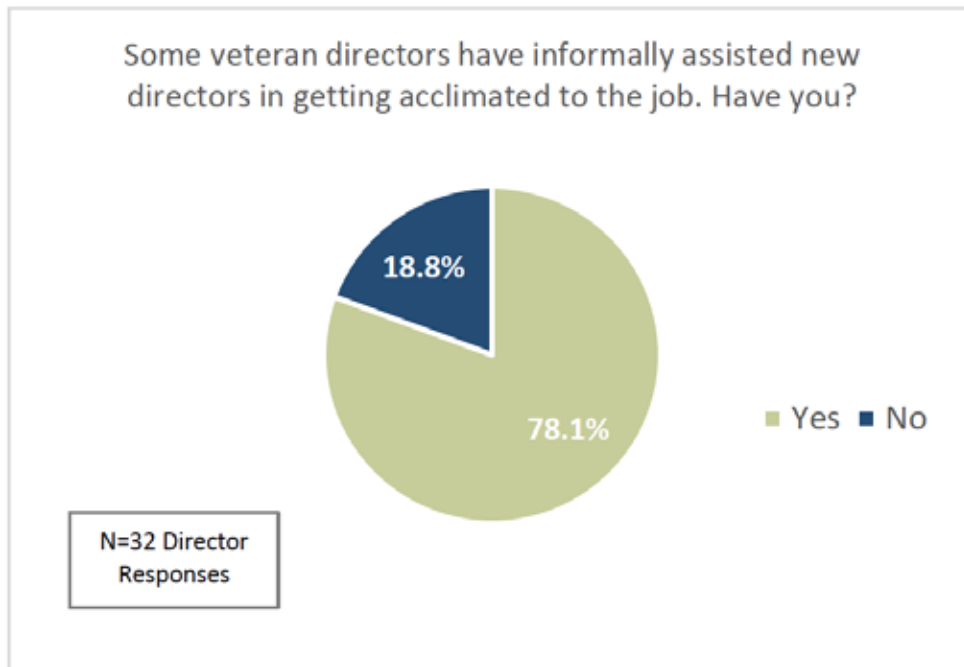


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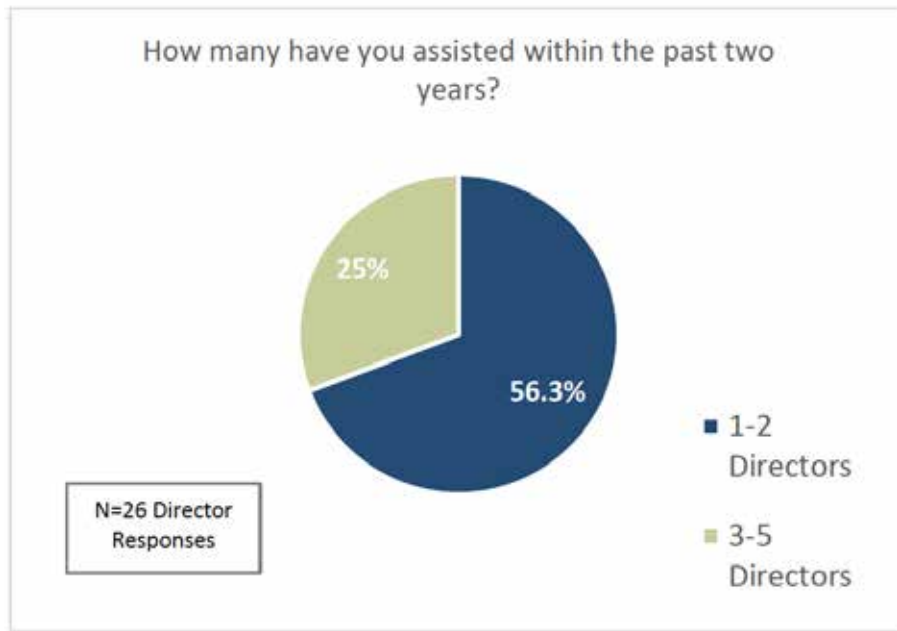


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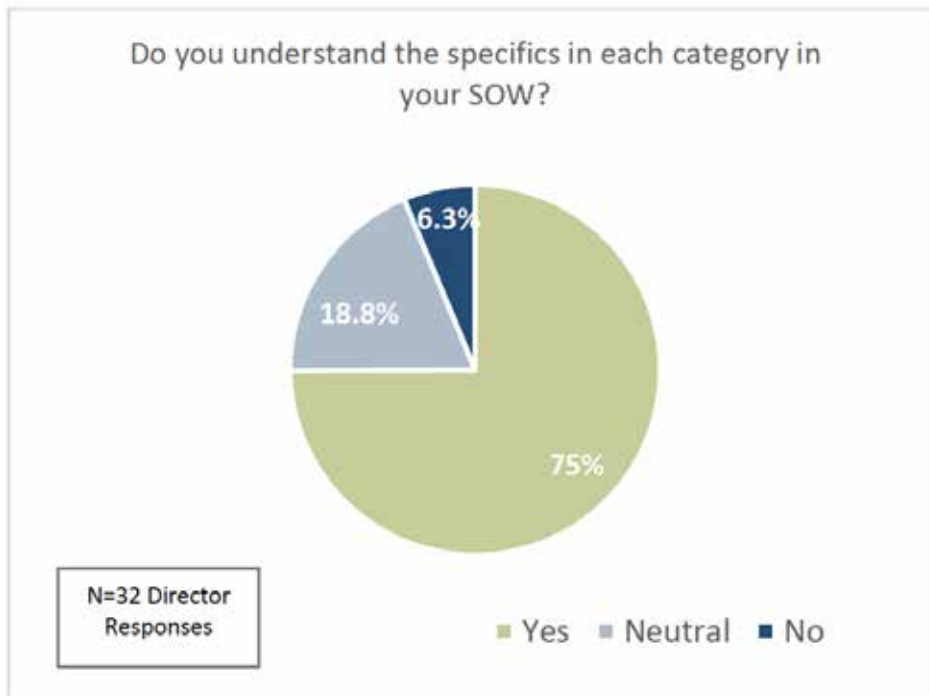


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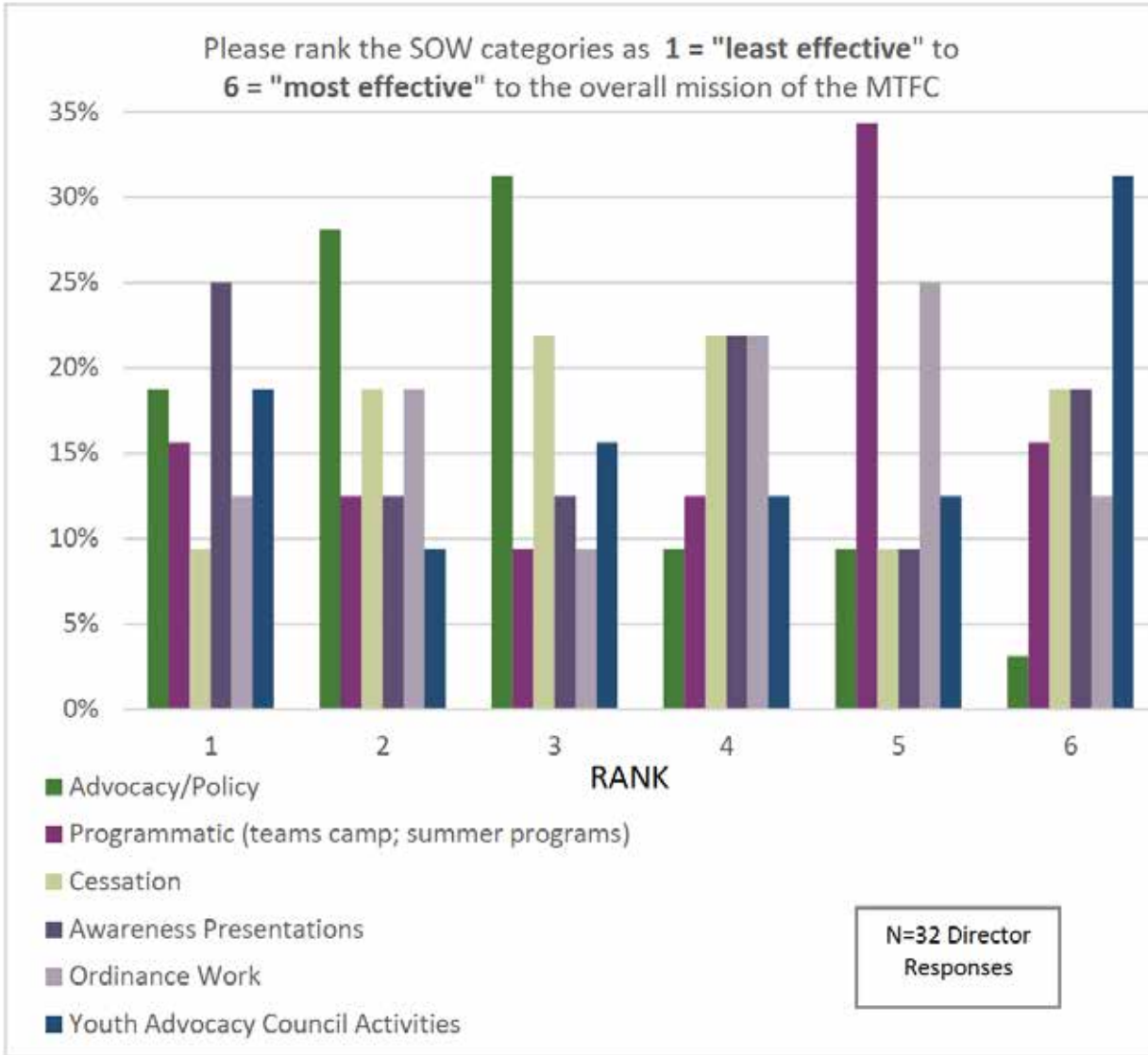


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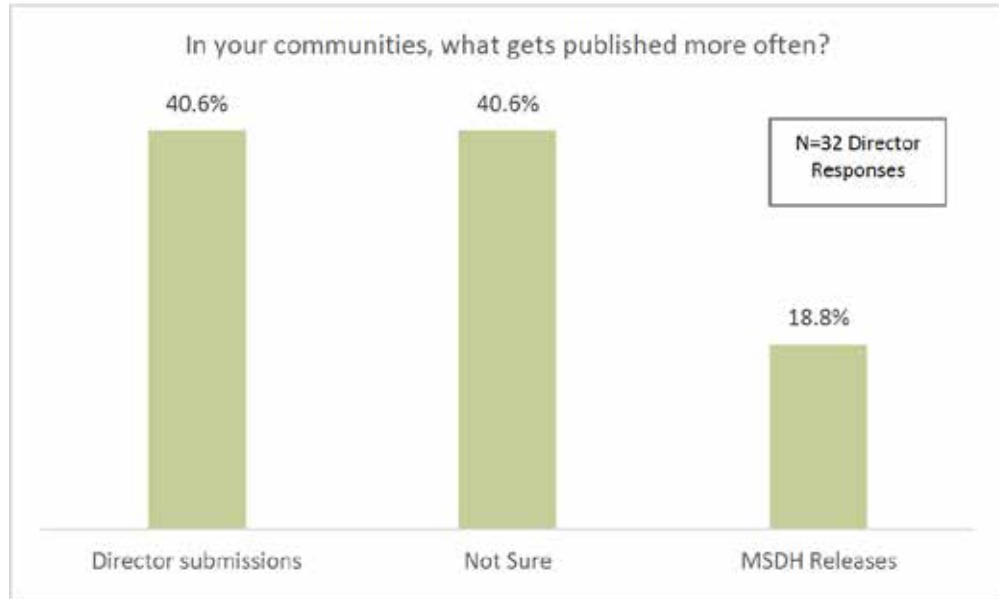


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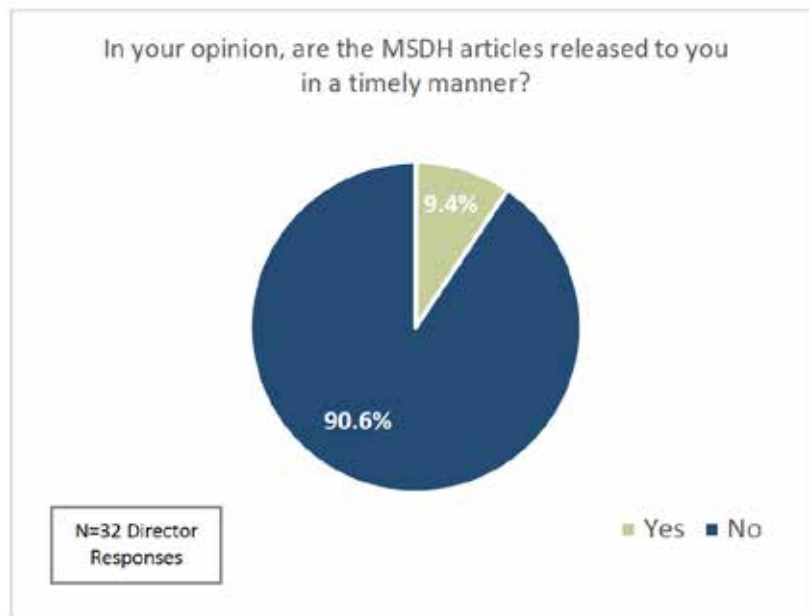


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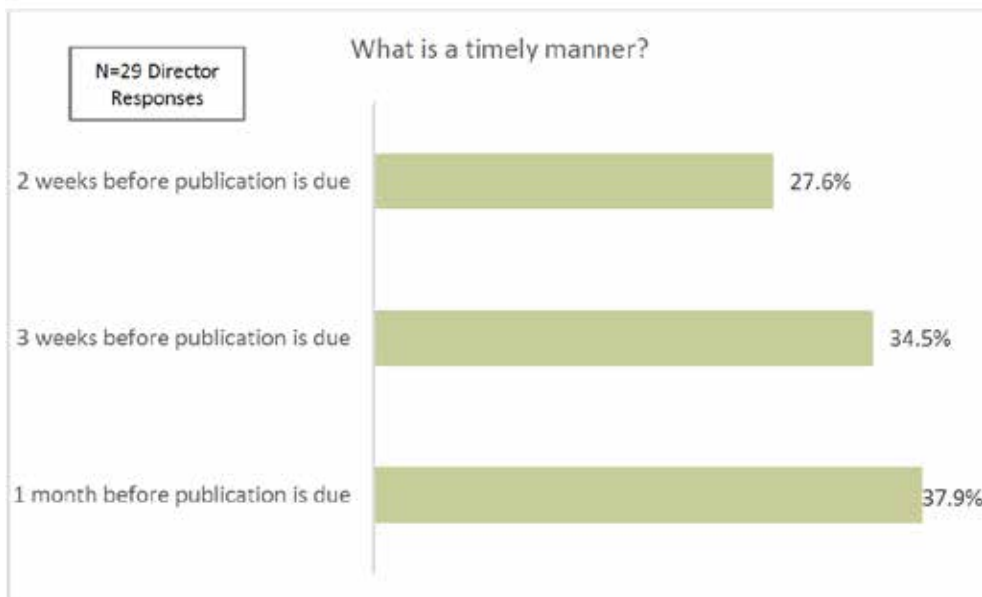


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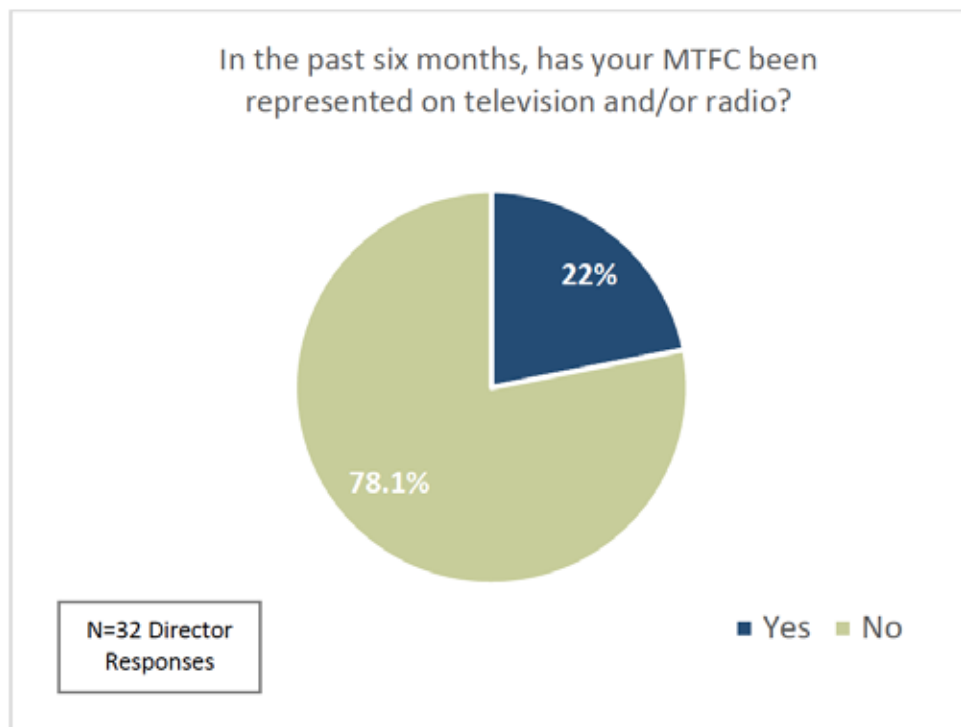


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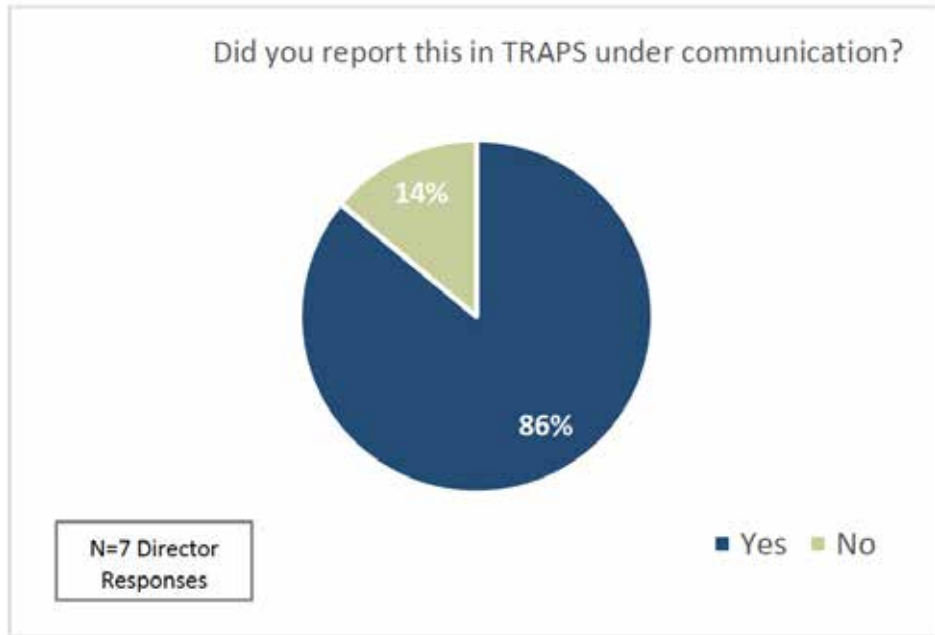


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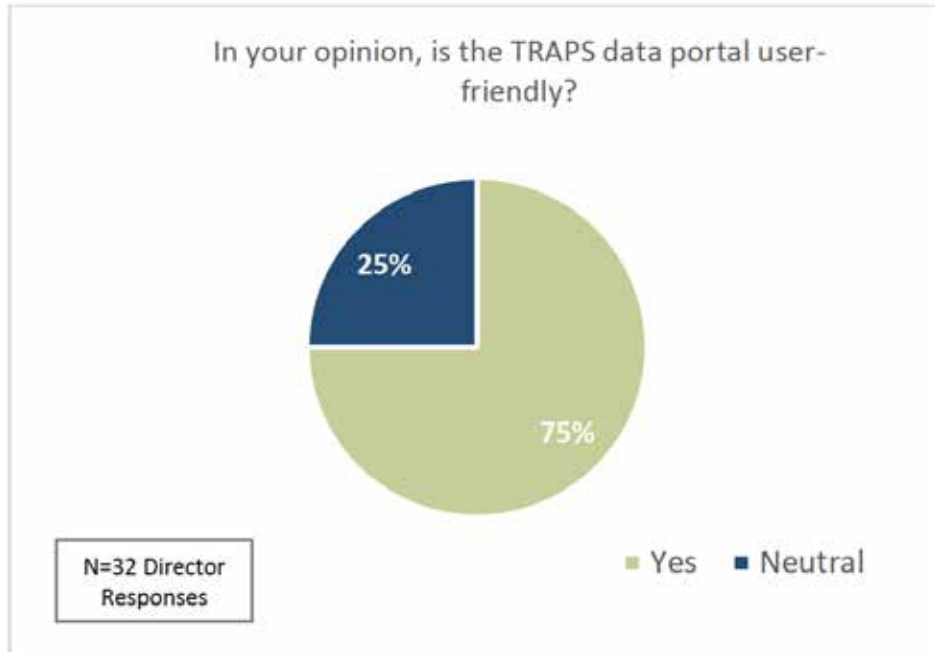


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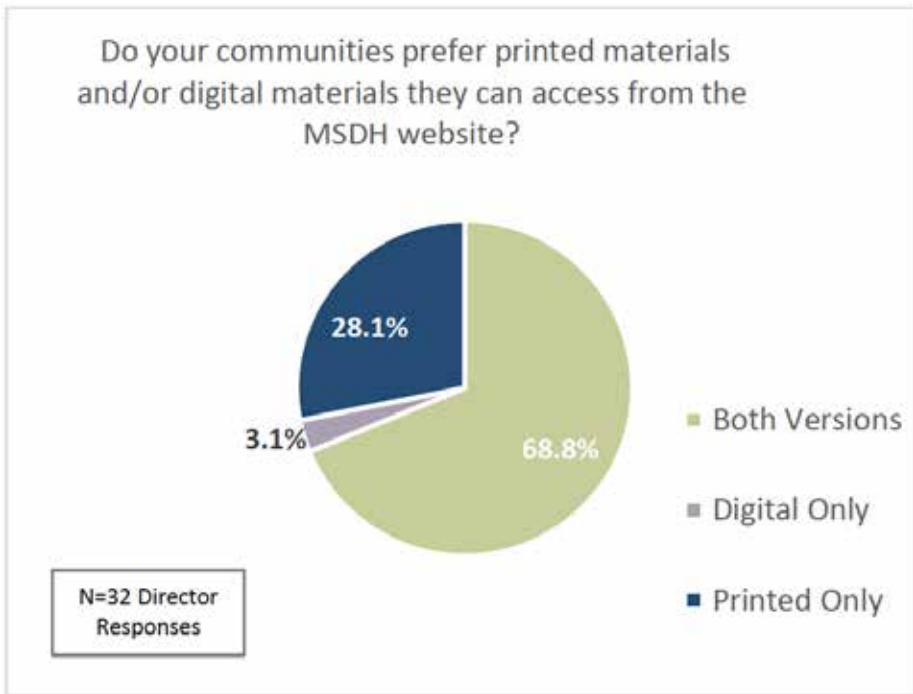


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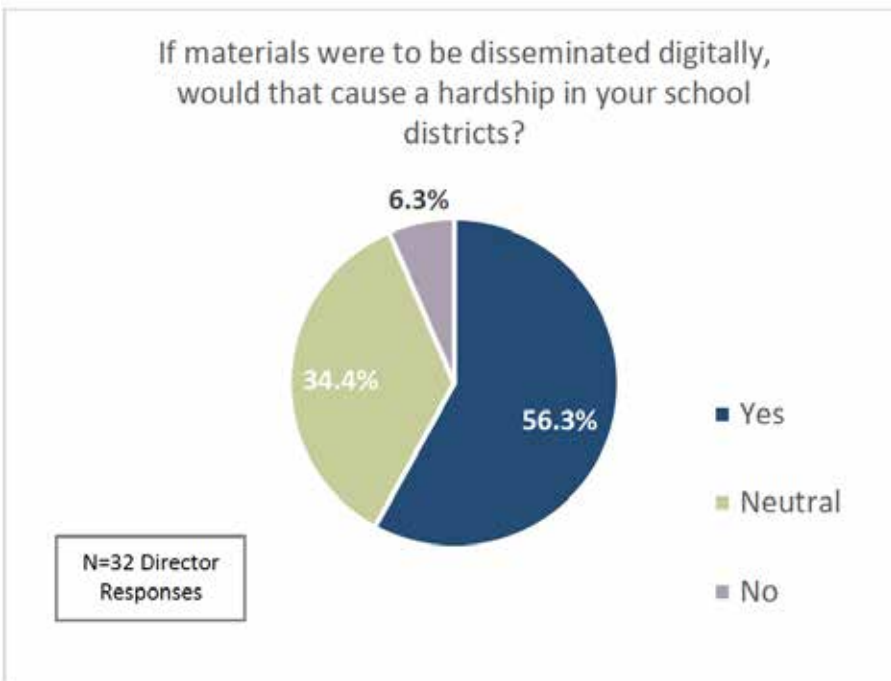
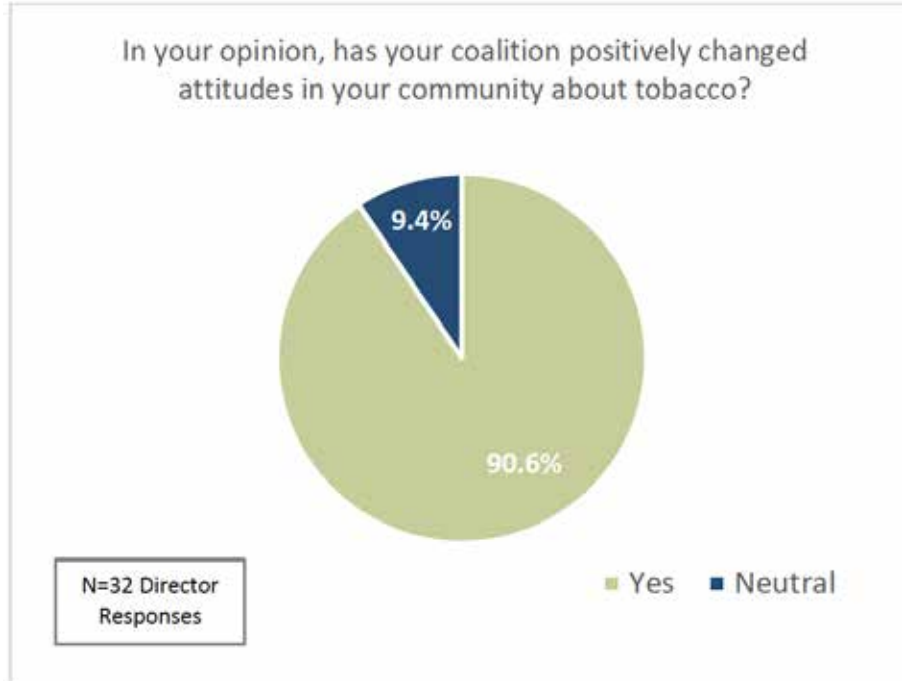


Figure 23.



Open Ended Questions:

Open Ended Questions

Q5. If you are a new director (<2 years), share with us what has been the most helpful to you getting started in this position.

- Mentoring
- The TRAPS training, we just received. Going over the entire program. I felt lost. The OT supervisor was so rude! Having a mentor would be helpful. Someone you could call for help that is not a supervisor. Nobody likes to feel stupid!
- Advice from other directors
- Reading and asking questions
- When I was evaluated, that is when I got a better understanding
- Not new but I would say traps training
- Being an extrovert and already having been in public health for over 10 years and bringing some of the connections I already had helped and having a relationship with the former MTFC who left this position was the only thing that saved me in the beginning. The trainings that I am just now getting, I wish I would have had in the beginning when I was looking like a "deer in the head lights"!!!
- Network of other directors
- Having all needed forms, presentations, past activity information, etc. easily accessible on TRAPS
- The updated traps
- My supervisor has been the absolute most helpful
- The knowledge of the previous director
- The opportunity for me to ride along with the previous director. It allowed me the opportunity to see exactly what the job entailed.
- My fellow MTFC director colleagues have been the most helpful.
- Clarity
- The most helpful instrument in getting was being able to work with other Projects who understand the SOW. Also, the quarterly training helped a lot with others sharing their experiences.
- The help that I receive from my co-workers Mrs. Pearl Watts & Mrs. Beverly Johnson
- The most helpful to me having the past Director played a great role in training me.

Q6. If you are a new director (<2 years), share with us what has been the most helpful to you getting started in this position.

- Vast SOW
- School teachers have so much to do. I really had to go in and do Programs for them.
- Lack of support, training and materials needed - teams and youth requirements have been difficult to complete because those that you must involve completing your scope are often too busy and un willing to participate due to already being overloaded in their own schedule. I have not been given the material needed to even complete team activities and with no knowledge of how it has been done in the past, it's been hard to even know what you are supposed to ask these sponsors to do.

- Too much work in the sow
- Getting the youth advocate on completing their outside assignments (not monthly activities)
- Not new but I would say policy change
- Building teams that the my predecessor wasn't able to complete, being told that I will not fulfill my duties because all of our work is linked together and because there was a gap in employment, my scope already had a strike against me coming through the door, that is very discouraging as someone who is new and trying to train, learn and work all in one. This job is very overwhelming and no matter the pay, should really come with hands on training and an assistant. We are responsible for all of the ends, outs, financial aspect, etc. of this program. We are the program and it's kind of unreasonable all of the things we are expected to do. I'm not sure what others do who are completing their work (i.e. working themselves overly, "fluffy" their reports, or just have been here long enough to have a system in place), but it's a lot in a nut shell. You have to eat, sleep and breathe this job.
- Community participation in various areas
- Unreasonable expectations
- Lack of support for ordinances in local governments
- Youth advocacy activities
- Not having previous paperwork from past project directors
- The unknown and clarity of reading the SOW because sometimes we get forget what we have to do in a deadline. Maybe a month by month list of what to do would be more helpful.
- MY new director is great but until she started the director in her place was very rude.
- By receiving phone calls instead of text messages.
- Very little training but with the expectation of 100% completion on the SOW.
- Lack of communication/constant changes from leadership positions.
- As a new director, the biggest road block has been a lack of opportunities. The scope of work required many tasks that were fit for a larger city, instead of a smaller city. For example: 3 of a particular task each quarter, or each month, possibly a total of 12 multiunit housing, but the counties only contain 6. If a multi-unit housing is repeated, but not approved or not completed at all there's a ding against the director. This makes completing the work very discouraging, especially when it's completely out of your control, whether you work hard or not.
- The only thing that I consider difficult when it comes to completing the SOW is that meeting your goals sometimes depends upon someone else. For example, maybe, you can get all of your youth advocacy students to attend a meeting because the school administration would not allow it. Or you have an event scheduled and it is cancelled close to the end of the month and you cannot reschedule. Although, I feel the SOW gets better as you maneuver through it with time. MSDH OTC does try to assist in every way possible., but sometimes they don't realize that we are out in the field and not at our desk when immediate responses are needed.
- The biggest roadblock has been not having adequate information about how to complete various program areas. Example...recruiting youth advocates/not having printed materials to distribute to students, parents, etc. to describe what is expected of them.
- Learning Traps and coming behind the old director introducing myself an trying to catch up on what needed to be done.

Q8. Please share examples of how interactions with your *Branch Director* could be improved.

- Responding to questions quicker.
- I am not stupid and have been made to feel that way from the beginning. Never have a had a supervisor degrade me so! I would want my people to be successful!
- In the past, the branch directors, monitored the work as if we are all on the same team. Currently, it seems to be an "us against them" type of work environment.
- If an email is sent for example - for incentive request approval - it would be nice to get an email saying that it was received, and it is under review. Sometimes you don't even know it was received. Same goes for communication pieces that have to be review and approved. Also I sometimes feel like they are out to get us - not help us. It may just be in the way they try to evaluate and or relate. Also, I know there is a lot to the scope, but sometimes you will get different answers to the same question. They need to be knowledgeable first and foremost about the scope and then they can help us better. Also, the lack of communication when something just changes, and no one lets us know about the changes. We need more clarity. We are in this together. They say big changes for next year - why can't someone say what it might be? I know the scope is not written yet, but they know something. Also, it would seem that they could be a little more flexible or understanding. Like sure it would be fine for you to go out of county to see how someone conducts their coalition meeting (which would be great for all of us) - not no - you can't go out of county. Or I'm going to write you up if you are 10 minutes late to a meeting. Really - where? This is a job and we want to get the work done but thinking outside of the box sometimes is just against all odds. Or sorry - you can't count that, but you just did a presentation to a group of over 100 for 3 different counties, but it wasn't in your county, but you had people from your county there- really? Can we sometimes look at the big picture and not be so negative and picky?
- Branch director needs to be more knowledgeable of scope requirements and what it actually takes to complete them. "Refer to your scope of work" is not a helpful answer to questions about, the scope of work... Helping MTFC directors manage the information that is to be collected, show how to best document and supplying materials would be a huge improvement.
- I believe our branch directors could remind us of deadlines to meet our SOW.
- Provides me with up to date research and information about new tobacco products and trends. Gives helpful advice about TRAPS entries-how to place activities in the proper location for credit.
- Better understand our community needs.
- Our interactions are good.
- It would be nice if she didn't request items last minute (i.e. asking for things she needs 2 hours before it's due). We have calendars and I don't think she takes this into play when she is requesting things. Sometimes I have been in meetings or on my way to an event and I have to stop to get what she needs. Plus, we have to satisfy our Fiscal Agent at the same time and it has been several occasions when they have been requesting different information at the same time and your trying to complete your duties for that day as well. Having what seems to be "two bosses" is very overwhelming and it can lead to misdirection's. Also, she doesn't reply in a timely manner and sometimes, not at all to the point that you have to resend the email and cc your Fiscal agent supervisor on it to get resolves. That is so frustrating and time consuming. It's like we are having to please two different agencies and work a very "heavy" duty job at the same

time and we can't do anything about it but say "Yes ma'am", complete the task, and move on, no matter how many extra hours we have to put in.

- Branch director should understand that she is in the position to offer "direction" as it relates to directors' success.
- Maybe setting an expectation (for example, with 24 hours) to respond to correspondence.
- Reminders of what is not in traps.
- I feel interaction would be improved if branch directors would do a continuance training for the first year to help guarantee success.
- I can't complain.
- Branch Director has been wonderful. She goes above and beyond to assist me with any questions I have. If she does not know the answer at the moment, she finds out and gets back to me expeditiously.
- Branch Directors should take into consideration that our schedule is very busy and last-minute End of Day needs are not always able to be met. We also are not able to schedule everything a month in advance sometimes and our calendars will not always be full.
- By them not taking offense when errors in efficiency are presented.
- Very poor communication. Questions may or may not be answered when texted/emailed. Last minute deadlines often arise within hours of something being due.
- Interactions with my branch director could be improved by better and more timely communications. As in, my branch director actually responding when I have a question in a timely manner, not in a week, or even her response at all. Also, instead of asking for needed items 1 hour before she needs them or 30 minutes before a major deadline. Basically, more professionalism and consistency. Some kind of action other than evaluation time, that me or the work that I do is of importance.
- My director is new on the job, 2 months or less, and I could not in fairness to her grade her knowledge.
- I have a good interaction with my Branch Director.
- My Branch Director is new so she learning as well but overall, she have been very helpful as to answering questions that I have been asking.
- Working as a team
- At the end of the year I would like to have a copy of my evaluation. It is only now given to the fiscal agent.
- My branch manager is awesome. She holds us accountable. She is reliable and if she doesn't know, she will find out the information and follow up in a timely manner.

Q13. Please share examples of how interactions with your *Branch Directors* could be improved. Remember, all answers are anonymous.

- More training or mentoring - feel like it is shown once, and we are left to figure it out.
- I believe improvement is needed in the area of encouragement. Although, we are asked to send weekly highlights we never receive feedback in reference to them. Interaction is a two-way street.
- More training or mentoring - feel like it is shown once, and we are left to figure it out.

- I believe improvement is needed in the area of encouragement. Although, we are asked to send weekly highlights we never receive feedback in reference to them. Interaction is a two-way street.
- Branch Director needs to be more personable.
- No improvements needed
- Communication
- Be more present and not just when she needs something from us. I know she has people pulling on her from every aspect, but she is our "go to" and when we are lost, it's not fair that we don't get the timely response that we need.
- When they attend presentations and the result is excellent, is this recorded for OTC to see?
- COMMUNICATE with us in a timely manner. There is a decrease of passion, but an increase in unprofessional attitudes from the BDs and it shows during our quarterly training.
- Interactions with my branch director could be improved by better and more timely communications. As in, my branch director actually responding when I have a question in a timely manner, not in a week, or even her response at all. Also, instead of asking for needed items 1 hour before she needs them or 30 minutes before a major deadline. Basically, more professionalism and consistency. Some kind of action other than evaluation time, that me or the work that I do is of importance.
- It would help if they reviewed TRAPS monthly to make sure we stay on target instead of waiting until the quarter is over and then identifying what has not been done
- My Branch Director is basically helpful. I think she tries hard to assist us. But sometimes I think that the BD understands that if her team fails, she fails. Overall, she is a good person.
- Like I said previous my Branch director is new but so far, she have been helpful and getting answers to the questions I needed answer. But Michelle my previous branch director was helpful as well.
- I believe once the branch directors understand the activities they will be able to help us understand the activities.
- Branch managers do what they are told. I'm sure that they don't set out to make our jobs difficult.

Q14. Please share examples of how interactions with your MSU evaluators could be improved.

- We are not allowed to contact them, so waiting for the BD takes time and then the question is old.
- I love the evaluators, Coleen and Anne. I am comfortable with them and even during evaluations when I am missing something, I have been encouraged to do better.
- On the evaluation I marked accessibility to them was poor, because we have to go through our project officers to ask them a question which is not their fault. With their evaluations they are always very positive and seem to want to help us in any way. They listen to what is being said as though our opinion about something really matters.
- They are great and they are fair.
- None needed

- I love the MSU Evaluators.
- Being able to contact you directly would help, removing the middle man.
- Make sure that officers and evaluators are on the same page.
- Monthly reviews and or assistance
- See or talk to them more maybe
- I have never had any issues with the evaluators.
- I'm fine with the interactions as they stand.
- So far so good with the updates
- MSU evaluators are very open and informative.
- No problem with evaluators. they appear to understand better than OTC staff because they see every project director and cover the entire state
- The Branch Directors seem to be more understanding and appreciative of what goes into the SOW. They make you feel comfortable is you need to call them.
- At the present time my interactions with my evaluators are fine.
- Everything that they have told me have been very clear and helpful
- I am satisfied with the evaluators.
- I am satisfied in this area.

Q 16. Please share examples of how MSU Evaluators can assist you in your TRAPS reporting.

- I love the new drop down that shows missing information. MSU Evaluators can assist by adding these great features to help with missing data to complete the SOW. Thank you.
- They are good at keeping us up to date with TRAPS and they are always open to suggestions and any problems we are having. The only thing that would make it better is if we were able to talk or email them directly.
- Stop asking for information that has nothing to do with program evaluation
- None at this time.
- Great
- Maybe be more available
- There seems to be a consistent disconnect between OTC and Evaluators on what and how information is recorded and tracked.
- There is very little handoff between previous directors and new directors. This leaves gaping holes in transfer of knowledge. Yet the expectation is the same; that the SOW be completed 100%.
- Identify problems early before 6 months or annual review
- Give more information and be more detailing to new directors
- Sometime frighten

Q 18. Please describe how the transitions have impacted your work.

- Community trust and relationship building with publishers, schools and coalition members

- I am still in a learning phase, but now i am a more comfortable with my scope of work.
- New people have new ideas and they bring change.
- As stated, you already come in knowing that your scope of work will not be completed, and you have to play "catch up" and fulfill any duties that she/he were not able to complete even if the deadline has past.
- Preventing tobacco use by education and policy change
- To bring about awareness, preventative measures through education and have community involvement through our coalitions and worth with the councils to bring about change in their respective community and above all else, Ordinances, Ordinances, Ordinances
- Going through 3 Branch Directors in one year has been a lot to deal with. They are not all the same. 3 different attitudes.
- To continue educating about the dangers of tobacco use and advocating about the effects of tobacco products.
- To educate the community about tobacco use and to create a smoke free Mississippi
- There's a lack of passion and a sense of nonchalance within the OTC staff and it effects the quality of work among the MTFC Directors
- Every branch director has a different view of their duties. Some act like police others like coaches. The coach model is best it understands we are on the same team accomplishing goals together. Police type branch directors view their role with project director as adversarial. someone to keep the wayward in line. Also, project directors' territories are different and, in some cases, cannot be compared in a fair and equitable way.
- I would say different people, different personalities. But I really haven't had the opportunity to observe.
- The MTFC has a mission to prevent the initiation of tobacco use among youth, reduce exposure to secondhand smoke, promote tobacco cessation services, and eliminate tobacco-related disparities. Our efforts are geared toward smoke free air, and healthier communities in Mississippi.
- To educate youth and adults about the dangers of using tobacco products and secondhand smoke. Also getting policies in place to protect the community from the harmful effects of using tobacco products.
- To help decrease the number of tobacco-related diseases in MS.

Q22. In your opinion, what is the overall mission of MTFC?

- To educate and reduce tobacco use in MS.
- Protect the non-smoking public, educate children and adults on the dangers of nicotine products.
- The overall mission of MTFC in my opinion, is to protect residents in our respective counties against the dangers of Secondhand Smoke via adoption of Comprehensive Smoke-free Ordinances and public education.
- We are working to prevent tobacco use among our youth and reduce exposure to secondhand smoke through city ordinances and ultimately statewide.

- Protect those who choose not to use nicotine and tobacco products from the side effects and increase knowledge about the dangers of use and exposure
- To educate on tobacco prevention and dangers of secondhand smoke
- To reduce tobacco related disease by reducing youth initiation, reducing secondhand smoke exposure, and promotion of cessation services
- To educate Mississippi about the dangers of tobacco use and secondhand smoke exposure, reduce youth tobacco initiation, advocate for smoke free air policies and provide resources for tobacco cessation services
- Help pass ordinances
- To educate and advocate the community on the harmful effects of tobacco use
- 1. HUD 2. Smoke-free Presentations
- Having to do Teams should be kept, but not a responsibility of ours. It should be accessible through a website that the binder and activities can be ordered/downloaded and uploaded, and numbers tracked this way and incentives ordered here. We spend too much money and time trying to appease these teams and set them up. Youth Advocacy work needs to be incentivized better and have more of the responsibility on them with us as a guide. The activities should be things they can do and want to do using their peers and schools and communities and we are just the "check off" point.
- To promote awareness to all individuals in the communities we serve. Networking, good rapport with all organizations and the community is vital. Making a difference in the lives of individuals should be a mission and goal for all collaborating to decrease health disparities related to tobacco.
- Reduce smoking and tobacco use throughout the state of Mississippi
- Protect all Mississippians from tobacco-related illness and death
- Educate
- Youth programs and the youth advocate councils
- Teams should be decreased or deleted
- Basically, providing a healthier place for others to enjoy
- To reduce tobacco related disease and death by educating communities
- To educate about the dangers of tobacco and pass ordinances so that Mississippi can become smoke free.
- Reorganize youth advocacy council activities
- Educate on dangers of tobacco use and secondhand smoke, provide cessation services and assist cities with smoke free ordinances
- Prevent tobacco use initiation, especially among youth, reduce secondhand smoke exposure, and promote MS tobacco cessation services
- Some of the youth advocacy activities can be deleted, reorganized, or revitalized. Working with youth advocates in 3 different cities (ordinances or policies), is more of a distraction than it is impactful. Whether it be MTF or something of another sort, focusing on many different tasks, alters the focus. Working with one city at a time, with one focus is most effective. It's a distraction from the definite issue, to manage those children and their schedules, letters, and activities. It appears as busy work.

- To help smokers quit using tobacco products, to help keep youth from ever starting to use tobacco product and to educate the public on the harmful effects of tobacco use and secondhand smoke, and consequently helping to create smoke free communities statewide
- I feel that the mission of the MTFC is to reduce tobacco use among youth and adults, eliminate exposure to secondhand smoke, provide cessation assistance in helping one quit using tobacco products, keep the public informed of emerging tobacco products and assisting municipalities with the adoption of smoke-free ordinances.
- Youth advocates need to be revitalized.
- Educating the Community on been tobacco free
- To educate and promote individuals on harmful effect of tobacco.
- Educating communities and building a sustaining coalition.
- Prevent the use of tobacco, promote cessation services and reduce the exposure of second-hand smoke through education and resources.

Q24. In your opinion, what program(s) need to be revitalized or reorganized? What needs to be added or deleted?

- Youth teams
- Too many HUDs and Multi housing. In small towns there may be one or none.
- Youth Advocacy Councils should not be deleted but there must be a place built into the Scope of Work for them to present, teach, or reach other students sharing their experiences about the work they are doing. Also, there should be more incentives for participating in YAC. Having to transport the students from school to home is a liability that I am not comfortable with. Also, the pledging events for parents with Care for Their Air is unrealistic Day Care Centers. Reaching parents at a paid-daycare center is almost impossible. Head Start centers have required Parent meeting or gatherings where parents are available for the Care for Their Air presentation. Therefore, I feel the Pledge events should be deleted and project directors only train Day Care staff for CEU's.
- The 4 visits to HUD are too many. The ones that come have already gotten the quit information. No need to be there each quarter. If we were there actually providing cessation classes, then there might be a need to fulfill. The Youth Advocacy Program is hard when your completion of the scope is dependent on the activities of another person. It is good to work with the youth, but the fulfillment of the scope should be worked out in some other way. I also believe that the secondhand smoke talk which is a requirement for every month is old news. When smaller populated counties - they need to be getting information about the Juul. New stuff. So, at the end of the second hand talk we go on to talk about the Juul. They need to know about it. I think the Care for Their Air should be updated so we can go back to places we have been before to do a new and different staff development. They need the hours and we need the HL audiences. Communication pieces from the MSDH should not come out of a canned book. They are sent to us with page numbers on the bottom. We need to be sending new news to our papers - something that is new and up to date. Not real keen on photovoice either.
- HUD / communications/teams/youth council
- Multi-Unit housing needs to be deleted.

- Youth advocacy
- The housing presentations requirement needs to be looked at because if it is not Housing Authority you have difficult time getting passed the manager. Youth Advocacy is great but opening it to lower grades would be wonderful way to recruit more youth;
- Teams need to be looked at
- Delete less monthly activities and get more college students involved
- 1.they are all smoke free, 2.the communities have heard this presentation over and over
- Multi Housing needs to be decreased. While a few are smoke free and offer in services to their residents, others that are not smoke free do not participate. If they do, it is in very small numbers. Also, after school programs in communities are difficult due to the fact that rural areas do not have programs to offer the youth.
- Youth advocacy program need to be reorganized.
- Cessation, Youth Advocacy Council Activities
- Activities
- Change things up some to make them up to date
- Rat teams
- I currently am ok with the scope as it is currently constructed.
- Youth councils need to be depleted
- More in-depth training should be done for ordinance work. Delete the programmatic activities K-6 as it seems redundant to the activities of the Partnership.
- Age limit and requirements
- Youth advocates can be eliminated. The youth can instead have a better purpose in assisting with educating their peers within their local schools.
- Youth advocacy council
- The PD should be able to change the Youth Advocacy Council during the year if necessary. Sometimes some students become uninterested during year even after attending the training. However, maybe we can do this, I am not sure. I have a lot of persons interested in quitting, I am still not sure if they are getting through to the 1-800-quitnow line. I think we need to continue to inform students of the importance of not using tobacco products.
- It would be great if information (handouts/brochures/Youth Advocates packets) can be developed for youth advocates and their parents that would give them an idea of what their roles and responsibilities are as a youth advocate.
- So far, I haven't run into any major problems with the program. If I had to reorganize something it would be the youth advocates.
- Youth Teams
- Youth program (advocacy)need reorganizing.
- Youth Advocacy needs to be reorganized. Maybe add middle school students as an option.

Q25. How So? (q24. What program(s) need to be revitalized or reorganized? What needs to be added or deleted?)

- More focused rather than a checkbox
- Not enough places to go and not enough presentations if you have to repeat.

- I believe I explained the reasons and suggested how so in the previous question.
- HUD - not enough locations - only one per county in many areas. Communications - articles could be posted on TRAPS before the month that they are due to go out the newspapers. This would help be able to complete this requirement in an effective timely manner instead of waiting on the articles to be emailed and often are very late getting them. Teams - not having the material to give to sponsors makes it difficult to complete this requirement. Youth - these kids that we want are so busy and \$40 compensation is not of interest to many of them. Liability for Transporting kids to and from the Summit should NOT fall on the director and its unreasonable to expect them to take on the liability, safety and personal responsibility of these kids' lives in being responsible for transportation
- 12 of these (HUD) per year is ridiculous. (3 per quarter for those that have 3 counties)
- Youth advocacy needs to be more uniformed this part of the scope is to broad...There are barriers that need to be revisited
- Their effectiveness
- The college students are younger, they can reach out to more middle and high school students
- none, it's just harder to get youth to complete activities.
- Overall Advocacy work involves all individuals and Youth Council Advocacy work involves doing the activities that have been mandated through their SOW.
- Decrease Multi Housing presentations and decrease youth requirements especially during the summer.
- Less detailed, more focused on the bigger picture.
- I'd like to be able to provide more personal cessation options instead of just being able to provide Quitline cards - that adds an extra step for an already difficult goal. In addition, I think that youth advocacy council activities should be decided upon by the director for the most effective activities in their areas. This could be done by requiring a certain number of activities, but the number of groups/group members and type of activities should have some flexibility based on each person's individual location.
- It's hard to get kids to do when they have sports and other activities going on
- They go hand in hand. One is adult lead and one is youth led.
- Needs to be tweaked somehow
- Youth councils are hard to manage along with a full SOW.
- Just a more difficult time completing the work (youth advocates) because we have to depend on the parents and the students being available.
- It has been a disaster recruiting and retaining youth, especially without being able to offer them any incentives of substance.
- For multiple counties, choose one community to work on at a time and one youth team from that community. In other cities have free teams work on the project. Or only use free teams-change the scope of free teams to leadership youth advocates. that way, the coalition director has addition help from the team sponsor. Free teams have always been difficult but where they exist should be youth advocate oriented
- I really object to the SOW being changed every year. By the time I get familiar with it, it changes. We need to figure out a way for more Project Directors to meet the SOW. I feel like some BDs are reluctant to help because they are afraid that you may complete your SOW and they will not. Let's all work together for a smoke-free Mississippi.

- I think it would be best working with variety of students instead of just high school.
- Maybe change age ranges
- Give this area to youth programs and let us work with the two youth on our coalition
- Add middle school students as an option for advocates.

Q26. In your opinion, what is the difference between overall advocacy work and that of the youth council advocacy work?

- We are training the youth how to use their voices and actions for change.
- Kids have a lot of influence.
- In my opinion, overall advocacy work is geared toward adults and youth council advocacy is geared toward youth education.
- The point of sale scavenger hunt and the photovoice is just busy work for these youth with us trying to get them to complete them. They are doing what we ask them. I don't know how to find real youth advocating against tobacco. The letters to aldermen seem like a good thing to do and my youth got ENDS put in all school handbooks. That was great work - but not sure where they need to go from here.
- I do not have a clear understanding of the difference.
- It's very difficult to get youth engaged in activities.
- One is done by youth the other is done by both.
- It is not clear, but it seems that youth do not have to be involved in all aspects of the ordinance work.
- Kids seem to get more heard.
- Youth council advocacy work raises awareness and advocacy work are projects.
- People I know have quit after speaking with me.
- Going to health fairs as a preventative measure and stopping the youth before they get started while they are still very impressionable and like science and doing presentations to invited groups.
- Advocacy work among directors are on a professional level on many areas. Assisting in grant completion, knowledge of the ordinance documents and working relationships. The youth are valuable in these areas; however their first obligation is academics. This is volunteer work for students although they gain knowledge and awareness.
- One in the same.
- Youth councils are a tool for me to advance overall advocacy work, but I also use the youth for peer-to-peer advocacy within the schools as well as in the community.
- They have other stuff going on.
- Community members have quit using tobacco products. They take advantage of the MS Quitline and the education I offer. Ordinance work is progressing in counties I cover.
- Youth advocacy is done with the hopes of sustainability for years to come.
- Youth council advocacy work is the same as babysitting in my book.
- Overall advocacy work is seen as the directors working with the communities whereas the youth advocacy work is more of an investment in their future.
- Same goal

- I have had several genuine discussions with youth about tobacco use and especially e-cigs and they have expressed their lack of knowledge and gratitude for breaking down the truth and myths of vaping.
- Juul: In the small towns that I have visited, there were teachers who have never heard of the JUUL. After sharing the information with them, they were knowledgeable, more curious, and informed on what to look out for in their classrooms. Turns out, teachers in that same school have heard rumors of students using the JUUL in the school.
- No different
- I feel that overall advocacy work and the youth council advocacy is basically the same. Both are working towards the same means with hopes that the youth bring greater attention to policy change.
- During our low and high awareness programs, the participants (adults and youth) are educated on the dangers of tobacco products. After the presentations, several youths will make the statement that they will never use tobacco products and the ones that are using the products state that they are going to begin the process of quitting.
- Overall advocacy work is working with everybody in the community youth advocacy is working with just the youth 9th-12th graders
- Overall advocacy meaning community and youth advocacy is action of teenagers.
- I understand they want us to show them how to be advocates for change.
- There really isn't a difference besides- both policy besides youth council being youth driven and overall advocacy work is with adults and youth. still working on implementing policy in schools, communities.

Q33. In your opinion, how can TRAPS be improved?

- I think the recent addition of "missing tabs" drop down is extremely helpful!
- Not having to start at beginning of a page
- When you enter data for teams, after completing an entry it should continue in the same section until you want to change. Instead you start over from the beginning, it should take you back to the beginning only when you initiate the change. This is especially a waste of time when completing team activities. one school may have 10 first grade teams on page 5 under the alphabet N. After completing activities for team one, instead of taking you back to team 2 under N, it takes you back to Page 1 alphabet A every time, over and over.
- I think the new improvements that were discussed in the quarterly training are going to be very helpful.
- When we put information in TRAPS, would be great if dates are put in order. Example: If I put an activity in TRAPS today and if I have to review what I put in I will have to go through to find where it is.

Q35. Please share an example or two with us (q34. Are the activities you conduct reducing tobacco use in your communities?)

- I know the children ask questions and talk about smoking with their families.
- My disparity groups have shown great progress with cessation
- I know several people who have quit, and I know parents who have quit because of what their children learned at school and kept nagging them about it.
- Each time I present JUUL dangers, there are people in my audience who were not aware of its dangers
- I have passed 100% smoke free ordinances and two county-wide ordinances under my leadership. This is helping toward our smoke free Mississippi.
- People are more aware of the dangers of smoking but how vapes and JUUL are marketed; it is really confusing youth and adults about how dangerous they are to people health.
- KICK Butts day activities
- People I know have quit after speaking with me.
- Going to health fairs as a preventative measure and stopping the youth before they get started while they are still very impressionable and like science and doing presentations to invited groups.
- School administrators are accepting. The community as a whole are accepting of the work.
- awareness presentations, cessation referrals
- Awareness presentations have led to individuals using the Quitline, and youth presentations have increased awareness of e-cigarette products and their dangers
- Community members have quit using tobacco products. They take advantage of the MS Quitline and the education I offer. Ordinance work is progressing in counties I cover.
- There have been many people over the years that have attended my presentation to later see me and tell me that what I said prompted them to quit
- testimonials from visitors at health fairs
- Tobacco Bingo, And the Kick Butts day
- Juul: In the small towns that I have visited, there were teachers who have never heard of the JUUL. After sharing the information with them, they were knowledgeable, more curious, and informed on what to look out for in their classrooms. Turns out, teachers in that same school have heard rumors of students using the JUUL in the school.
- 10 years, 2 counties in my areas ranked in the top 10 for smoking in the state according to stats provided by MSDH for CDC. One county reached 31%, the other 28%. Today those counties have smoking rates of 18% and 19%.
- Sometimes, one doesn't realize that smoking is the #1 preventable cause of death and disease in the United States. After an awareness presentation, secondhand smoke presentation or cessation event, persons will come up to you and thank you for the information. They will also profess to quit and/or avoid secondhand smoke. Others say that they will call the 1-800-QUITNOW number. While others are happy that we shared the information about the e-cigarette, JUUL. Also, the hugs you get from students who go home to tell their parents about the dangers and hazards of tobacco use because of an activity that you did in the classroom.
- During our low and high awareness programs, the participants (adults and youth) are educated on the dangers of tobacco products. After the presentations, several youths will make the statement that they will never use tobacco products and the ones that are using the products state that they are going to begin the process of quitting.

- Tobacco Bingo, And the Kick Butts day
- Hands on activities.
- Multi-Unit Housing Presentation and Awareness.

Q39. Is there anything else you would like the Office of Tobacco Control to know that would enable you to do your work more effectively?

- Keep up the focus and we will keep working hard as well as a team.
- I requested RAT and Gen Free materials over and over again. I finally had to copy Materials from another director. I had zero materials!
- No
- Communication - is key. I really don't understand it, but there seems to be turf issues between groups working on the same goals. This group can't work with that group or you can't communicate directly with people coming to your area. We are all working toward the same outcome and we should appreciate any help that we could possibly have.
- Updated power point presentations, more timely delivery of contest materials and communication articles, more support on ordinance work and who and how to talk to local officials, better able to answer question about scope and its requirements. There seem to be many entities involved and not much knowledge of who or where to get actual answers from.
- Providing the MTFC Directors with updated PowerPoints and materials are important. E-cig PowerPoints was promised years ago and we just received the first one this fiscal year; this is important to our jobs because we want the information that we put out there to be informative but uniform across the state of MS
- No
- No.
- Being able to provide partners with updated information, data and research - in particular, research on the effectiveness of local smoke-free policies and the potential impact on businesses. It would also be ideal to create my own presentations when presenting to specific audiences (seniors, military, other disparate groups) or more specific topics. Using the same presentations can become redundant and lose their appeal. I also think it would be worthwhile for directors to understand how to conduct research (polls, surveys, focus groups, etc.) in their own communities to create county-specific information in support of ordinance work. Finally, I think it's important that directors without a public health background have a basic understanding of public health in general, as well as social determinants of health, community organizing, program planning and evaluation, health education, etc. New directors should have additional training in public health principles and behavior change models so there's an understanding to why the scope of work includes what it does and why those evidence-based practices have been shown to be successful.
- Nope
- none
- I wish that the evaluators and OTC would get on the same page as it pertains to evaluations.
- High schools' students do not have time to advocate.

- Yes. Having branch directors call to do a follow-up on events fosters an environment of distrust. It can have a negative effect and have partners in the communities open to working with us if they feel someone is going to check and see whether the work was performed.
- no
- no
- I want you to know that, one or two teachers use digital forms but most use printed materials. When I am able to, I provide white paper for copies, but no ink, and only to districts that request it.
- Have a couple days of training for the new directors
- Work as Teams
- Continue to keep us informed, we are the ones actually working in the community.
- no

Due to turnover in the youth programs area, several conversations and trainings were held throughout the year to clear up confusion with reporting and understanding of the scope of work itself. Kimberly Sampson, former OTC youth programs project officer, participated in all conference calls and in-person meetings and trainings as well as the end of the year site visit. An assessment of the youth programs' progress was initially conducted using the online report from TRAPS, followed by the face to face evaluation. Additionally, pre and post testing from a sample of RAT and FREE teams from across the MTFC network were used to examine the impact of the programs. A paired-samples t-test allowed evaluators to see if there was a significant difference in overall student tobacco knowledge between their pre and posttest scores. The paired samples t-test examines the average scores of the same group of students at two different points in time. The outcome of this test determines if the two averages are significantly different from each other.

The statewide grantees and representatives from the cessation interventions met with the evaluation team and their respective project officers in the fall to review scopes of work and reporting requirements. Grantees were given the opportunity to make suggestions as to how the TRAPS system could be more user friendly, and many were noted and updated. All data for the year was pulled from the TRAPS system in early July. Evaluators measured progress from the previous six-month evaluations to determine improvement as well as to identify needed target areas for future improvements. Follow-up telephone calls were made to some of the grantees to clarify information.

A primary limitation to this report is the absence of one-half of the evaluation team. Colleen Stouffer was unable to complete the quantitative work that makes up such a large part of the annual report. Many thanks to Emily McClelland, Data Management Coordinator for the Tobacco Control Network and Nell Valentine, Project Coordinator who assisted in collecting and analyzing data.

Tables 1, 2, and 3 show the total events and activities for the state in 2019 (383,102), in 2018 (375,629), and in 2017 (430,237), for each of the four programs.

Table 1.

Reach Numbers FY 2019		
Programs	Events	Reach
MTFC	7,521	295,516
PHM	1,198	46,603
IQH	378	28,665
ACT	20	8,459
Statewide	434	3,859
Totals	9,551	383,102

Table 2.

Reach Numbers FY 2018		
Programs	Events	Reach
MTFC	5,856	306,267
PHM	941	40,209
IQH	499	25,430
ACT	29	566
Statewide	338	3,157
Totals	7,663	375,629

Table 3.

Reach Numbers FY 2017		
Programs	Events	Reach
MTFC	8,513	347,061
PHM	254	45,252
IQH	462	23,527
ACT	51	6,008
Statewide	467	8,389
Totals	9,747	430,237

TRAPS 2.0

The evaluation team has collaborated with Sujan Ranjan Anreddy, a computer programmer employed at the SSRC to enhance the features of the online reporting system. Many of the specific upgrades were initial suggestions from OTC administrators and grantees. The overall goal of TRAPS 2.0 is to give the evaluators the ability to make edits or changes in the system rather than relying on programmers to rewrite computer codes. TRAPS 2.0 has been deployed, and evaluators demonstrated the functionality of the new features through a hands-on tutorial during the MTFC Quarterly Training in June. Fiscal agents also had the opportunity to receive training. Cessation and statewide grantees have not received one-on-one training updates, but evaluators are available upon request. The team has corresponded with the two youth programs via emails and conference calls to familiarize them with the features of the TRAPS system.

To date, the following system upgrades have been implemented:

- Reconstructed MTFC regions in the overall foundation of the data system from three to four. (NOTE: With transitions with the number of branch directors on staff at any one time, a solution has been made that allows the regions to change periodically.)
- Created additional dropdown options for recording attendance to distinguish adults from children
- Created a new infrastructure hierarchy allowing fiscal agents the ability to monitor

the progress of their MTFC grantees

- Enabled fiscal agents with multiple MTFC contracts to view each coalition in just one user account
- Eliminated “dummy” accounts and upgraded the system to allow branch directors to view their grantees’ progress in one place rather than toggling several user accounts
- Designed and implemented a window enabling branch directors to view uncompleted deliverables in their user account rather than the multiple steps to query, sort and compare reports to the time-sensitive deliverables.
- Separated the embedded District Community accounts (under Statewide programs) and renamed in FY19 to Health teams giving them a new infrastructure hierarchy of their own.
- Developed a calendar upgrade similar to Google that allows grantees to add and remove entries in the system, no longer having to upload with each change
- Simplified and clarified the communication categories to distinguish between radio, television and printed publications in the drop-down menus
- Implemented a smooth system rollover for each fiscal year, eliminating re-entry of static information

Mississippi Tobacco-Free Coalitions (MTFC's)

The design of the tobacco free coalition concept is to have 34 operating MTFC's with a presence in each of the state's 82 counties. However, high turnover among MTFC directors over the last three years has meant that not all coalitions were fully operational at any given time. During fiscal year 2019, the MTFC of Union, Benton, and Marshall Counties as well as that of Coahoma and Tunica were without directors for at least a three-month period. For that reason, they will not be counted in the overall evaluation totals for the MTFC's for the fiscal year. Fifteen directors (44%) left their positions at some point in FY19 compared to 15 directors (44%) also in FY18 and 12 (35%) in FY17. Of the 12 directors hired during FY18, only six remain today.

Table 4.

MTFC FY19 Staff Departures		
Directors Left	Coalition	Date
Rhonda Hayes	Covington & Smith	6/30/2018
*Linda Turner	Benton, Marshall & Union	7/1/2018
Jacqueline Carter	Hinds	8/31/2018
Kim Hart	Harrison	9/11/2018
Nicole Banks	Lamar & Marion	9/30/2018
Jenniffer Palmer	Prentiss & Tishomingo	10/15/2018
Jasmine Pittman	Coahoma & Tunica	10/31/2018
Jolaunda Hoye	Rankin, Scott & Simpson	11/15/2018
Brittney Perkins	Pearl River & Hancock	11/15/2018
Khary Ratliff	Warren & Claiborne	3/15/2019
Stacey Brooks	Alcorn & Tippah	4/29/2019
Dustin McCoy	Prentiss & Tishomingo	4/30/2019
Brandi Sanford	Branch Director	5/15/2019
Kristina Mullis	Jackson	7/1/2019
Wendy Magee	Forrest, Jones & Perry	7/30/2019

*Linda Turner left the position at the beginning of the fiscal year (7/1/2018) and returned to the same position in December 2018.

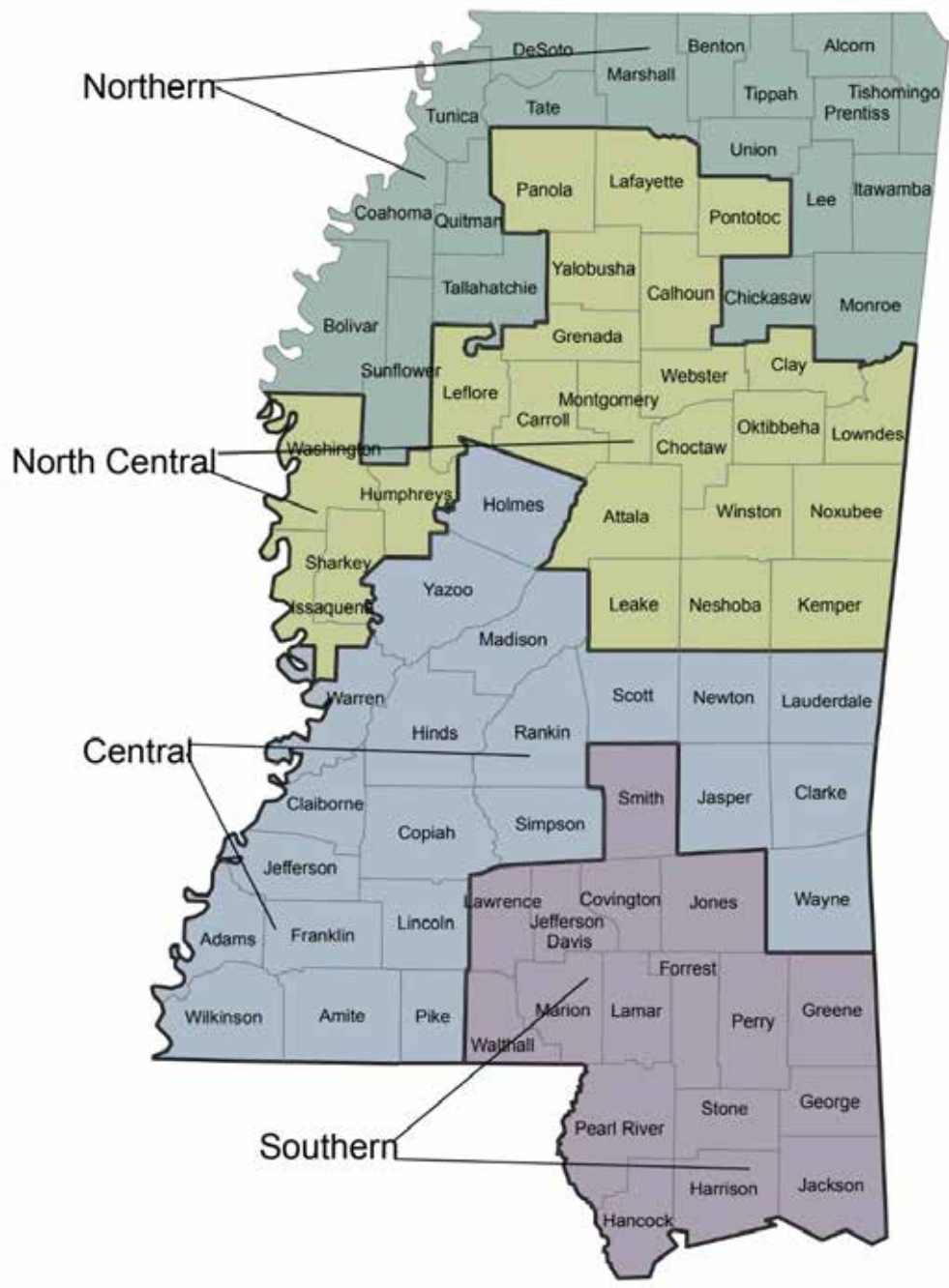
Table 5.

MTFC FY19 New Staff		
Directors	Coalition	Date
Kathryn Allman	Choctaw, Montgomery & Webster	6/1/2018
Denoshia O'Quinn	Covington & Smith	7/1/2018
Lynn McCafferty	Attala, Leake & Winston	8/6/2018
Khary Ratliff	Warren & Claiborne	9/1/2018
Andre Nathaniel	Hinds	10/1/2018
Ashlee Lewis	Lamar & Marion	10/1/2018
Aleishia Jones	Harrison	10/8/2018
Dustin McCoy	Prentiss & Tishomingo	10/15/2018
Sherron Day	Rankin, Scott & Simpson	11/16/2018
Linda Turner	Benton, Marshall & Union	12/1/2018
Concetta Thompson	Coahoma & Tunica	1/22/2019
Brittany Johnson	Pearl River & Hancock	1/28/2019
Kimberly Dawson	Warren & Claiborne	3/18/2019
Jennifer Palmer	Prentiss & Tishomingo	5/1/2019
Melissa Nash	Alcorn & Tippah	7/1/2019

MTFC scope of work requirements included general reporting, coalition organization and operational activities, programmatic activities, awareness, communication, advocacy and policy, youth advocacy and cessation awareness. As a whole, the completion of work dropped in FY 19. This can be attributable to several factors. Monthly calendars and data entry were scrutinized more carefully this year. Directors were not given a pass for late calendars as they had been in years past. As a result, just under sixty percent (59.4%) of directors completed the requirements compared to 74% the year before. Coalition operations and activities also dropped this year. Completion of cessation requirements dropped significantly (50% completion compared to 96.8% in FY 18). Part of the cessation requirements included the distribution of TIPS Campaign materials. Many directors reported that they did not receive the materials or when they did, it was very late in June.

Map 1.

FY19 MTFC Regional Map



Mississippi Tobacco-Free Coalitions

Figure 24.

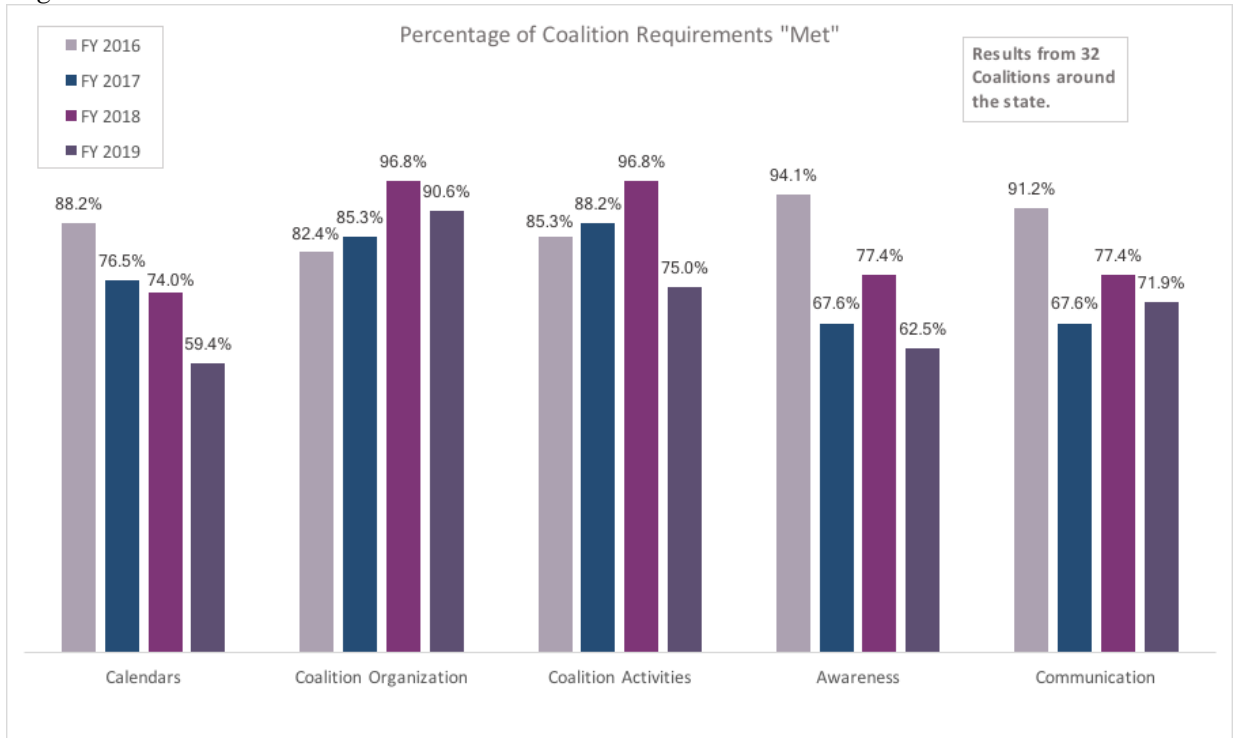
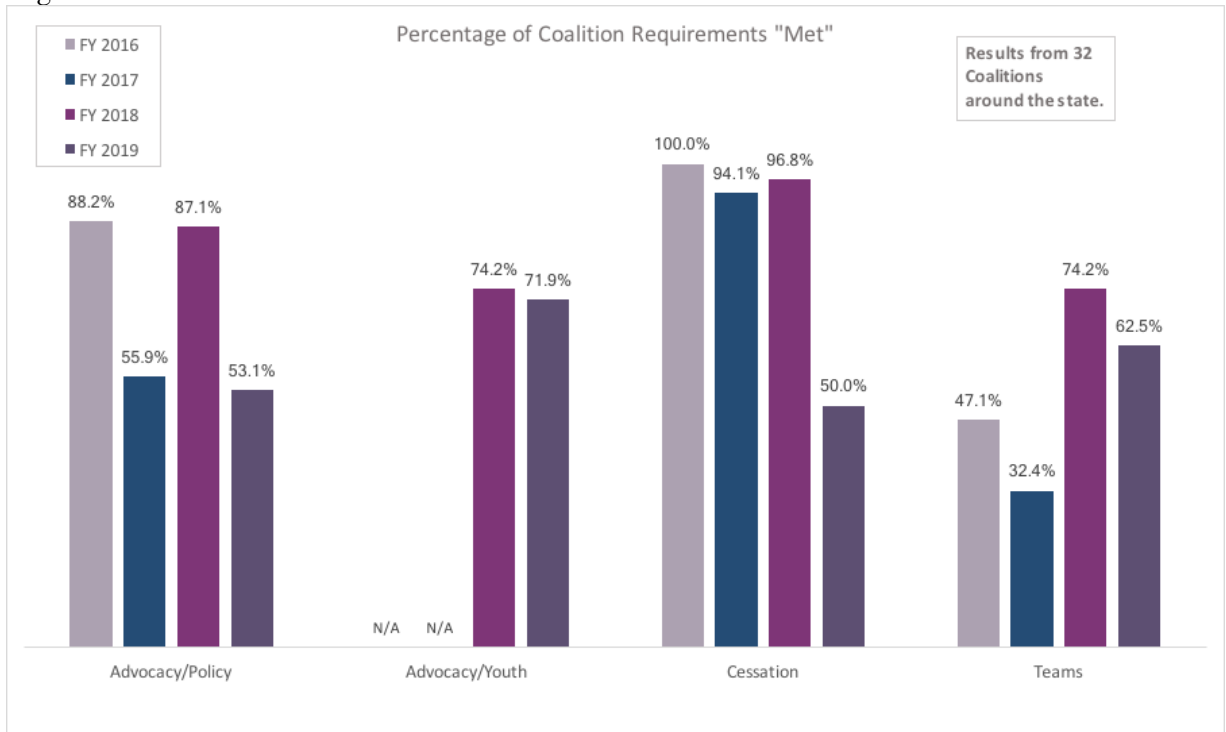
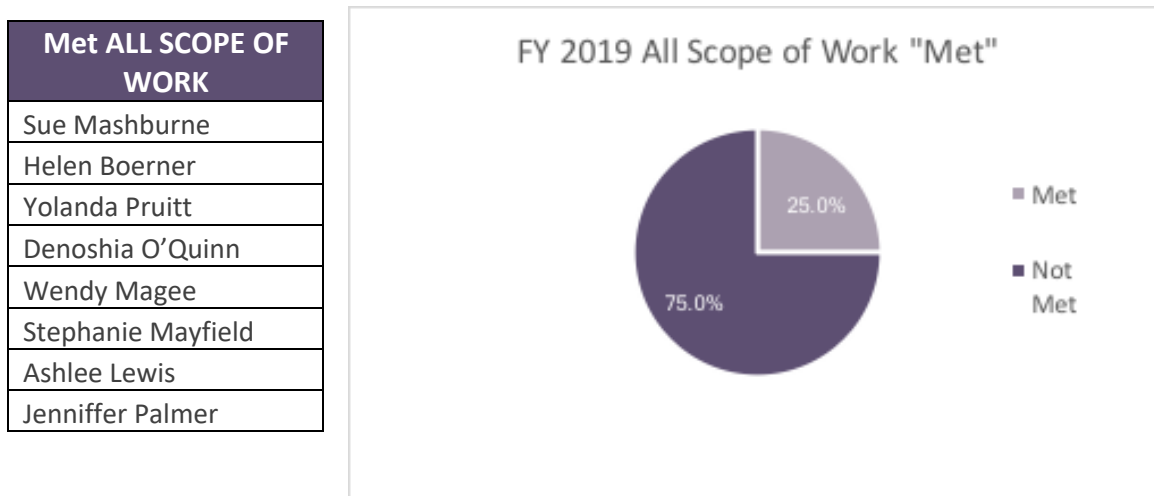


Figure 25.



Eight MTFC directors met or exceeded all scope of work requirements for the fiscal year (nine in FY 18). They are: Sue Mashburne, MTFC Director for Grenada, Yalobusha, and Calhoun Counties, Helen Boerner, MTFC Director for Itawamba, and Monroe Counties, Yolanda Pruitt, MTFC Director for Oktibbeha, Clay and Lowndes Counties, Denoshia O’Quinn, MTFC Director for Covington and Smith Counties, Wendy Magee, MTFC Director for Forrest, Jones and Perry Counties, Stephanie Mayfield, MTFC Director for Greene, George and Stone Counties, Ashlee Lewis, MTFC Director for Lamar and Marion Counties, and Jenniffer Palmer, MTFC Director for Prentiss and Tishomingo Counties. Casey Ward Hamilton, MTFC Director for Jefferson Davis, Lawrence and Walthall Counties is to be commended for major improvement in her work. She exceeded most of her deliverable requirements except for conducting three No-Menthol Sunday presentations (one completed). Her reporting was also well organized and on time. For a snapshot of MTFC activities, see Appendix A. For a more detailed look at each of the coalitions, see Appendix B.

Figure 26.



In Figure 26, the percentage of MTFC directors completing all scope of work requirements (25.0%) for the fiscal year is compared to those who did not (75.0%).

Table 6.

MTFC Breakdown	Events	Reach	Distribution
Advocacy/Policy	1,971	21,471	19,727
Cessation	358	0	10,885
General Awareness	2,560	104,276	83,223
Meetings (various)	300	3,498	0
Programmatic	165	2,107	1,697
Youth Teams	1,427	41,748	0
Team Sponsors	606	0	0
Summer Programs	134	4,426	0
Total	7,521	177,526	115,532

Table 7.

Advocacy/Policy	Events	Reach	Distribution
Merchant Training	192	296	392
Multi-Unit Housing	124	1,411	1,778
Multi-Unit Housing (HUD)	214	3,289	4,878
Ordinance Passage	15	102	11
Ordinance Work	328	1,366	960
SHS Pres	387	7,138	7,087
Youth Advocacy	651	7,465	4,577
Youth Trainings*	60	404	44
Total	1,971	21,471	19,727

*Youth trainings include number of trainings attended

Table 8.

Cessation	Events	Reach	Distribution
Resource Distribution	358	0	10,885

Table 9.

General Awareness	Events	Reach	Distribution
High Level Pres.	950	16,998	18,655
Disparate High Level Pres.	223	4,793	5,069
Not High Level Pres	682	47,603	33,975
Care for Their Air	105	2,734	3,762
JUUL Presentation	168	9,439	7,178
Success Stories	32	705	260
Great American Smoke Out	43	1,557	1,412
Kick Butts Day	46	4,566	2,461
No Menthol Sunday	97	6,139	4,443
Symposium	43	527	87
Youth Contest	117	6,986	5,064
Other	54	2,229	857
Total	2,560	104,276	83,223

For the first time, MTFC directors were required to conduct a JUUL power point presentation to three school districts in counties served. The presentations targeted teachers, administrators and school district personnel. The majority of MTFC directors conducted more than the required number of presentations and found that many schools were requesting additional presentations in the schools. In total, 168 presentations were given during FY19, reaching 7,726 personnel and 1,713 students.

Table 10.

Programmatic	Events	Reach	Distribution
Youth Teams	1,427	41,748	0
Team Sponsors	606	0*	0
Summer Programs	134	4,426	0
Identify Teams	59	499	129
RAT/FREE Pre-Post Tests	111	1,608	1,568
Total	2,332	48,281	1,697

*606 refers to the number of adult sponsors. The number of students represented on the teams was not repeated so the numbers would not be skewed.

Table 11.

Communications (MTFCs)	Submitted	Published
MSDH	309	41
Director	86	52
Other	33	63
Total	428	156

Tables 6-11 break down the scope of work components for the year. Events simply indicate the number of events/activities conducted; reach means the number of participants, and distribution means the number of materials disseminated during the event. In the case of youth teams, the event number is the number of activities conducted for the year, and the reach is the number of students participating on the youth teams. For the team sponsor category, the number (606) depicted is the number of adult sponsors working with the 41,748 students on the teams. Table 12 compares FY 19 to FY 17 and FY 18.

Table 12.

MTFCs by the Numbers	FY 2017		FY 2018		FY2019	
	Events	Reach	Events	Reach	Events	Reach
Advocacy/Policy	1,609	38,386	1,195	152,571*	1,971	21,471
Cessation	902	14,704	406	0	358	0
General Awareness	2,935	210,013	1,966	93,108	2,560	104,276
Meetings (various)	276	3,089	298	3,213	300	3,498
Programmatic**	11	688	64	834	165	2,107
Youth (Teams)	2,606	72,947	1,496	50,401	1,427	41,748
Team Sponsors	0	1,534	0	1,160	606	0
Summer Programs	174	5,700	428	4,980	134	4,426
Total	8,513	347,061	5,853	306,267	7,521	177,526

* in 2018, advocacy totals included municipality population sizes; in 2019, if municipality population numbers are added, the total would be 117,990

**in 2019, programmatic activities include identifying teams and conducting pre-post tests

Collectively, the MTFC's reached 41,748 Mississippi students through their work with youth teams (883 RAT teams and 544 FREE Teams). They also reached 21,791 adults through 1,173 high-level presentations (including disparate presentations). A small example of high level presentations include: Presentation on the Health Effects and reports on E-Cigarettes to members of the Holcomb Volunteer Fire Department, The Dangers of Tobacco Usage, presented to Rose Hill Adult Daycare staff, Tobacco 101 to Choctaw County Extension Service staff, JUUL presentation for adults at Mt. Gilead Missionary Baptist Church, Health Effects of Tobacco power point presented at the Northwest Regional Medical Center, collaboration with Prevention Community Counseling Service for a presentation at their Substance Abuse Prevention Conference, and a presentation to employees of Ward's Fast Food restaurant on the health consequences of tobacco usage. For the second year, MTFC directors were charged with presenting at least four high level awareness presentations to disparate populations in the state. 223 presentations were conducted reaching 4,793 Mississippians.

Examples included a presentation to Magnolia Place (Pine Belt Mental Health) residents on the health consequences of smoking, an awareness presentation to African American patrons of Elmer Ray's Barbershop on the risk of tobacco use in their communities; vaping in pregnancy presentation to pregnant women/mothers at Gautier High School; presentation on health effects of tobacco to senior citizens at Our Time Adult Daycare, dangers of tobacco use presented to women recently released from prison (Crosswalk Ministries), presentation to homeless men and women at the Multi County Community service Agency in Lauderdale County, and a tobacco presentation to Haven House Family Shelter residents in Vicksburg.

Other MTFC activities included:

Great American Smoke Out: 43 events across the state with 1,557 people in attendance compared to 46 events with 1,491 people reached in the previous year (FY 18).

Kick Butts Day: 46 events with 4,566 people in attendance compared to 51 events with 7,032 in attendance in FY 18.

Ordinance groundwork: 328 activities with 1,366 people in attendance compared to 277 activities with 1,458 people in attendance in FY18.

Ordinance or amendment passage: 15 for FY19 compared to 18 in FY18.

Care for Their Air: 105 presentations to 2,734 childcare center staff as well as parents and caregivers of the children enrolled in such programs compared to 110 presentations to 2,386 in the preceding year (FY 18).

Secondhand Smoke Presentations: 387 around the state to civic clubs, local government entities, conferences, youth groups back to school events with 7,138 in attendance compared to 420 with 8,825 last year (FY 18).

Merchant Training Presentations: 192 trainings with 296 in attendance compared to 161 with 279 in attendance in the preceding year (FY 18).

Multi-Unit Housing Presentations: 124 with 1,411 in attendance compared to 102 with 1,543 in the preceding year (FY 18).

MTFC Active Youth Teams: 1,427 teams (1,496 in FY 18)

Number of Students on Active Teams: 41,748 (50,401 in FY 18)

156 published communication pieces; 428 submitted.

MTFC Directors were asked to record all activities in TRAPS in a timely and synchronized manner that corresponded with what appeared on the monthly calendars, their monthly activities in TRAPS and their monthly expenditures. Thirteen directors partially completed their calendar obligations (Stacy Brooks, Tasha Bailey, Desiree Norwood, Kathryn Allman, Beverly Knox, Harry Gaston, Shirley Brown, Tabitha Wilson, Andre Nathaniel, Sharon Nettles, Khary Ratliff, Brittany Johnson, and Aleisha Jones). Branch directors and evaluators have encouraged directors to stay on top of calendar responsibilities including uploading them at or prior to the due date. Those who set aside weekly time to reflect on their work in TRAPS have much less trouble in keeping up with their data and activities. With the development of TRAPS 2.0, directors will now have a more user-friendly calendar to detail their itineraries for FY20.

In reviewing the coalition organization and activities, most directors conducted the required four coalition meetings, uploaded all sign in sheets, agendas, and minutes along with coalition membership lists, SWOT analyses, and work plans. Harry Gaston, Project Director for Panola, Lafayette, and Pontotoc Counties along with Aleshia Jones, newly hired Director of Harrison County struggled with completing these requirements.

Each May, coalition members are surveyed to gauge their views on the work of their coalitions in their specific communities. The evaluation team retrieves email addresses from the membership lists found in TRAPS and sends an electronic survey using Qualtrics software. In the past, many of the membership lists have been lacking working email addresses. Directors were reminded throughout the year to update their lists to ensure that an adequate number of coalition members would have the opportunity to be surveyed. A letter was also sent from the evaluators to the coalition members prior to the survey being distributed which resulted in a significant increase from the prior year. The total responses to the coalition board members survey was 242 compared to 90 in the previous year. According to the results of this year's survey, the majority of respondents (83%) reported that they had been asked to be involved in coalition planning by their directors compared to 87% for last year. At least 83.9% said that they had been asked by the director to recruit new members. Respondents were also given a list of coalition activities and were asked if they had assisted in any way during the year. The following represents the percentage of coalition member respondents who reported they had directly participated in the coalition in some way.

Figure 27.

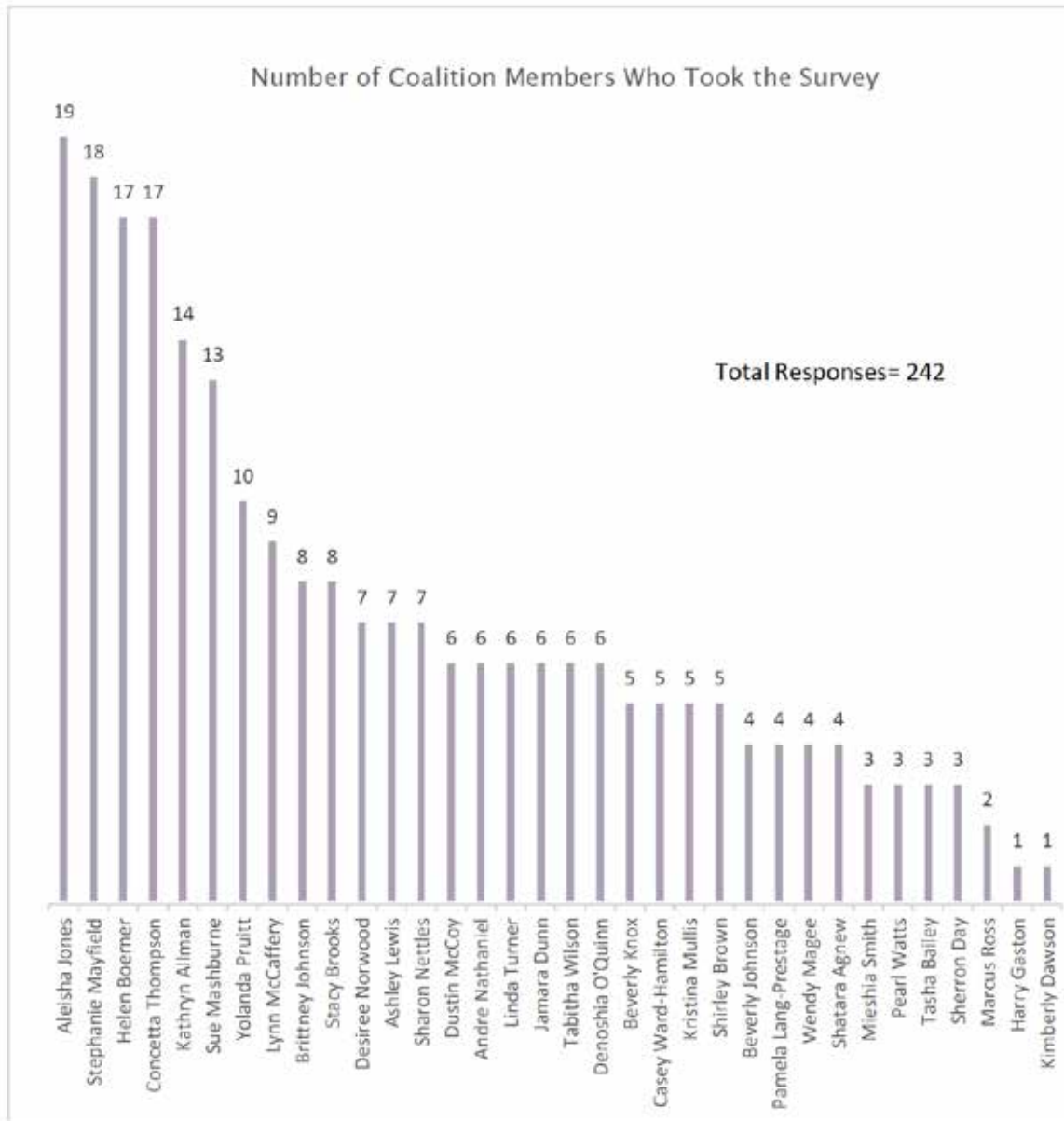


Figure 28.

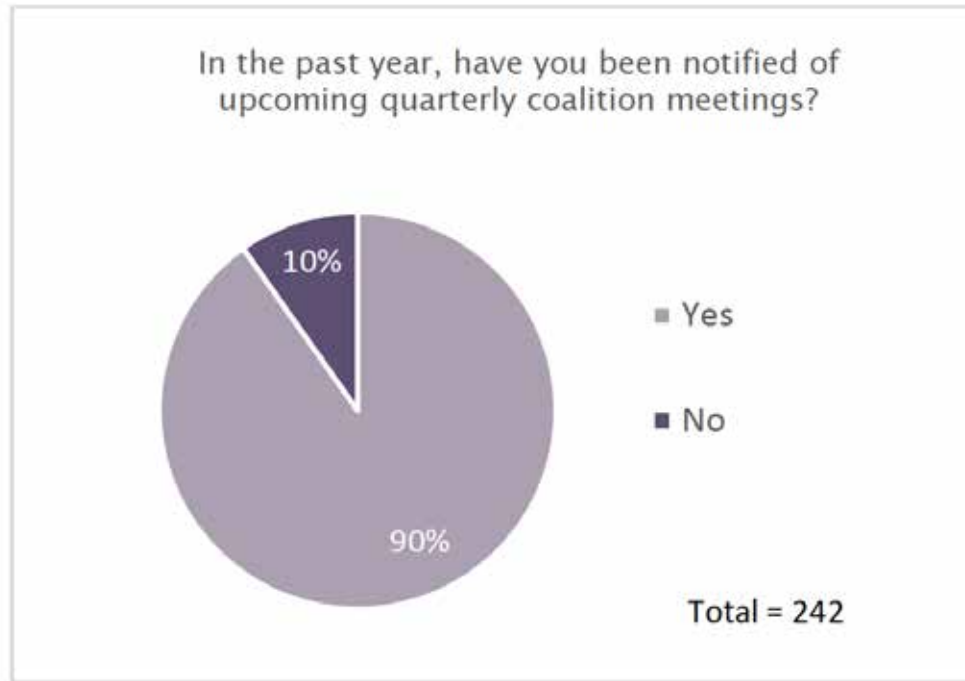


Figure 29.

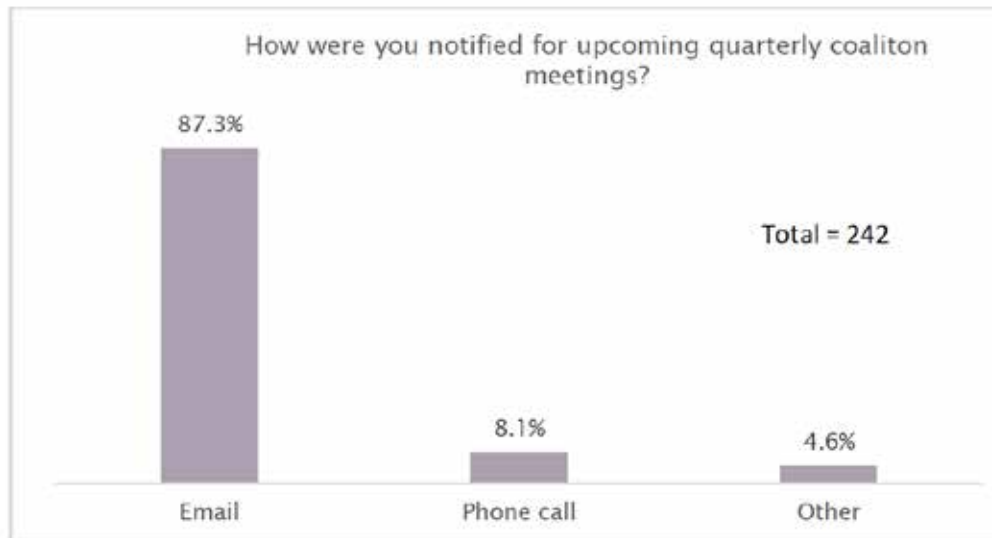


Figure 30.

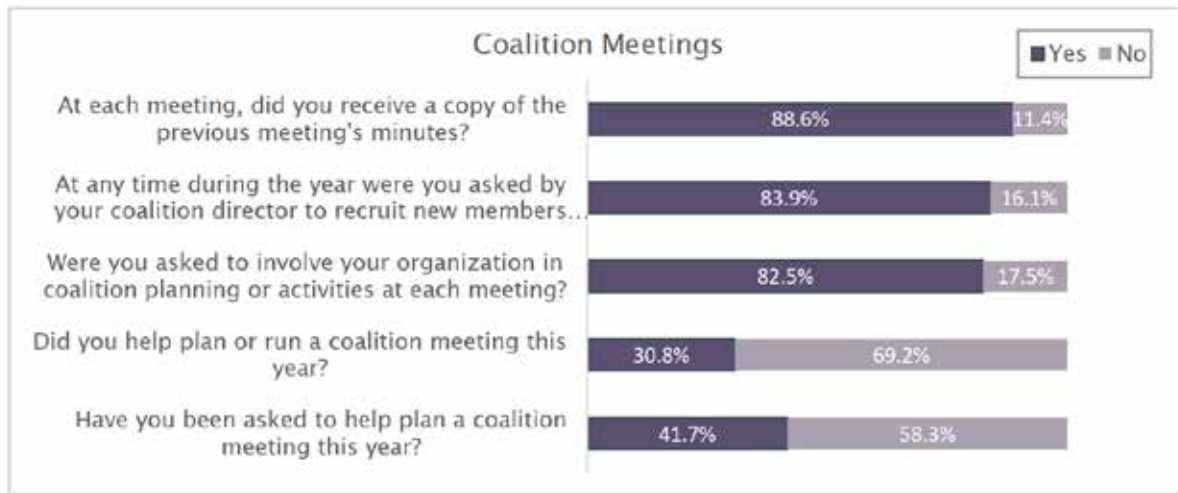


Figure 31.



Figure 32.

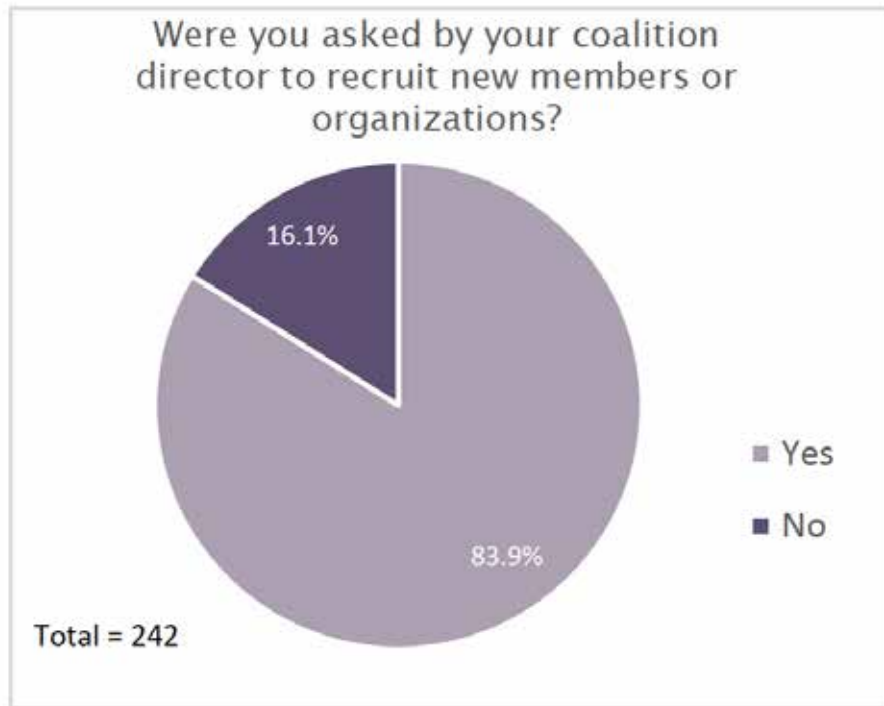


Figure 33.

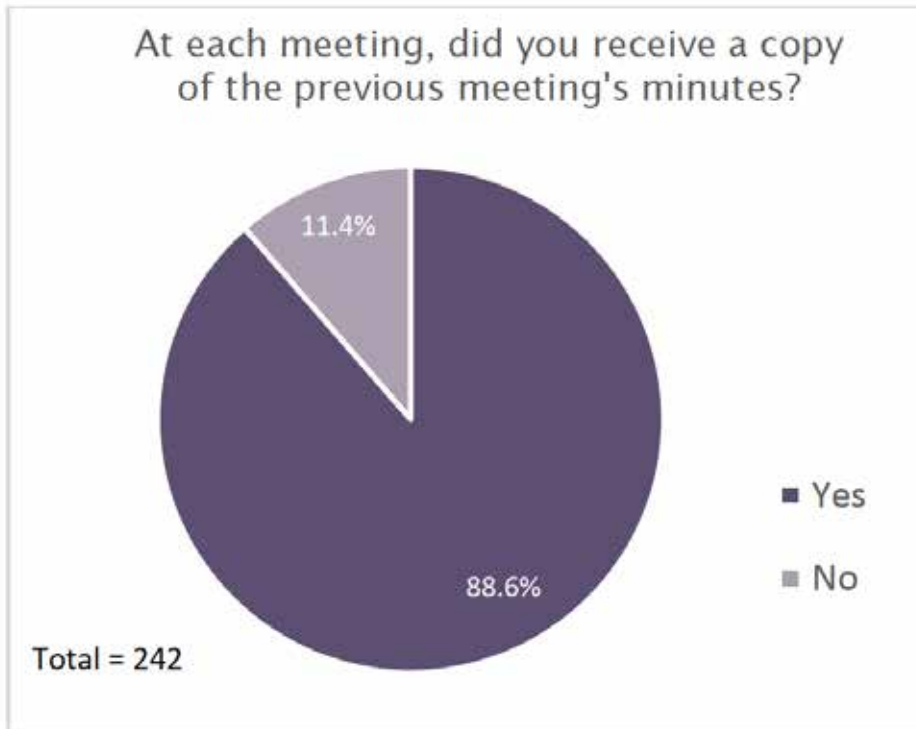


Figure 34.

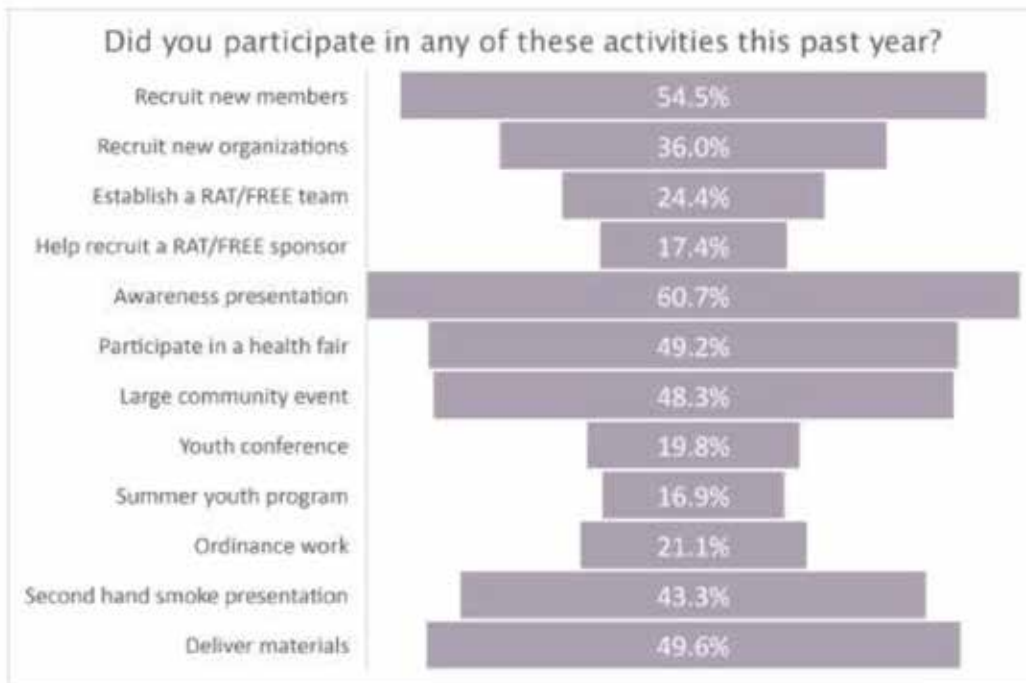


Figure 35.



Open-ended questions:

If you have any comments about the meetings that you would like to share?

- *Our director emails us at least a month in advance before our quarterly meeting and sends out periodic reminder emails. She also does a fantastic job on keeping us in the know regarding any legislature passed in our local cities and counties. She also researches new dangers and makes sure that our committee members are aware of these dangers. She has given us so many tools to help us with our area. She is the best!*
- *I think our meetings are running properly and with much thought put into them.*
- *Our director always does a wonder job at keeping us informed.*
- *I am always learning something; The meetings are very educational and informative.*
- *Each meeting had a great turnout and good discussions among the attendees.*
- *All of our Coalition meeting are very productive and informative. All members participate in the feedback at these meetings.*
- *Our director has been very professional and was able to answer most of the questions asked of her. If she didn't know she would find out.*
- *Wonderful organization — our director is energetic, vibrant & truly believes in trying to make change*
- *I believe the meetings are important to the community to continue our involvement.*
- *We've learned and brainstormed a lot at the meetings. We've tried to incorporate the community leaders in the meetings and then spread what we've learned.*
- *Our director is amazing and a pleasure to work with; Very informative.*
- *Our Director does an awesome job of keeping us up-to-date on Tobacco Free activities and current statistics. I enjoy our meetings which provide much insight.*
- *I've been to a few. This director is by far the most structured.*
- *Meetings are well organized and held in convenient locations - I enjoy speaking at these meetings.*
- *Our director does a very professional and excellent job directing the Coalition.*
- *This organization is very well run and so vital to our community.*
- *She does an excellent job! The meetings are always very informative.*
- *Our new director is doing an amazing job in her new role!*
- *This director has really grown her coalition in a short period of time. She does great with the meetings.*
- *Our director makes coalition meetings fun and informative!*
- *Meetings were well organized and planned to last the time frame of one hour! Meetings are run very efficiently and very informative.*
- *Our director always greets us. Committee members handle most of the meeting. Our director handles the activities. Meetings are well worth my time when I can attend.*
- *Our director is a joy to work with. She is passionate about her job and building a stronger coalition.*
- *The meetings allow for relevant discussion that is valuable to its members. I learn new things every time about the coalition and the works that is completes in the community. I also learn how to further protect the youth I am over.*
- *They cover different topics with different presenters. Always relevant and informative.*
- *Our director is doing a great job keeping us informed and a part of all of her meetings.*
- *I am a retired journalist and had an opportunity in one of my recent weekly columns for the Northeast Mississippi Daily Journal in Tupelo to sound the alarm about the rise of e-cigarette and Juul use among teens.*
- *All meetings were very informative and well managed. The community truly benefits from this program. We save lives!*
- *Do not like meeting by conference call at all.*

Are there any other activities you have participated in?

- *Community Health Fair*
- *Many events*
- *Our Director created a Youth group and held a Walk at our High School to promote Awareness!*
- *I was invited to give my personal story of how I quit smoking*
- *JUUL presentation*
- *Presentation to The Lions Club*
- *Offered contact for potential student representatives, notified coalition of events in my area, involved coalition in setting up at our upcoming free sports physicals*
- *Lunch and Learn at two schools*
- *Kick butts at Rosa Fort High*
- *Deliver tobacco-free sports venue signs to schools*
- *Great American Smokeout and Kick Butts Day (many respondents answered these two events)*
- *The coalition director came to do a presentation for our students*
- *All of the activities checked above*
- *I have a group and the director comes to the meeting at the end and does a presentation*
- *Anti-tobacco presentations at (city) Housing Authority homework help, JUUL and vaping info presentation at Just One Women/s Fellowship*
- *Had to have my director's help when applying for a health grant*
- *About 75% of the churches has posted no smoking or smoke free zones*
- *There was an activity at a church I participated in, however I do not remember the proper name*
- *Smoking Cessation Class and Relay for Life*

In what way(s) could "your director" improve as the director of your coalition?

- *I can't think of any ways she needs to improve she is Dynamic!!!*
- *More community involvement*
- *Get hospitals more involved in smoking cessation on discharge*
- *I don't have any recommendation; She is doing a wonderful job; I think she's great*
- *I'd like to see the local hospitals more involved; Have hospitals participate in quarterly meetings*
- *Hard to say because my director does an excellent job at all of it!*
- *Great job already so that is hard to answer. Can't think of any ways at this time.*
- *She does a fantastic job. Do not see how you can top what she does.*
- *Talks too fast – needs to slow down*
- *Serve all communities*
- *Better people person*
- *Please be sure to share information in a timely manner*
- *To network and get to know her communities better, and to touch base with the organizer of an upcoming event to make sure it is still as scheduled*
- *Making sure coalition members have transportation from one county to the next*

What is the best thing that has happened this year (July 1, 2018 to now) related to your Coalition's work?

- *One of our nearest cities voted to become Tobacco Free!*
- *Sharing at French Camp Academy*
- *We partnered with Home of Refuge*
- *Our program work with pregnant women at the pregnancy center at which I work*
- *The return of our director*
- *Youth involvement*
- *I was very impress with our last coalition meeting, where Ms. Kim Hart gave an awesome presentation and it brought out so many questions and response from the members*
- *Becoming a tobacco free city*
- *Smoking cessation literature and dangers of smoking in pregnancy are both talked about at all of my meetings*
- *More education and awareness of e-cigs and continuing communities passing ordinances and legislation to increase cigarette tax*
- *Our students have been involved in more activities than previous years*
- *Increase of smoke-free places; Working on our county*
- *The continued effort to ensure our county is fully informed and connected to tobacco free activities*
- *Smoke free ordinance passed; Renewed awareness for mothers who smoke in the home with small children*
- *I learned how horrible JUULS are*
- *Our director made herself visible at the school, so she could show the students the face behind the work*
- *Passed a smoke free ordinance in our county; Passed a smoke free ordinance in our city*
- *Helped spread the message of Infant Safe Sleep*
- *Making our youth more aware of the dangers of tobacco use!! (many comments similar)*
- *I was able to help with Lunch and Learn at two schools and was surprised how much is not known about tobacco*
- *Our director came to my classroom and conducted a very informative session on tobacco use and its negative side effects. The kids loved her and truly paid attention. She was very thorough and organized and it truly was a learning experience for all*
- *The handbook additions and new ordinances passed last year have been publicized and are becoming the new norm*
- **GETTING MY SISTER TOBACCO FREE**
- *I honestly can't pick one thing over another. Our director has been working tirelessly in getting ordinances changed and in reaching the community through the school and other venues*
- *Community Outreach and Involvement; Communication*
- *New organizations and members; Community presentations about Juul*
- *I became a member*
- *Increase awareness of tobacco ordinances and policies; Getting some of the ordinances passed*
- *Getting more youth involved. It has been great to see so many passionate about the use of tobacco and the effects it has on your body.*
- *We had more restrictions added to our school handbook where we had gotten vapes and e-cigs added to the school policy*
- *Collaboration with different health agencies and community organizations to promote a healthy smoke free Mississippi. Also helping to assist smokers with quitting.*

- *See the community get the resources and help needed; Several of my members had family members to stop using tobacco products*
- *More youth involvement!!!! Students taking leadership and leading the way within the coalition.*
- *New members*
- *Youth presentations; Consistency*
- *Informing students, parents, and community members about the dangers of vaping and juul.*
- *I believe the educational programs have been the best thing. They help raise awareness of the issues at hand.*
- *More involvement with the school system*
- *Our Coalition has been inactive for over a year. Our director has called a meeting in both counties since she has taken the coordinator position, something that has not been done since these coalitions began. She is the best thing that has happened to the coalition this past year.*

Awareness presentations play a big role in the MTFC Scope of work requirements. Presentations with adults as the audience are considered high-level while those given to youth and children are considered low-level. Overall, the percentage of directors who met the requirements was 63% compared to 77.4% in the preceding year. Those directors who met or exceeded the required number of presentations were: Beverly Johnson, Shatara Agnew, Helen Boerner, Jenniffer Palmer, Pearl Watts, Lynn McCafferty, Sue Mashburne, Desiree Norwood, Kathryn Allman, Beverly Knox, Yolanda Pruitt, Tabitha Wilson, Meishia Smith, Sharon Nettles, Pamela Lang-Prestage, Denoshia O’Quinn, Wendy Magee, Stephanie Mayfield, Kristina Mullis, and Ashlee Lewis.

Each MTFC Director was required to write a success story that focused on a systems-change process highlighting a policy implementation, and/or a collaboration with disparate populations or community partners. The success stories were to be presented at a community event, coalition meeting and/or an elected official meeting. Directors were given an outline from the CDC describing how to develop a success story. Additionally, a training session was held during the December MTFC Quarterly meeting to provide additional support. All directors created and uploaded Success Stories in the TRAPS system although not all completed the required number of presentations. Topic examples included:

- A coalition member representing Bolivar and Sunflower counties encouraged local pastors to collaborate with the MTFC to spread their message to congregations across the service area.
- The work of youth advocacy councils in Calhoun, Grenada and Yalobusha counties
- The dangers of vaping on breastfeeding mothers (MTFC Chickasaw and Lee)
- Kick Butts “Zombie Walk” leads to media attention and expanded events for the future in Clay, Lowndes and Oktibbeha counties
- Raising awareness in Smith County multi-unit housing
- Outreach to the Latino community in Madison County

- Secondhand smoke awareness campaign with Wesley Pediatric group (MTFC of Lamar and Marion counties)

Fiscal year 2019 marked the second year that project directors were charged with identifying youth advocates in their service areas to assist with advocacy/policy related activities regarding tobacco-free school policies inclusive of e-cigarettes as well as local comprehensive smoke-free air ordinances. Each director was required to assemble one youth advocacy council in each county served and were to meet at least four times per year. Nearly three-quarters (72%) of directors were able to achieve the deliverables described in the scope of work.

The evaluation team reached out to youth who served as Youth Advocates for Fiscal Year 2019 to gather their thoughts on the effectiveness of their service:

- “Working with youth advocacy was important to me because it helped me and many more people find ways to inform others about how smoking can be dangerous and how it can also affect nonsmokers.” Tessa Haynes, Nettleton High School
- “It’s important to include youth in coalition work because we provide more of an influence if we are relatable to the people we are talking to. I also believe that youth are the most influential but also impressionable.” Ashleigh Daughtery, Homeschool student, Itawamba County
- “Involving youth with coalition work is very important because most students do not understand what they are risking every time they inhale nicotine vapor or cigarette smoke.” Larissa Lemons, Mantachie High School
- “It builds character and gives a voice to the teens.” Hope Cox, Itawamba Agricultural High School
- “My job as a youth advocate was very important to me because I was able to identify with my peers. A lot of the things that many youth face when it comes to peer pressure and the need to want to be like others, I’ve faced or have known someone who has, but the good thing is that I can tell them that I overcame and beat the odds by not giving in. I was able to keep it real with my peers and serve as a continuous reminder of the importance of staying away from tobacco products and choosing to make good decisions.” Joseph Mallett, Kosciusko High School
- “The Mississippi Tobacco Free Coalition of Lowndes-Clay-Oktibbeha is pivotal in ensuring the potential of the establishment of a smoke-free ordinance in all three counties. It accomplishes this by partnering local youth with mentors to empower them to set an example to those around them, particularly their peers that conveys a staunch and unified front against tobacco and nicotine products. Particularly prevalent are e-cigarettes, such as JUUL, flavored pods that are incredibly popular

among youth. This creates a dangerous and early trend of addiction that that for many continues well into adulthood. Through the distribution of information regarding the health implications of tobacco and nicotine products through events such as Kick Butts Day and the Great American Smoke Out, the MTFC aims to reduce usage of such products in order to promote a healthy and safe community.”
Devin Chen, Mississippi School for Math and Science

Additionally, youth advocates assisted their directors with creating and conducting a PhotoVoice project that recorded and reflected point of sale findings at local convenience stores. The power point presentations were meant to educate the public and address point of sale issues in the community. Four directors failed to complete the assignment (Shatara Agnew, Brittany Johnson, Harry Gaston, and Sherron Day.)

The completion of advocacy and policy requirements decreased significantly in FY 19. Just over half (53%) completed deliverables compared to 87% in the previous year. Ten directors participated in passing ordinances and/or amendments in their service areas compared to 18 in FY18. Eleven communities passed comprehensive ordinances compared to 10 in FY18. There were four amendments passed (3 in FY18). No county-wide ordinances were passed in the fiscal year.

Harry Gaston is to be commended for his efforts with the work done in Oxford (amendment) and Crenshaw (comprehensive ordinance). Beverly Knox also worked to successfully pass a comprehensive ordinance in Philadelphia and an amendment in Shuqualak. Helen Boerner and Desiree Norwood achieved success with the passage of two ordinances/amendments in their service areas (Helen: Hatley and Tremont/Desiree: Sunflower and Greenwood).

Table 13.

Ordinances	Director	Date	Type
Hatley	Helen Boerner	9/6/18	Comprehensive
Coffeeville	Sue Mashburne	9/28/18	Comprehensive
Crenshaw	Harry Gaston	10/17/18	Comprehensive
Hazlehurst	Mieshia Smith	1/19/19	Comprehensive
Tremont	Helen Boerner	2/2/19	Comprehensive
Yazoo City	Sharon Nettles	3/5/19	Comprehensive
Philadelphia	Beverly Knox	4/4/19	Comprehensive
Sunflower	Desiree Norwood	5/9/19	Comprehensive
Brookhaven	Meishia Smith	5/22/19	Comprehensive
Crowder	Pearl Watts	6/1/19	Comprehensive
Newton	Jamara Dunn	**	Comprehensive
Amendments	Director	Date	Type
Shuqualak	Beverly Knox	9/13/18	(e-cig)
Hernando	Marcus Ross	11/1/18	(e-cig)
Oxford	Harry Gaston	5/7/19	(e-cig)
Greenwood	Desiree Norwood	5/21/19	(e-cig)

*Belzoni was added as an e-cig amendment in FY19 but its effective date was 6/15/17

**Newton's ordinance was passed 6/18/2019 (FY19) but its effective date was 7/18/2019 (FY20)

Table 14.

Place	Pop	Status	Date
Hatley	460	C	9/6/18
Shuqualak	452	A	9/13/18
Coffeeville	850	C	9/28/18
Crenshaw	847	C	10/17/18
Hernando	16,317	A	11/1/18
Hazlehurst	3,838	C	1/19/19
Tremont	467	C	2/2/19
Yazoo City	10,825	C	3/5/19
Philadelphia	7,172	C	4/4/19
Oxford	24,528	A	5/7/19
Sunflower	1,007	C	5/9/19
Greenwood	13,790	A	5/21/19
Brookhaven	12,089	C	5/22/19
Crowder	654	C	6/1/19
Newton	3,223	C	**
Total (15)	96,519	7/1/2018 - 6/30/2019	
Comprehensive Smoke-Free (C = 11)			
Amendment to include e-cig (A = 4)			
Partial Smoke-Free (P = 0)			

**Newton's ordinance was passed 6/18/2019 (FY19), but its effective date was 7/18/2019 (FY20)

There were two primary cessation requirements for FY19. Directors were asked to mail cessation materials to at least two venues (medical and dental facilities, restaurants, local civic organizations public housing authorities etc.) in each county served. They also were required to distribute a minimum of four TIPS campaign materials. Sixteen directors (50%) completed the cessation requirements for the year, down from 96% in the previous year. The decrease can be attributed to the TIPS campaign requirement. Just over half (53%) of directors completed the requirements citing that they never received the TIPS campaign materials or if they did, they did not receive them until late June.

Communication activity requirements included a minimum of eight media submissions (six developed by MSDH Communications and two from the MTFC Director) per year. Similarly, to the preceding year, 72% of directors submitted monthly articles generated by the MSDH Communications Department or the Directors themselves. MTFC directors were once again informed of the importance in determining circulation numbers of their respective media outlets and counting those numbers only when information was published or relayed in the media. Many directors did not document articles and/or media accounts if they were not generated by MSDH or the directors.

Sixty-three percent of directors were successful in the recruitment and maintenance of youth teams (RAT and FREE) compared to 65% the year before.

Eighteen MTFC directors met or exceeded all Scope of Work Team category requirements for the year. This compares to 22 from the preceding year. The following contains the name of the director, followed by the actual number of active teams, and then the number that were required.

Table 15.

ALL SOW Teams MET	
Sharon Nettles	64/24
Marcus Ross	42/24
Yolanda Pruitt	47/24
Dustin McCoy	60/24
Sue Mashburne	47/24
Shirley Brown	48/24
Helen Boerner	165/24
Beverly Johnson	29/24
Desiree Norwood	56/24
Casey Hamilton	135/24
Ashlee Lewis	29/24
Kristina Mullis	82/24
Pamela Lang-Prestage	35/24
Tabitha Wilson	85/24
Denoshia O'Quinn	33/24
Wendy Magee	44/24
Stephanie Mayfield	55/24
Tasha Bailey	100/24

Figure 36.

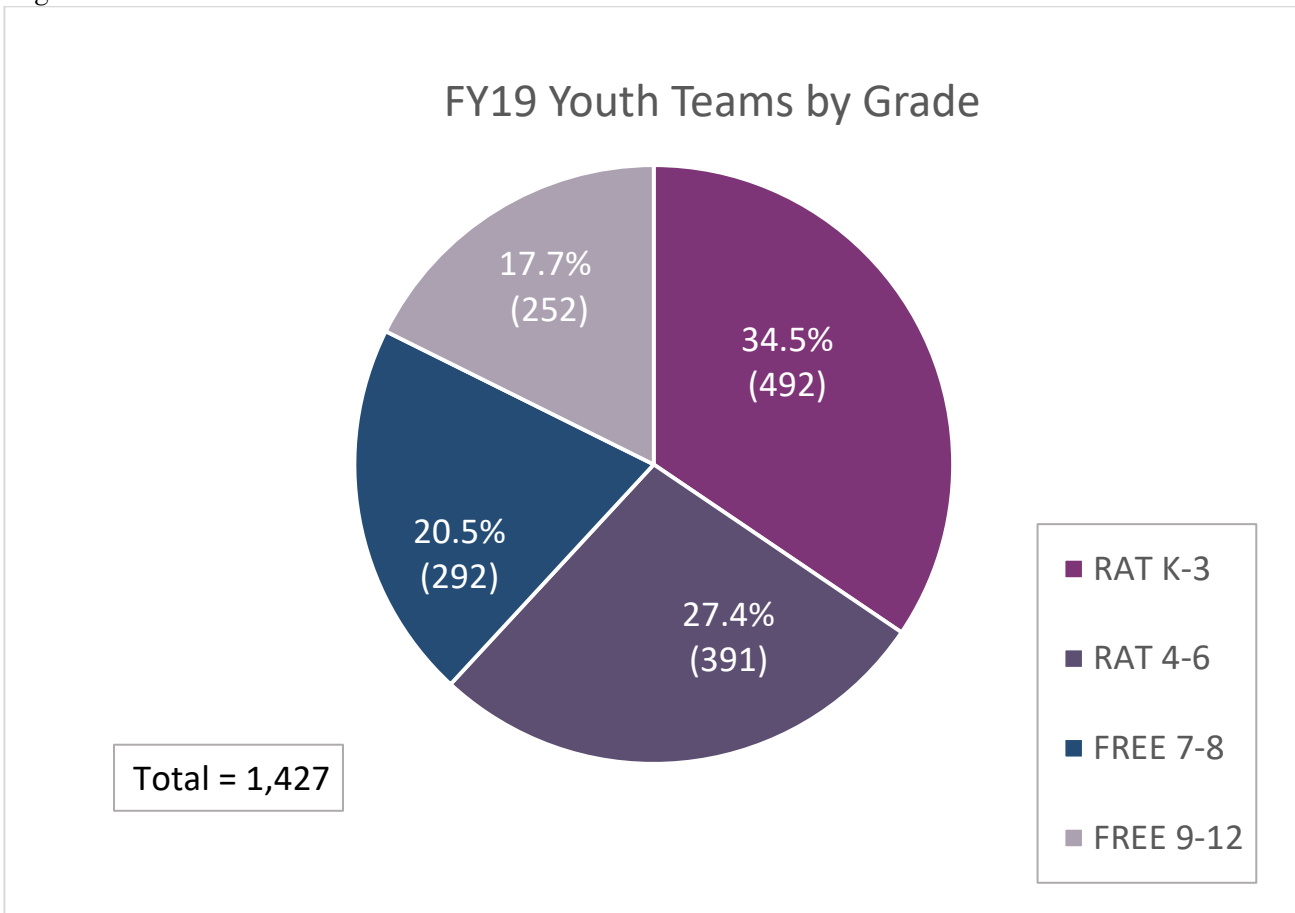
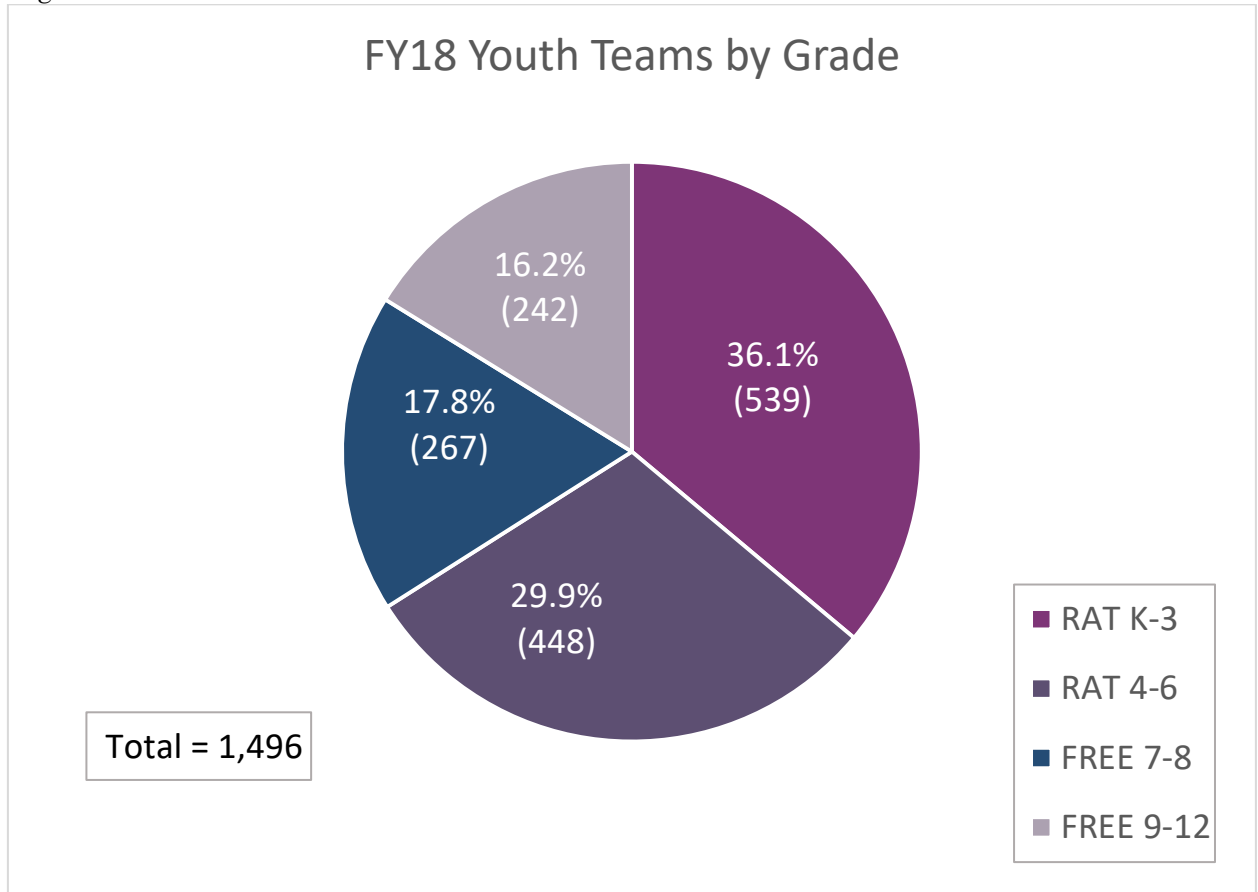


Figure 37.



As noted in Figure 36, the total number of active youth teams this year was 1,427. The largest portion of student involvement was in the elementary grades (883 RAT Teams) followed by 544 Free Teams (Grades 7-12). The combined activities for active teams was 7,338 with 41,748 students enrolled. A team was considered active if at least four activities were completed through the year.

Evaluators conducted a Qualtrics survey by email with youth team sponsors on how the year went in their opinion. Sponsors typically administer the activities (at least 4) to the youth teams throughout the year. To increase participation, evaluators sent an explanation letter to sponsors prior to the dissemination of the survey. In it, sponsors learned the survey process as well as reasons why such a survey can be used to improve the youth services. Participation was 230 compared to 83 in FY18. The following figures are representative of the responses received.

Figure 38.

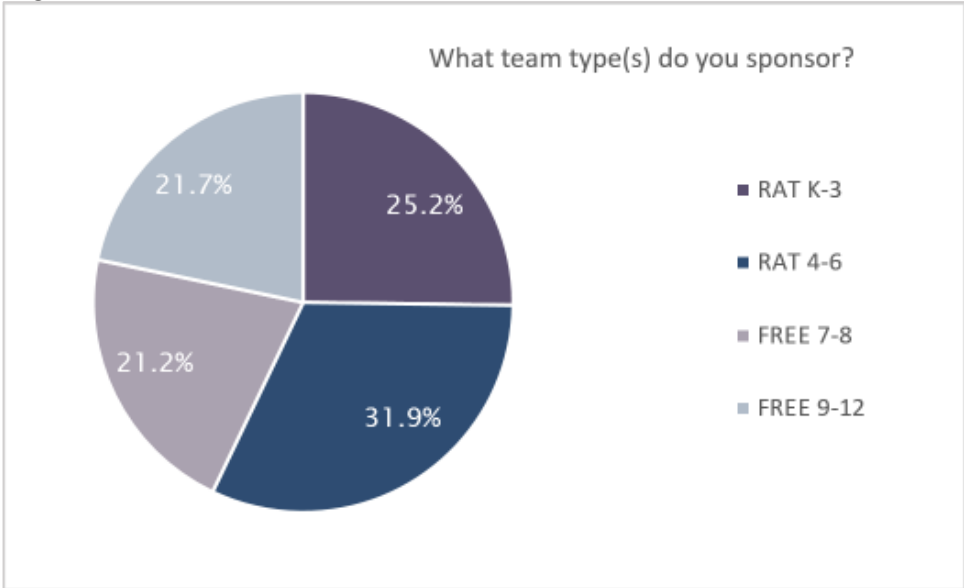


Figure 39.

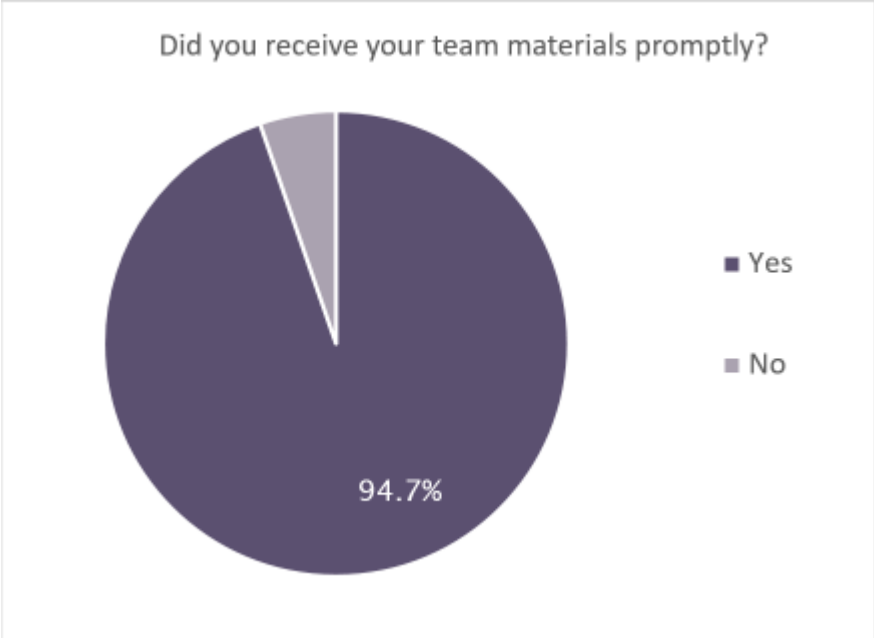


Figure 40.

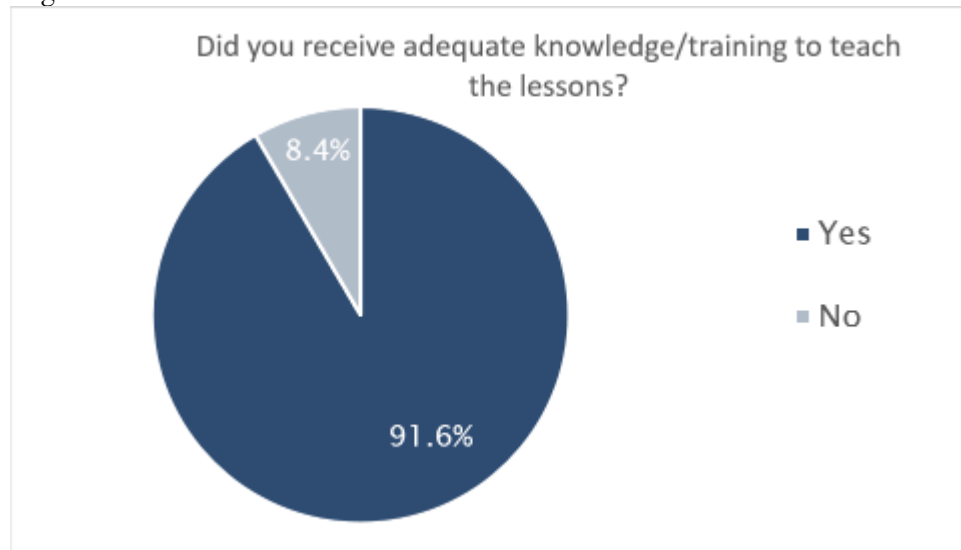


Figure 41.

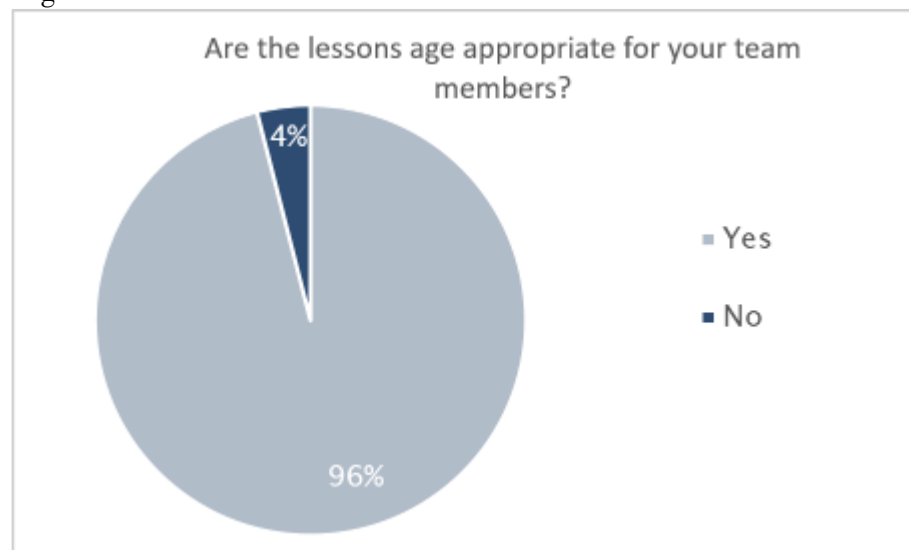


Figure 42.

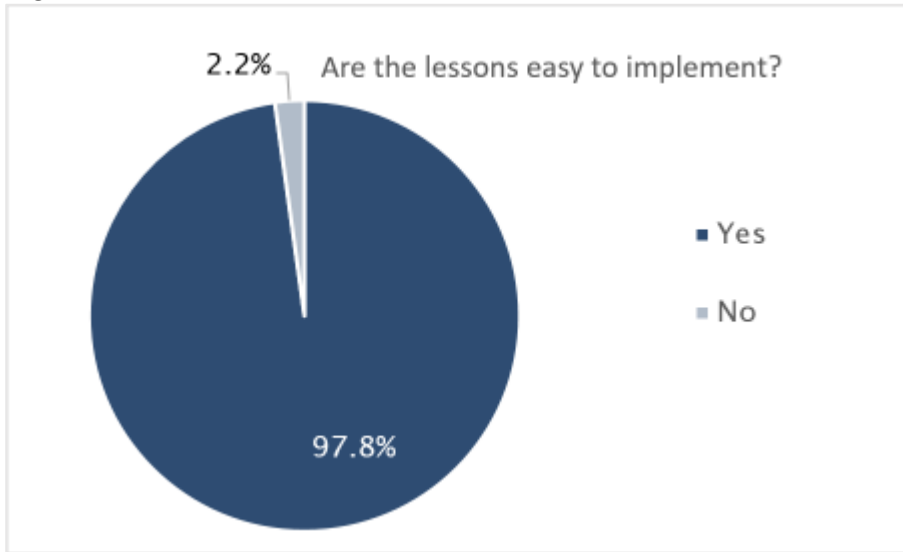


Figure 43.

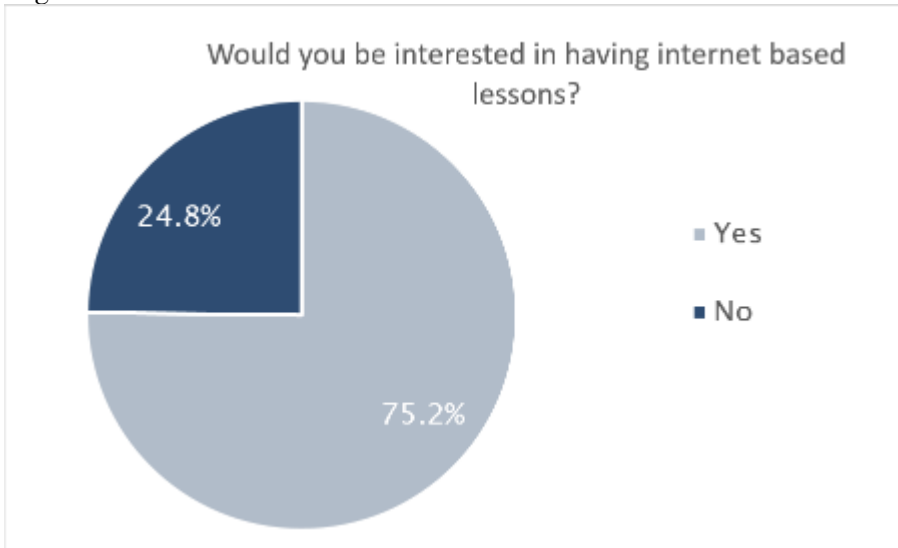


Figure 44.

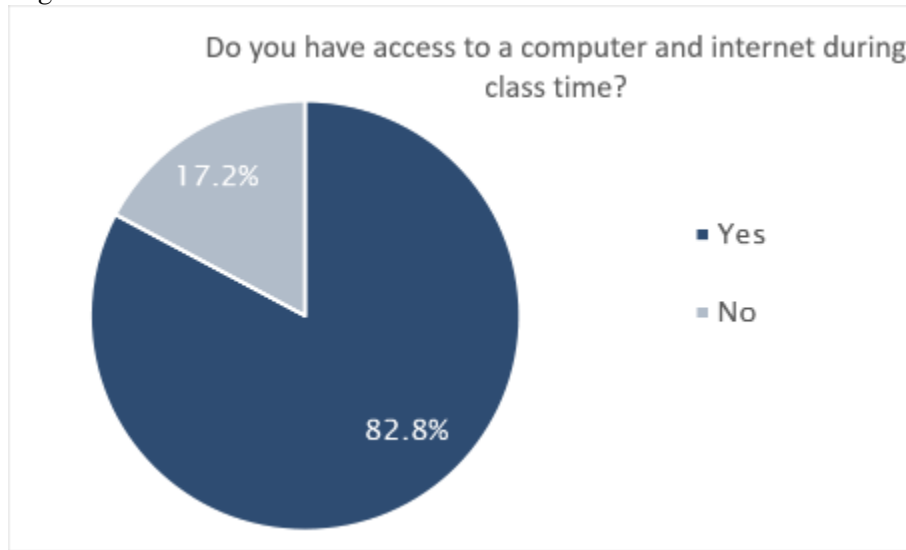


Figure 45.

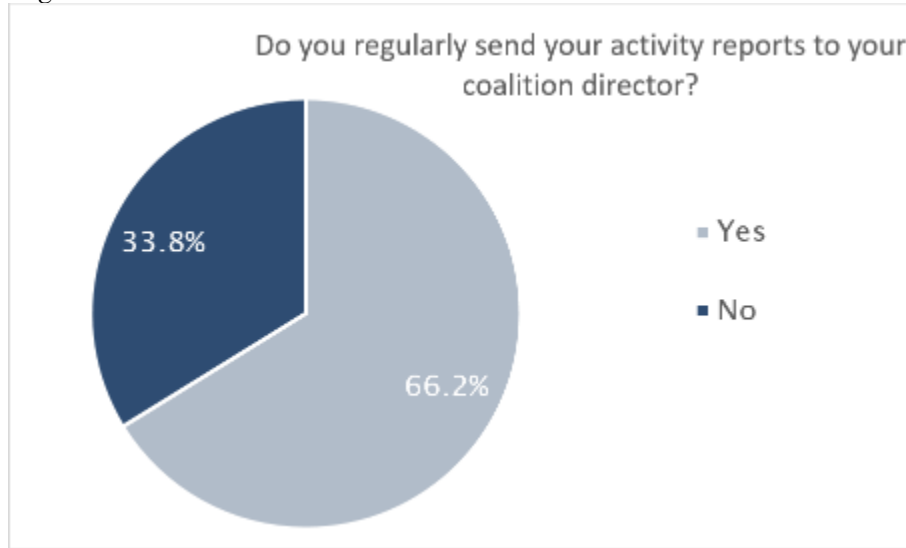


Figure 46.

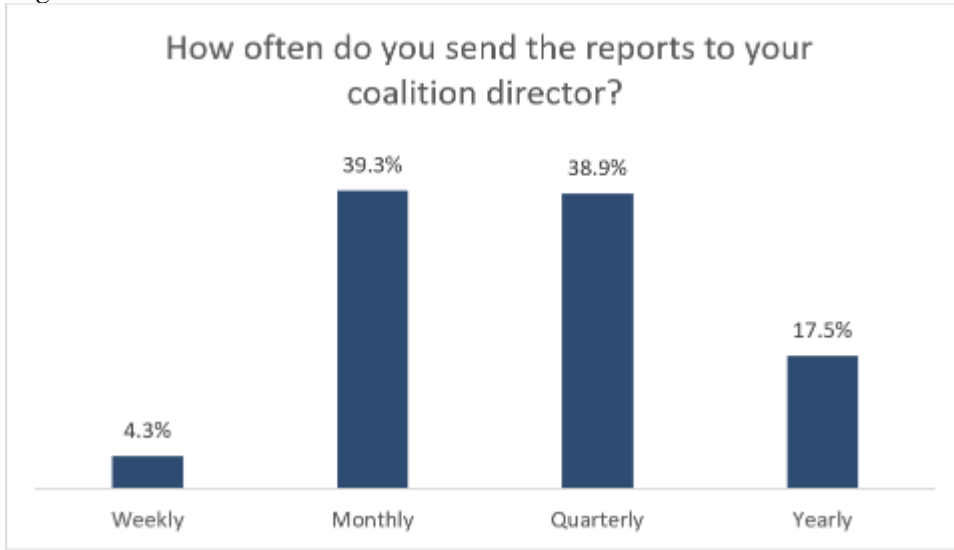
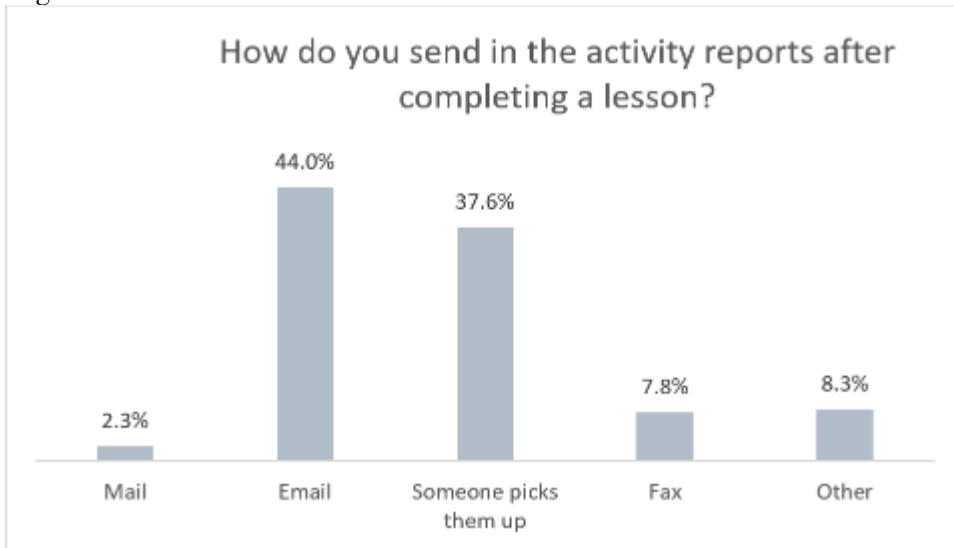


Figure 47.



Open ended responses:**What would make the lesson presentation and process easier for you?**

- All online material (numerous responses similar)
- Being able to electronically submit info such as rosters and activity reports
- Use cds, slide show, shows inside classrooms computer lessons would be great
- Copies made or a workbook for the students
- Good program, age appropriate computer based lessons would be useful
- Hands on material and online activities to go with lessons
- Have them for all year versus monthly
- Having more lessons that are inline with 5th ELA curriculum
- Having the ability to filter for lessons online would be great!
- I would like to be able to enter activity reports into the computer where they could be saved and a hard copy could be printed out as needed
- If there was actually a lesson to be taught; More digital, visual stuff
- More handouts; More incentives; More material; More time
- I may be able to respond after experience in training
- New lessons for next year that are easy to use
- One of the best things would be to receive the lessons at the end of the school year to adequately plan to start school in August. It would help with preparation and gathering of needed supplies
- No problem implementing activities
- Powerpoints could be helpful; Workbooks for each child; Materials for the lessons or experiments
- Have a RAT spokesman conduct all presentations
- To have more handouts/workbooks, and online lessons; Videos and workbooks would be great
- Please send the material in ample enough time; We have standards that we must go by in order

We value your opinion. Are there any thoughts you would like to share with us?

- I appreciate that there are multiple activities to choose from
- After completion of class give the kids a field trip; Have fieldtrips
- Because of the frequency and priority of state testing, it is very difficult at times to schedule classroom programs
- Enjoy messages; need more on vaping
- Great program; Great lessons; Everything is great (many like this)
- Good program, age appropriate computer based lessons would be useful
- Great program!! Students really enjoy the directors presentations
- Proud to have these additional supplements to use in the classroom
- Director does a wonderful job as our coordinator for the RAT Program
- I am pleased to have a project director who is easily accessible; She has been a valuable resource
- I have not receive any for this school year. Our contact person has changed and I reached out but did not hear anything back as far as visits, surveys, teaching materials, etc.
- I have a hard time keeping up with the representatives that are supposed to cover this county. Each year, there is a new one. By the time, I become familiar with one, he or she quits. Therefore, a steady relationship can not be built to reach clientele. I attend the meetings when offered; however, nothing else transpires afterwards.
- I have not received lessons or activities but I have received key chains
- I haven't had lessons (a binder) in the last two years. I would like to re-engage
- I know that this is not all about the prizes and we would do the lessons without them, but to the kids the prizes are important. Prizes that have the anti-tobacco message on them serve as a reminder to students of what we learned in the lessons. Our coalition leader always works so hard to make sure that our students get a prize by the end of the year
- I love for more teachers to participate
- I NEED A BINDER OF STUFF!!!!
- Keep informing our youth; Keep raising awareness
- My kids love the RAT program
- My representative is very easy to work with. Her energetic personality and information that she shares has been vital to our group.

We value your opinion. Are there any thoughts you would like to share with us?

- I appreciate that there are multiple activities to choose from
- I whole heartly support this mission I do. But to be honest, when I first partnered with MTFC we had much more support. We had contests, prizes came regularly. It felt more like a partnership.
- I think that this could should have more incentives. Children should be rewarded along the way and there aren't any
- Notebooks of lesson plans are well planned out with alot of material
- Please try and come once every nine weeks to make the students abreast of the dangers of tobacco use
- Provide handout cards with facts on them to handout
- Real life experiences shared through guest speakers, demonstration, and/or videos
- Thank you for your willingness to partner with us!
- The activity are very thorough and the kids loves the reports. Each one are fun, engaging and the kids gets the message about being tobacco free and sharing it with others ... Very informative !!!
- The health information presented to the students is in a format and language they can relate. I know the information gets through to them, especially when they see the healthy lungs and the diseased lungs from all the chemicals and tar. Everyone wants to be healthy if they can! So, it is a worthwhile message and program! Thank you
- The students have to be challenge with tobacco teaching. Some of the materials are not challenging enough. I use funds from the grant to purchase interactive tobacco teaching games.
- This is a great program to implement to the children and parents. This brings awareness of the harm to tobacco.
- We appreciate the efforts of the coalition; We need more information on vaping
- Workbooks for each student would help. RAT posters for the classroom and online training
- Did not hear anything from our district Coalition Director this year. No incentives were sent to our school. Very disappointed with the Coalition this year. Support from the coalition seems to be less and less each year.

In Fiscal Year 2019, the task of testing students who were participating in RAT and FREE team activities went back to the MTFC Project Directors. During the previous year, staff at PHM had undertaken this, but they found they had a hard time making contacts in the schools and ended up asking for assistance from the MTFC project directors anyway. Youth teams were selected randomly to participate in testing initial knowledge and knowledge retention and attitudes about tobacco use and influence from the RAT and FREE materials they had been exposed to. Teams chosen to test were comprised of students who had not participated in any youth teams previously. Pre-tests were conducted prior to the teaching of any curriculum. Posttests were completed in the spring, and all were mailed to the evaluation team for analysis. Forty-four teams were tested with 834 students ranging from grades 5 to 12. The RAT (grades 5-6) pretests (350) and posttests (339) had a match of 319 valid tests. The FREE (grades 7-12) pretests (457) and posttests (439) had a match of 429 tests.

Table 16 shows the RAT (K-6 grade) student improvements in tobacco knowledge from the pre to posttests in the majority of areas. Conventionally, a p value of less than .05 is considered statistically significant. The RAT students had 33 questions to test their knowledge on tobacco and how it relates to health. 26 of the 33 questions were statistically significant from the pre to post-testing with a p value most times at $<.001$.

Table 16.

RAT - Pre & Posttest (t-test) (1=Yes, 2=Maybe Yes, 3=Don't Know, 4=Maybe No, 5=No)	Matched N	Pre- Mean	Post- Mean	Mean Diff	Sig. (2- tailed)
1. Smoking					
a. Smoking makes teeth yellow	317	1.30	1.12	0.18	0.000
b. Smoking makes breath, hair, and clothes stink	317	1.51	1.26	0.25	0.000
c. Smoking turns lungs black	317	1.38	1.15	0.23	0.000
d. Smoking makes your heart work harder than it should	317	2.54	1.87	0.67	0.000
e. Smoking can cause cancer	309	1.19	1.13	0.06	0.170
f. Smoking is hard to stop once you start	318	1.52	1.29	0.23	0.001
g. Smoking costs a lot of money	301	2.57	2.09	0.48	0.000
h. Smoking can make it hard to taste your food	311	2.49	1.92	0.57	0.000
2. Spit tobacco					
a. Spit tobacco causes cavities	315	1.79	1.53	0.26	0.000
b. Spit tobacco causes mouth cancer	315	1.89	1.45	0.44	0.000
c. Spit tobacco causes tooth loss	310	1.87	1.51	0.36	0.000
d. Spit tobacco costs a lot of money	314	2.61	2.31	0.30	0.002
3. Electronic Cigarettes/Vaping					
a. E-juices can be harmful and even deadly to toddlers	314	1.89	1.51	0.38	0.000
b. E-cigarette vapor is NOT harmless "water vapor"	312	3.02	3.15	-0.13	0.251
c. The nicotine in the e-juice can harm growing brains	305	2.26	1.81	0.45	0.000
d. E-cigarettes delivers MORE nicotine than cigarettes	306	2.41	1.86	0.55	0.000
4. Secondhand Smoke (SHS)					
a. Secondhand smoke comes from cigarettes and cigars	309	1.85	1.47	0.38	0.000
b. Secondhand smoke causes cancer	310	1.88	1.50	0.38	0.000
c. Secondhand smoke is safe in small amounts	309	3.48	3.62	-0.14	0.184
d. Secondhand smoke causes earaches	311	2.7	2.17	0.53	0.000
e. Secondhand smoke should be avoided	308	1.79	1.42	0.37	0.000
5. I know how to tell others about the dangers of:					
a. Cigarettes	312	1.49	1.25	0.24	0.000
b. Cigars	311	1.77	1.48	0.29	0.000
c. Smokeless Tobacco	308	2.04	1.55	0.49	0.000
d. Electronic Cigarettes/Vaping	310	2.13	1.49	0.64	0.000
6. I have been to the RAT website					
	297	3.74	3.09	0.65	0.000
7. Exercise					
a. Smoking makes running or jumping harder to do	273	2.12	1.59	0.53	0.000
b. Spit tobacco makes running or jumping harder to do	2968	2.53	2.02	0.51	0.000
c. Breathing in SHS makes running & jumping harder to do	267	2.29	1.84	0.45	0.000
8. Cigarette butts can harm 1 = Correct answer					
a. Plants b. Animals c. People d. All of the Above	313	0.66	0.84	0.18	n/a
9. RAT stands for: 1 = Correct answer					
a. Rebel Against Tobacco b. Really Awful Tobacco c. Run Around Town d. Reject All Tobacco	309	0.83	0.91	0.08	n/a
10. The name of the drug found in cigarettes that is addictive is: 1 = Correct answer					
a. Sugar b. Menthol c. Nicotine d. Tylenol	310	0.72	0.86	0.14	n/a
11. Cigars are safer than cigarettes? 1 = Correct answer					
a. True b. False	308	0.72	0.86	0.14	n/a

Table 17.

Generation FREE - Pre & Posttest (t-test) (1=Strongly Agree - 5=Strongly Disagree)	Matched N	Pre- Mean	Post- Mean	Mean Diff	Sig. (2- tailed)
1. Tobacco companies sell products that are harmful	423	1.51	1.37	0.14	0.012
2. Smoking causes stress	424	2.41	2.09	0.32	0.000
3. Tobacco is a waste of money	413	1.49	1.44	0.05	0.462
4. I know how to say 'No' to cigarettes	396	1.28	1.31	-0.03	0.853
5. I know how to say 'No' to:					
a. smokeless tobacco	420	1.42	1.40	0.02	0.626
b. hookah	409	1.61	1.37	0.24	0.000
c. electronic cigarettes/vaping	409	1.68	1.49	0.19	0.003
6. I know how to tell people about the dangers of					
a. cigarettes	427	1.69	1.65	0.04	0.484
b. electronic cigarettes/vaping	417	2.00	1.79	0.21	0.002
c. smokeless tobacco	420	1.88	1.73	0.15	0.033
d. secondhand smoke	419	1.82	1.65	0.17	0.016
7. I know how to ask someone to stop using tobacco	415	2.17	1.98	0.19	0.014
8. Smokeless tobacco is a harmless alternative to cigarettes	417	3.58	3.81	-0.23	0.003
9. Vaping/e-cigarettes are a safe alternative to cigarettes	405	3.59	3.77	-0.18	0.040
10. Tobacco companies:					
a. influence me to smoke	424	3.71	3.53	0.18	0.053
b. influence my friends to smoke	416	3.26	2.96	0.30	0.001
c. influence others my age to smoke	407	2.89	2.49	0.40	0.000
d. target teens	417	2.47	2.09	0.38	0.000
e. target women	414	3.02	2.66	0.36	0.000
11. I have invited classmates to tobacco-prevention activities	423	3.59	3.44	0.15	0.070
12. I have shared tobacco facts with others	421	2.75	2.49	0.26	0.005
13. I have shared tobacco facts at a school activity	415	3.20	2.96	0.24	0.008
14. Tobacco co.'s spend a lot of money in advertisements	425	2.20	1.96	0.24	0.001
15. Tobacco co.'s should be held responsible for hurting people	423	2.14	1.95	0.19	0.024
16. During this school year, I have visited these websites:					
a. Campaign for Tobacco Free Kids	417	1.87	1.74	0.13	0.000
b. Generation FREE	417	1.86	1.71	0.15	0.000
c. World Health Organization	411	1.82	1.75	0.07	0.001
d. TheTruth.com	414	1.85	1.76	0.09	0.000
e. The American Lung Association	414	1.87	1.76	0.11	0.000
f. the American Cancer Society	416	1.81	1.74	0.07	0.002
Social Media (1=Yes, 2=No)					
17. I have posted a tobacco fact on social media	410	1.92	1.88	0.04	0.010
18. I have posted on social media during an anti-tobacco activity	409	1.89	1.86	0.03	0.090
19. I have followed Generation FREE on:					
a. Twitter	405	1.92	1.90	0.02	0.406
b. Snapchat	414	1.84	1.82	0.02	0.407
c. Facebook	411	1.88	1.85	0.03	0.090
d. Instagram	414	1.81	1.76	0.05	0.056
20. I have seen a Generation FREE advertisement on the internet	410	1.56	1.48	0.08	0.007
21. I have researched tobacco facts on the internet	407	1.52	1.47	0.05	0.040
22. The most common form of cancer associated w/ tobacco is: 1 = Correct answer					
a. Colon b. Liver c. Lung d. Skin	417	0.91	0.95	0.04	n/a
a. Cancer b. Heart Attack c. Lung Disease d. All the Above	418	0.81	0.83	0.02	n/a
a. Smoking b. Accidents c. Infections d. Malaria	404	0.86	0.92	0.06	n/a

Table 17 displays the Generation FREE (grades 7-12) results from pre to post testing. The FREE students had 41 questions to test their knowledge on tobacco and how it relates to health. Approximately half of the 41 questions were not statistically significant from the pre to post-testing with a p value most times at $<.001$, meaning there is a greater than 99% probability that the difference between pre and posttest is valid.

Youth Programming

The Partnership for a Healthy Mississippi (PHM) contracted with OTC to administer youth programming over the course of many years. A large component of the work was administering the statewide Reject all Tobacco (RAT) program for elementary-aged children and Generation FREE for middle and high school students. This work was done in association with the MTFC's who coordinated the youth team activities in schools and community locations. Following the completion of the Fiscal Year 2019 contract, PHM's role changed. They now will maintain a contract with a focus on leading 6th through 12th graders in five selected schools across the state to increase their awareness and education about vaping. A second contract with Caffee, Caffee and Associates focusing on empowering at-risk youth to reject tobacco use will engage youth in grades 9-12 in tobacco prevention activities and increase their exposure to effective anti-tobacco messaging.

Once again, staff turnover at PHM was high during Fiscal Year 2019. Evaluators spent considerable time throughout the year conducting onsite trainings and meetings with staff as well as monthly conference calls to answer questions and to assist the staff in determining how to reflect the work properly and in a timely manner. Kimberly Sampson and Billy Rucker were present for the in-person meetings as well as the conference calls. As with other statewide grantees and cessation partners, PHM staff were asked to complete a monthly template addressing the completion of tasks. The yearly self-reported tally of programs efforts should present an in-depth look at the year's work. However, the document lacked a lot of detail. A copy of it can be found in Appendix C.

Table 18.

PHM by the Numbers	Events	Reach	Distribution
Summits & Symposiums	7	928	4,159
RAT Shows	34	11,348	21,783
RAT Education Presentations (20)	28	727	734
Freestyle Events	13	8,403	8,722
FREE U Squad Activities	38	813	192
FREE U Squad Trainings/Tours (5)	18	1,092	2,728
FREE YAB Activities	148	136	276
FREE YAB Activities (5 per member)	56	47	0
FREE Education Presentations	32	1,951	2,059
Team Incentive Distribution	11	0	163,826
Other	98	394	296
Total	483	25,839	204,775

Table 19.

PHM Media	Events	Audience
Published Audience	3	6,050
Press Releases	18	0
Social Media Posts	694	14,714
Total	715	20,764

Reject All Tobacco: RAT

SMART Goals for RAT as Outlined in the FY 2019 Scope of work:

- Increase awareness and provide education regarding the need for recognition of e-cigarettes and other alternative nicotine products to be classified as a tobacco product in Mississippi among parents and educators of students in grades K-6 by 20%.
 - Increase awareness regarding the need for comprehensive smoke-free policies, including e-cigarettes and other alternative nicotine products in the respective counties and school districts of the RAT Troupe members with specific emphasis on the counties that do not currently have a comprehensive tobacco free policy among parents and educators of students in grades K-6 by 20%.
-

In spring 2018, five RAT Troupes were established, and members were selected for the upcoming school year. Locations were Delta (Simmons High School), Northwest Rankin, Madison Central, Oxford, and Oak Grove. In addition to learning dance techniques during a two-day dance camp, members were trained on tobacco prevention, policy implementation, advocacy, media training, and leadership/character building. The number of RAT Troupe performances was down from previous years. There were 34 troupe shows in FY 19 compared to 38 shows the previous year. However, the 34 shows did surpass the 25 required by the Scope of Work. Outreach efforts to promote the performances were done through the dissemination of press releases to areas with a media presence. Family Guides were distributed to 11,348 students at 34 RAT Troupe performances across the state.

The following is representative of responses from school district personnel as it relates to the RAT Troupe performances and the follow-up process after the performances.

Figure 48.

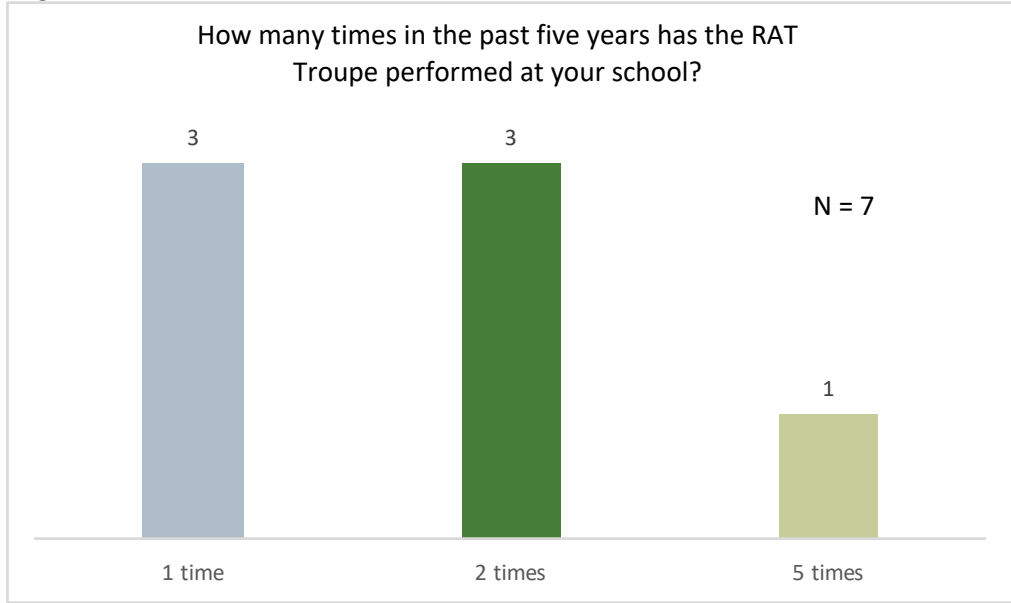


Figure 49.

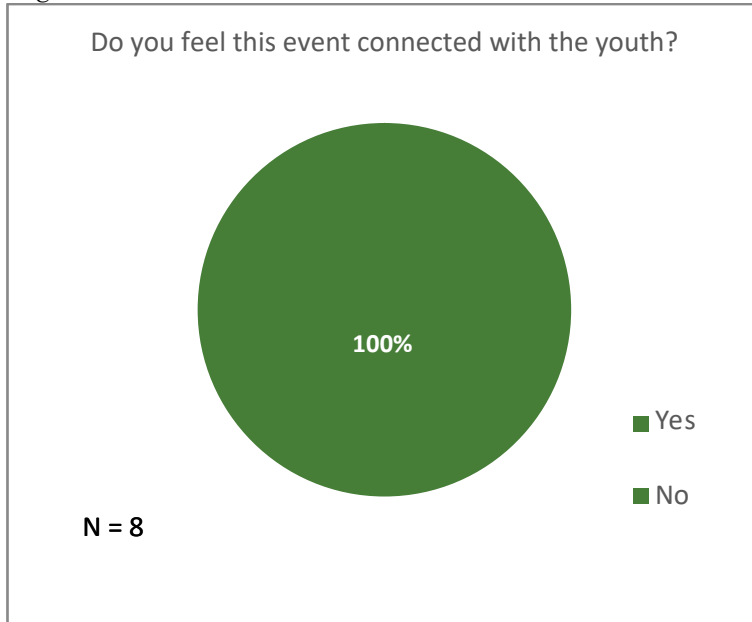


Figure 50.

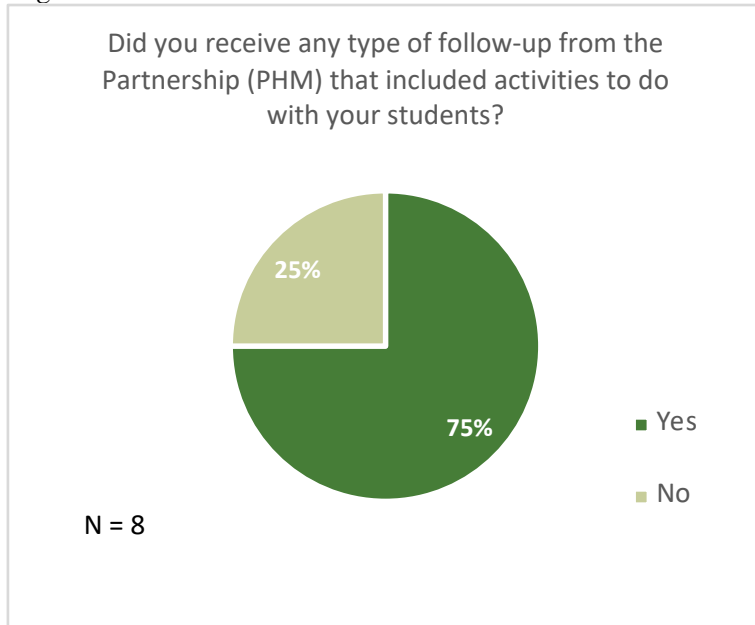


Figure 51.

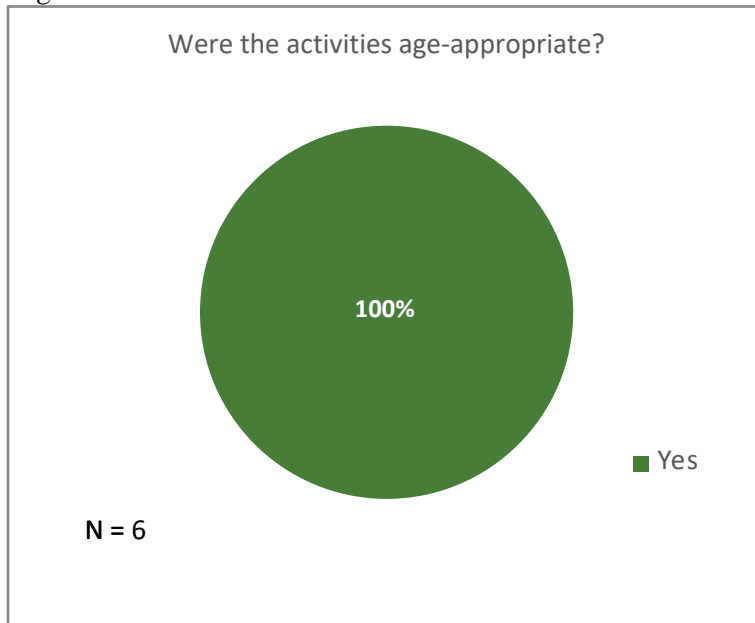


Figure 52.

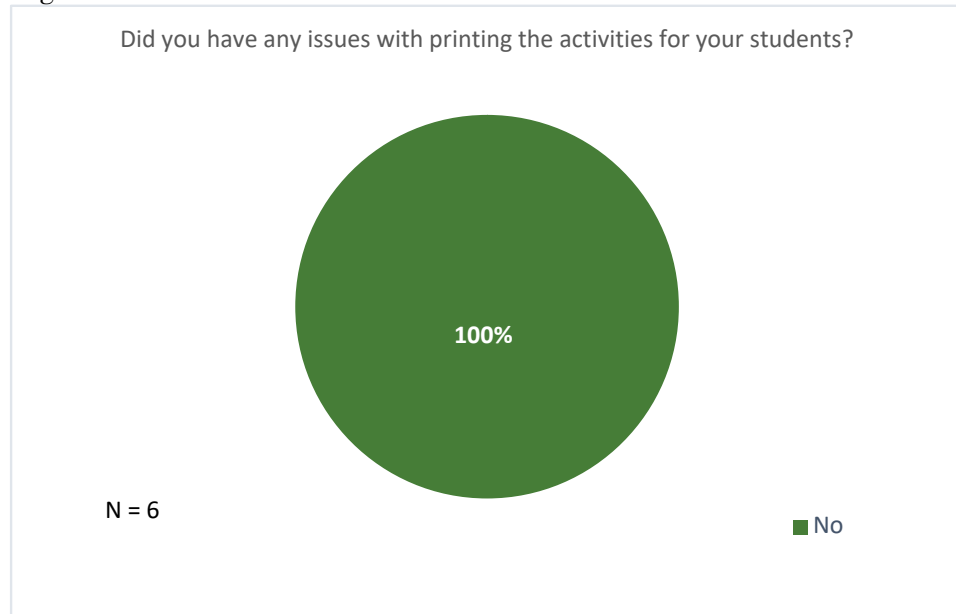


Figure 53.

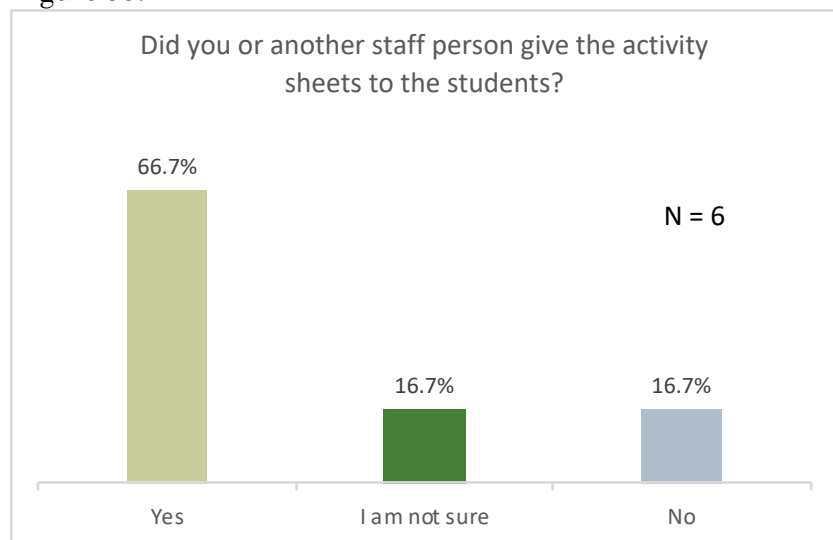


Figure 54.

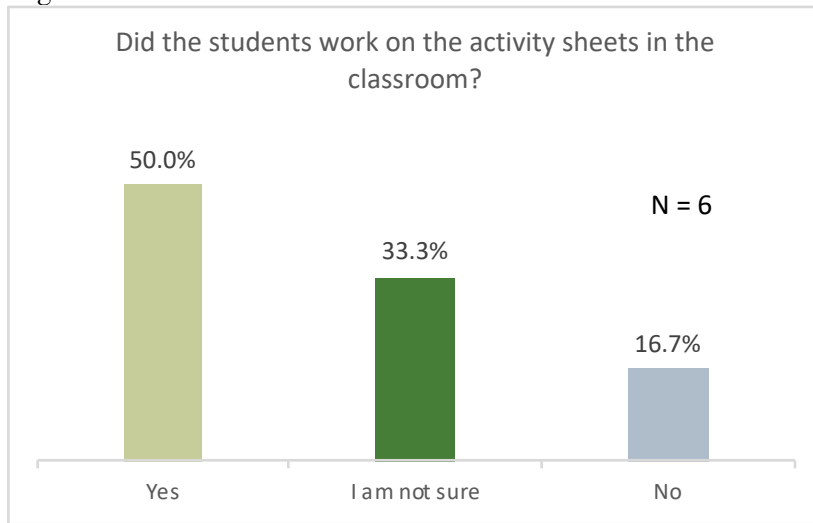


Figure 55.

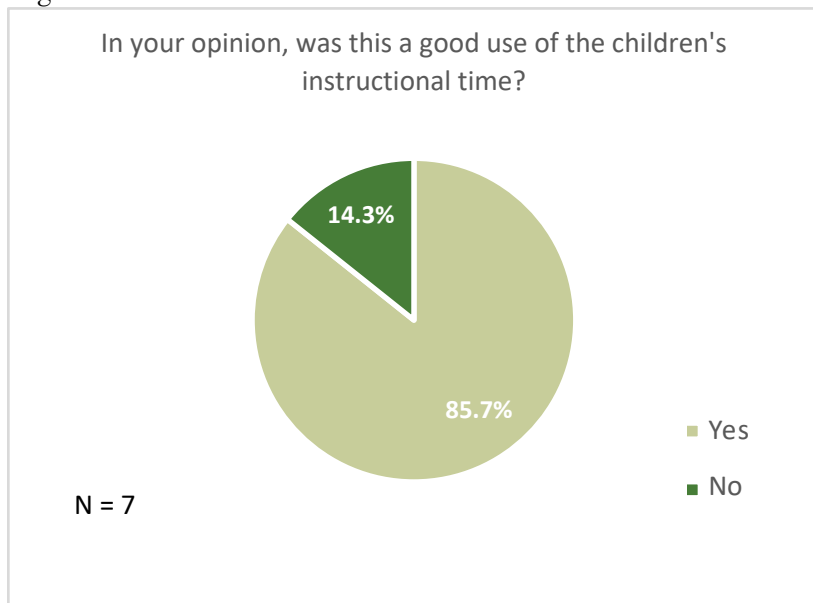
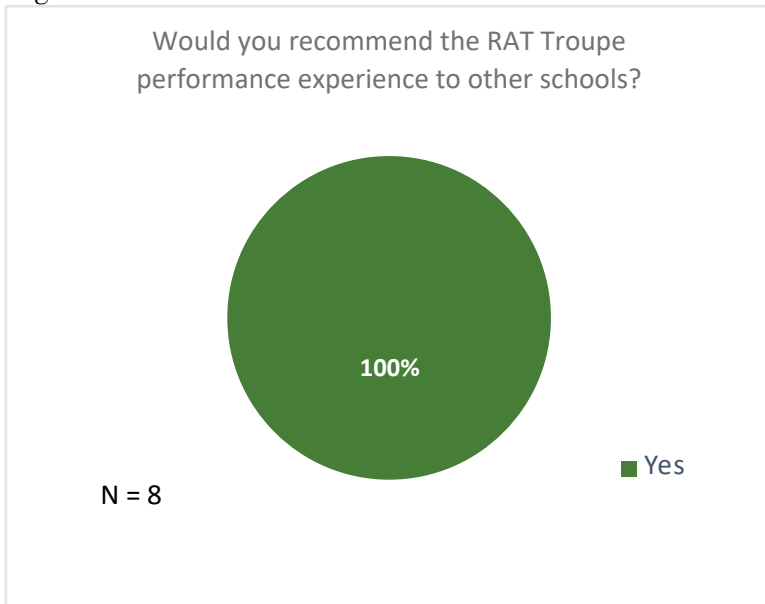


Figure 56.



Open Ended Questions:

Open-Ended Questions

What follow-up activities do you think would reinforce the message for a healthier tobacco-free Mississippi?

- Have students create a campaign
- Follow-up questions after the performance
- Cut and paste. Terrance. Skits.

In your opinion, how can we improve the program?

- Try to get to more schools
- More in classrooms activities.
- More lesson. Arts and crafts...Drawings , contests

As part of the RAT Troupes’ focus on advocacy and policy goals, a minimum of 20 educational sessions focused on engaging K-6 grade students in the five school districts represented by the RAT Troupes were required. A series of activities were to be completed and an evaluation to be conducted and sent to the RAT Troupe within a week. For FY19, there were 28 educational presentations conducted.

Following the 34 shows, the RAT coordinator was responsible for following up with the schools to schedule two activities per performance.

Communications always play an important role in increasing awareness and bringing attention to any program. The RAT coordinator and communications coordinator were

charged with working closely together to reflect their message through social media, websites, and traditional media. An editorial calendar was uploaded to TRAPS but only contained information through the month of November. The RAT Social Media Tracking folder in TRAPS indicates that there were 65 posts in Facebook for the year, 95 website posts, and 38 Instagram posts. The comprehensive tracking sheet included the number of posts, the reach, comments, “likes” and shares to make up the total engagement number (14,714). Newsletters were also a way to increase awareness of the RAT program. Only two newsletters were uploaded to the Operations folder in TRAPS. However, no newsletters were recorded in the dropdown section of TRAPS, so there is no account of distribution.

In partnership with the MTFC’s, 883 RAT Teams were implemented in 684 schools and 199 other community venues/clubs across most of the 82 counties in Mississippi. PHM staff were charged with providing activity binders for team sponsors from which to choose the required activities. The binders have activities specific for each grade grouping (RAT & FREE) K-3, 4-6, 7-8 and 9-12. New inserts focused on point of sale activities and electronic cigarette information with several activities aimed at family/parent participation. Some newly-hired MTFC directors indicated to evaluators that they did not receive new activity sheets during the year even after calls to the PHM staff. There were 163,826 incentives provided to the MTFC’s for distribution to participating RAT Teams.

Generation FREE

Like RAT, the SMART goals for Generation FREE included increased awareness and education regarding the need for recognition of e-cigarettes and other alternative nicotine products to be recognized as a tobacco product in Mississippi; an increase in the number of youth in grades 7-12, actively engaged in supporting state and community efforts to educate lawmakers about the health benefits of increasing the tobacco tax; and the development of a plan for supporting policy development at post-secondary schools and increased awareness about the need for comprehensive tobacco-free campus policies at community colleges, colleges, universities, and technical colleges across the state. Strategic outcomes were also in place.

As in the past, a statewide Youth Advisory Board (Grades 9-12) was recruited and selected to serve. Ten post-secondary students made up the GenFree U Squad. The ten members represented the University of Southern Mississippi, Millsaps College, the University of Mississippi, Jackson State University, and Itawamba Community College. Seven events made up the Gen FREE U College Tour, a new component to the FY 2019 Scope of Work. They were:

- Itawamba Community College, Fulton Campus: Partnered with Helen Boerner, MTFC Director for Itawamba and Monroe Counties (January 14, 2019)
- Jackson State University, JSU Transfer Day: Spoke to prospective students about the smokefree policy on JSU campus as well as provided information about the harmful effects of nicotine. (February 15, 2019)

- University of Southern Mississippi: In conjunction with the Moffitt Health Center’s Kick Butts Day event, presented information about the harmful effects of tobacco (March 20, 2019)
- Itawamba Community College, Tupelo Campus: Presented interactive games, trivia questions and information to about 100 students (March 28, 2019)
- The University of Mississippi: As part of Colleges Against Cancer campaign, spoke to students in the Grove about the harmful effects of tobacco (March 28, 2019)
- Jackson State University: Squad members visited with JSU students in the Plaza between classes about the harmful effects of tobacco (April 1, 2019)
- Millsaps College: Spoke to students during the lunch hour at the Leggett Center, school cafeteria (April 9, 2019)

At each event incentives were distributed such as rally towels, hand sanitizers, pencils, fanny packs, and popsockets. School officials who served as contacts for each of the four events were asked to share their opinions about the event held on their campus. Three responded:

Figure 57.

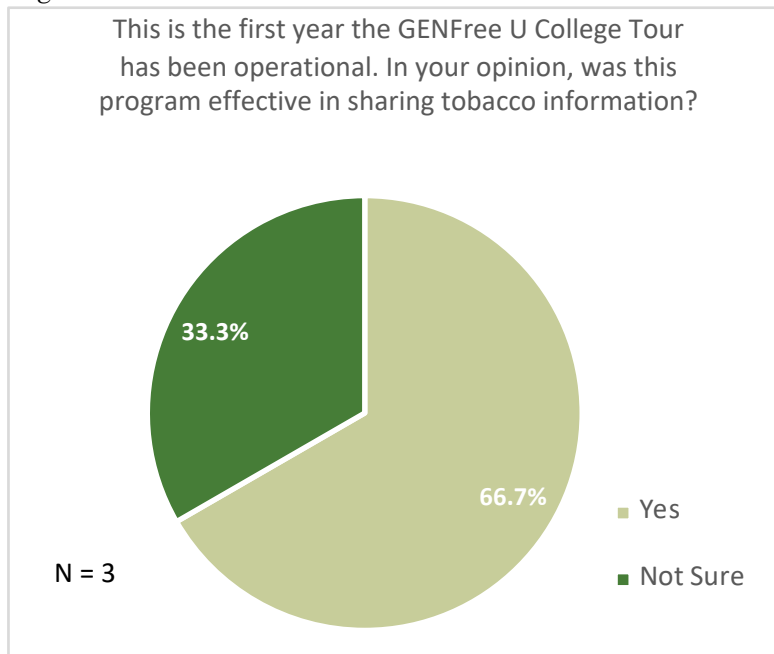


Figure 58.

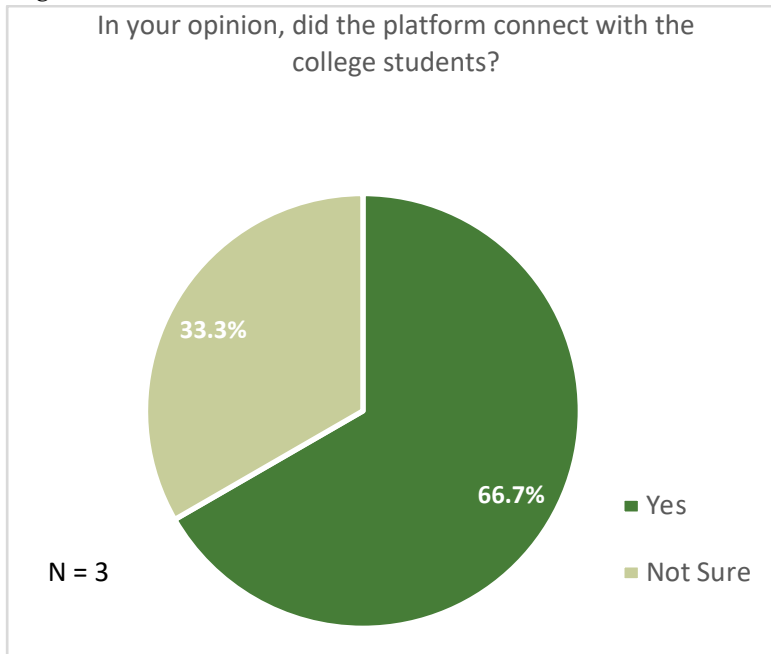


Figure 59.

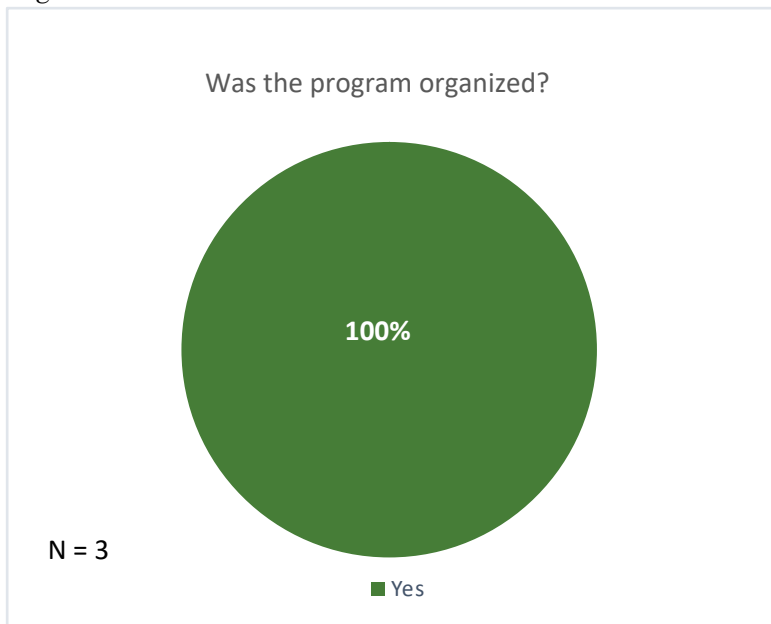


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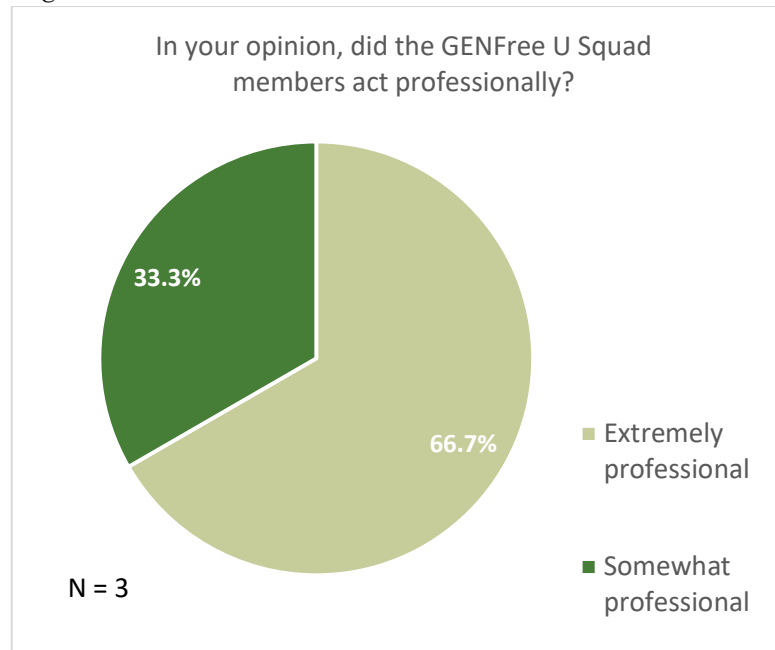


Figure 61.

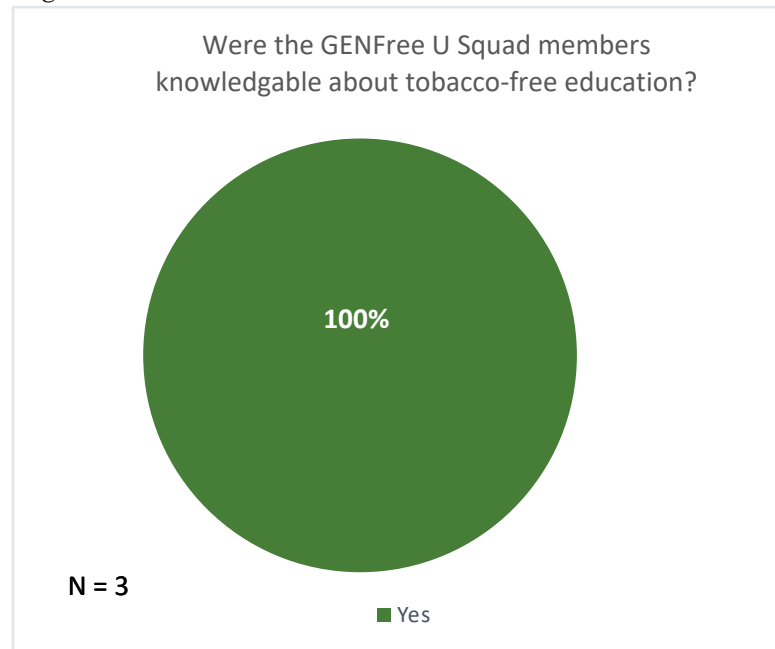


Figure 62.

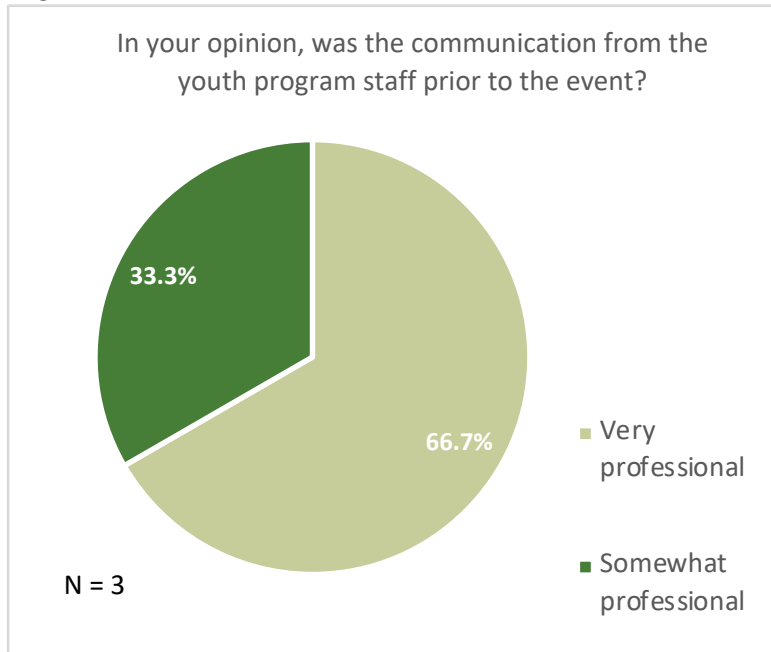


Figure 63.

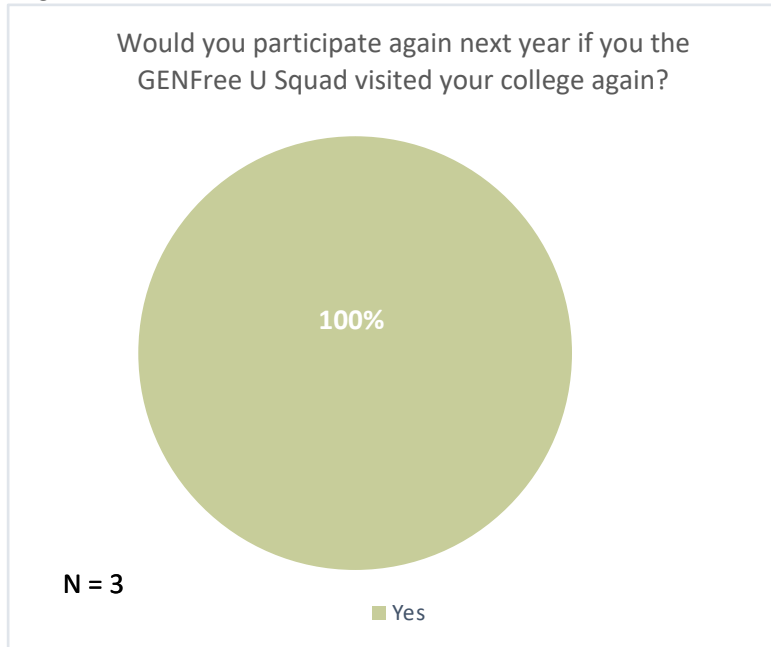
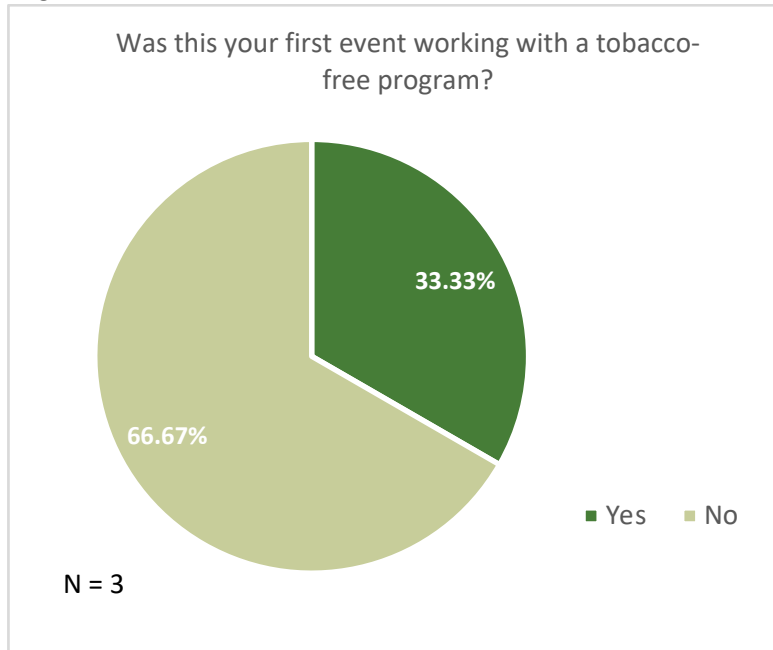


Figure 64.



Open Ended Responses:

In your opinion, what could have made this event better?

- ~ I wish I had seen them more and they were on my campus more!
- ~ It was great to have this group with us for two separate campus events

A survey was also sent to GenFREE U members to gauge how they perceived the effectiveness of their work. Five of the ten members responded:

Figure 65.

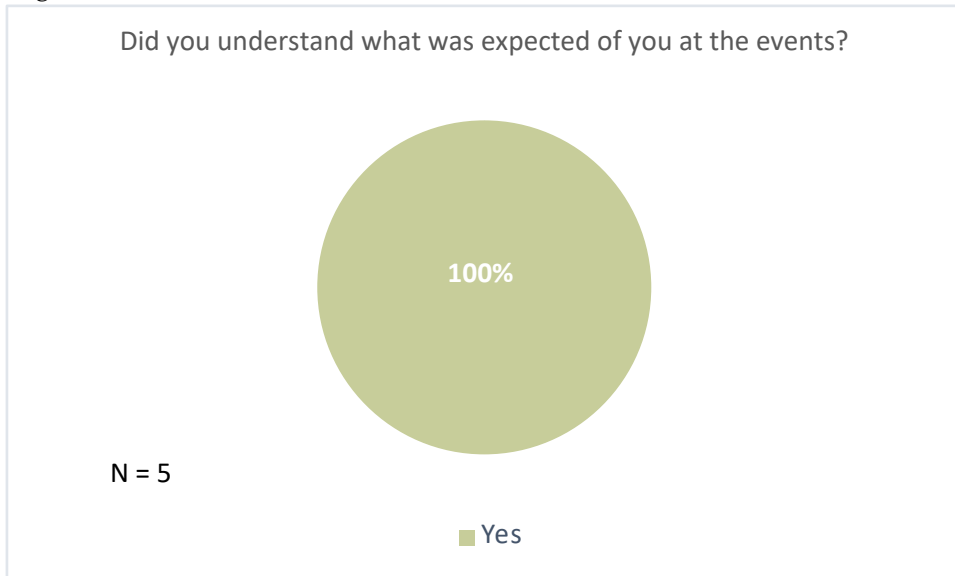


Figure 66.

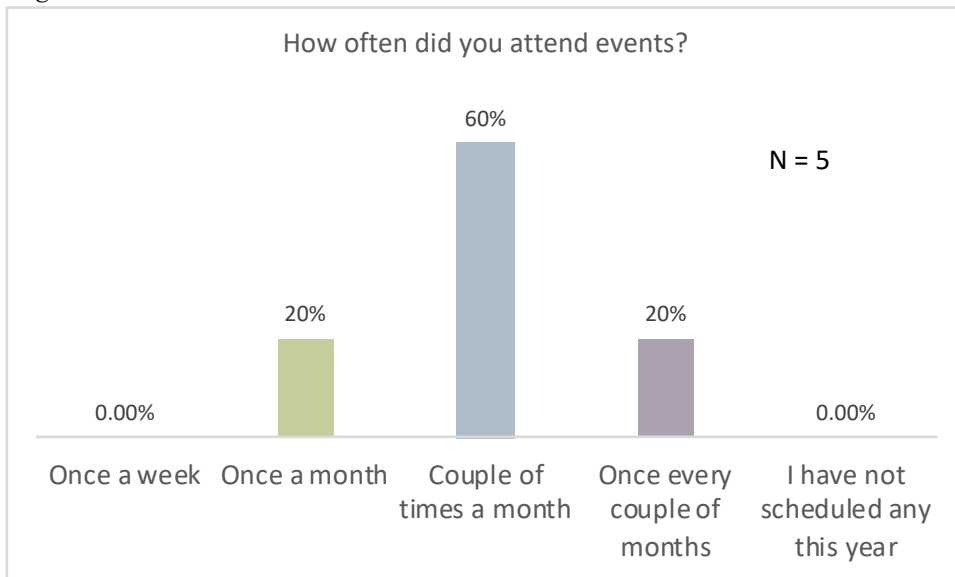


Figure 67.

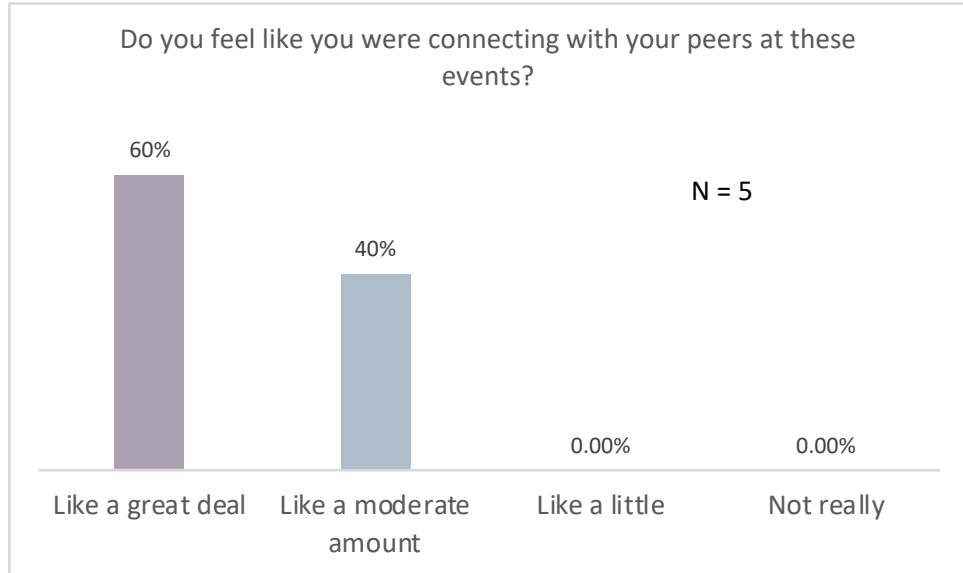


Figure 68.

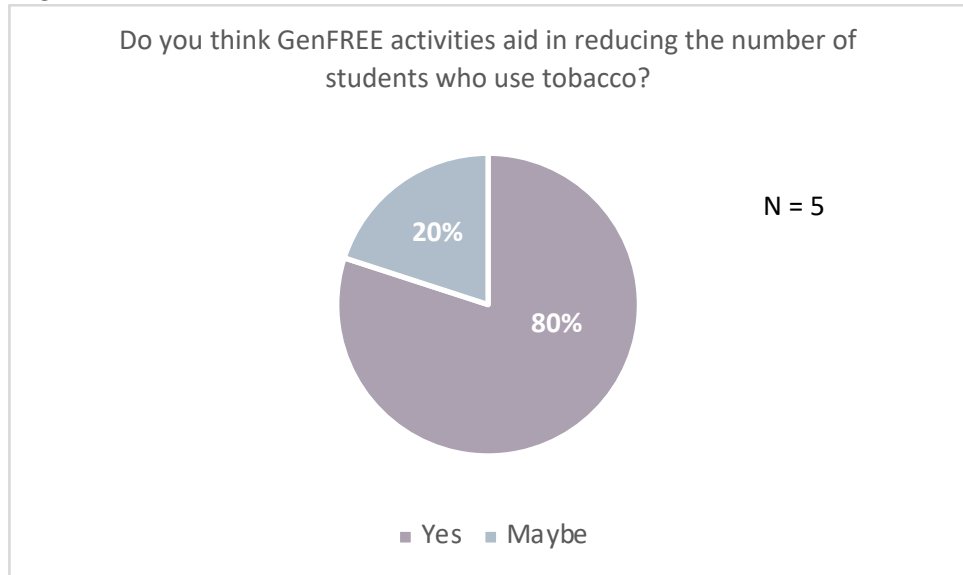


Figure 69.

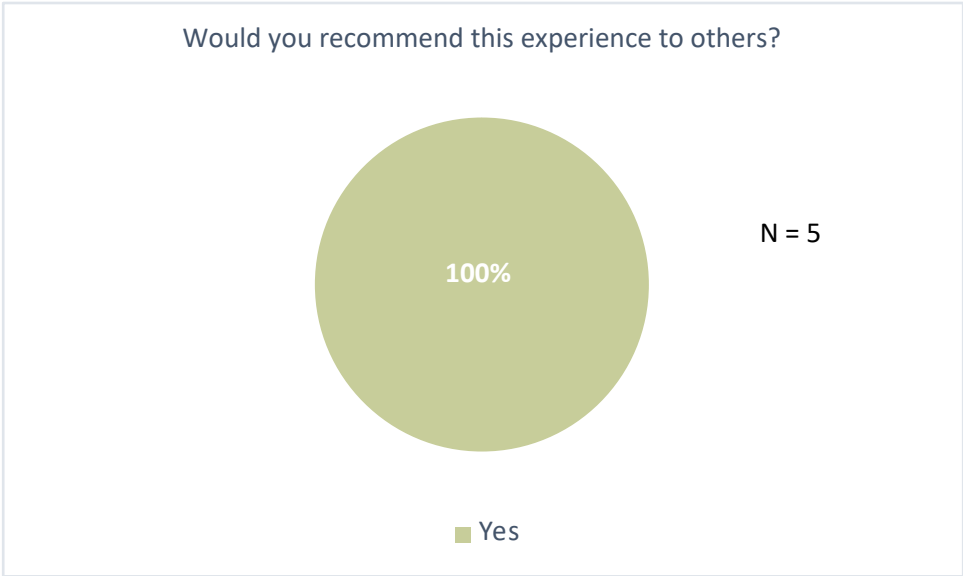
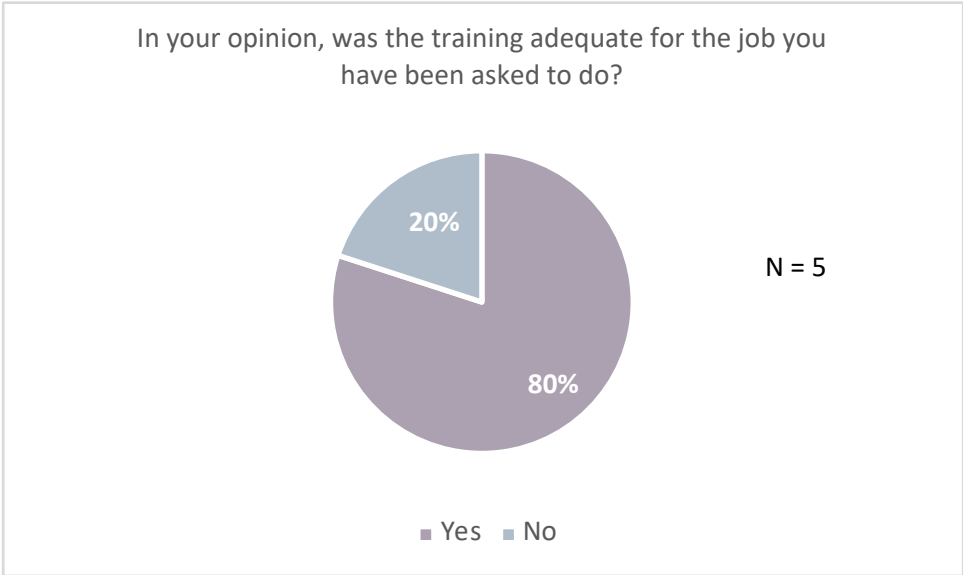


Figure 70.



Open-Ended Responses

What suggestions do you have to improve the program?

- I think more can be done in terms of information communicated to students. At most college board events, I feel like the same information was communicated about smoking tobacco. Because many college students have begun to use juul, I wish that more information about juul and other e-cigs could have been communicated.
- Have more retreats for students to mingle and discuss new ideas
- More communication
- I thought the program worked well and was successful in its mission.
- More planning of events

Share with us what we can do to better prepare team members.

- I feel like some of us may not have been trained as well. I have been doing this for a while, but definitely, feel that some of the newer members may have struggled. I think practice could be done on how to talk to students about tobacco and e-cig products. We only had 1 training this year. At that training, we mostly focused on meeting the responsibilities of our contract instead of actually planning how to talk to students.
- I feel as if the preparation we are given is adequate.
- Communication sessions on how to talk at events

Free Fests included three, one-day events at three locations. For the first time, the Youth Advocacy Summits were held in the same locations to provide training for youth advocacy councils. Summits/Symposiums were held in October at the Mississippi Coast Coliseum and Convention Center (Biloxi), Mississippi Civil Rights Museum (Jackson), and the Oxford Convention Center (Oxford). Break-Out sessions included Bryce Moore, youth advocate, speaking about electronic nicotine delivery systems (ENDS), point of sale training, and information on how to speak to policy holders about passing smoke-free ordinances.

Figure 71.

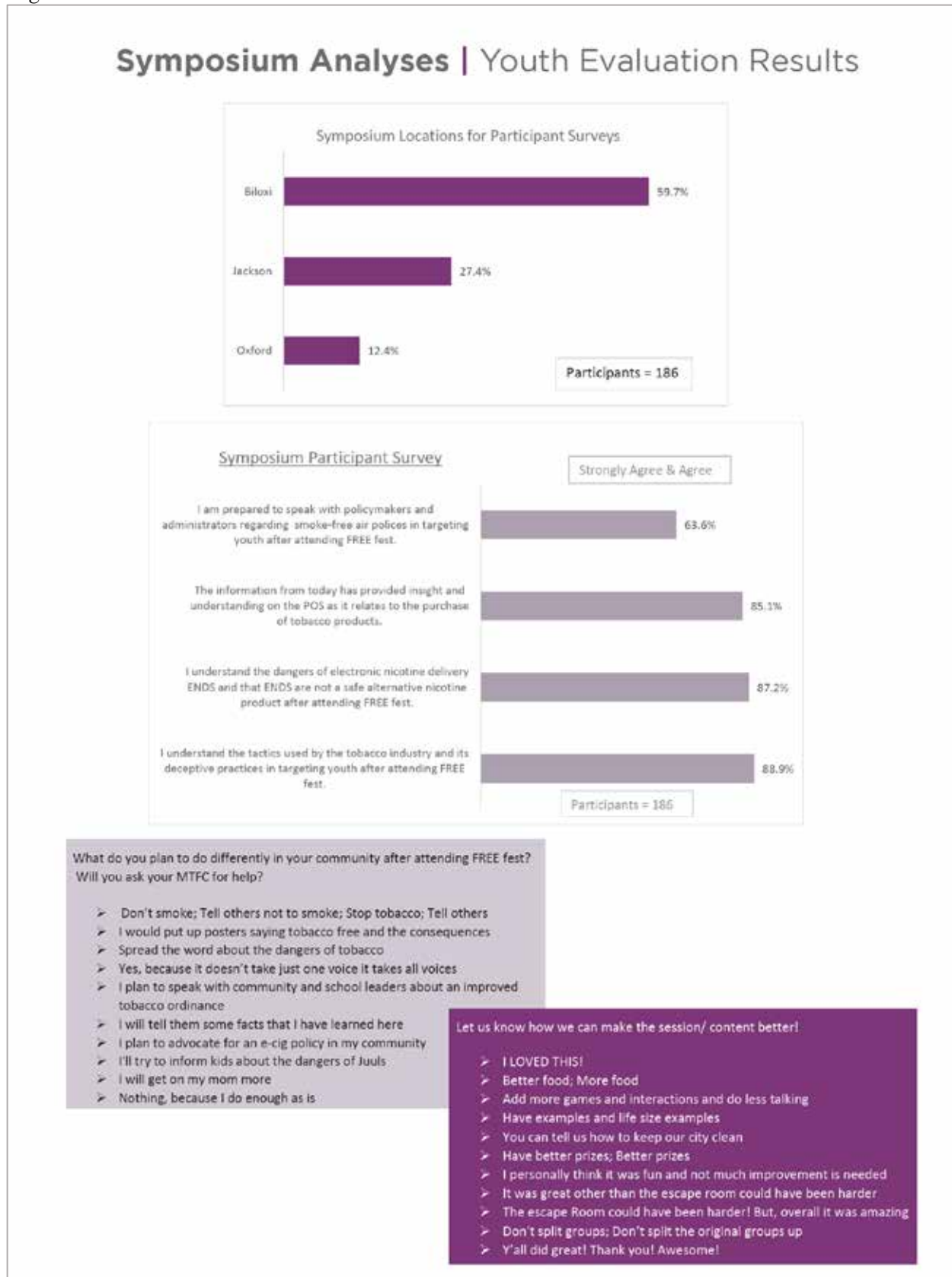
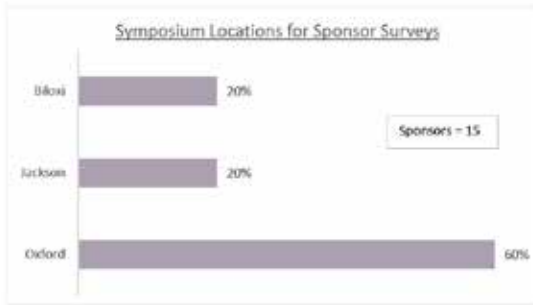


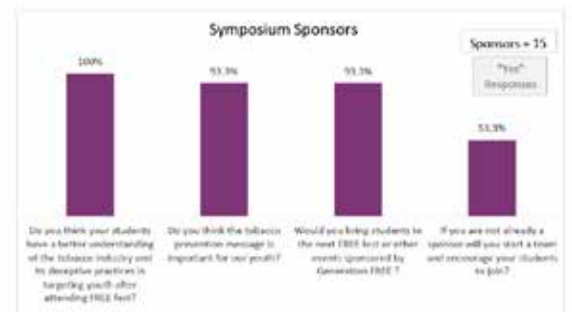
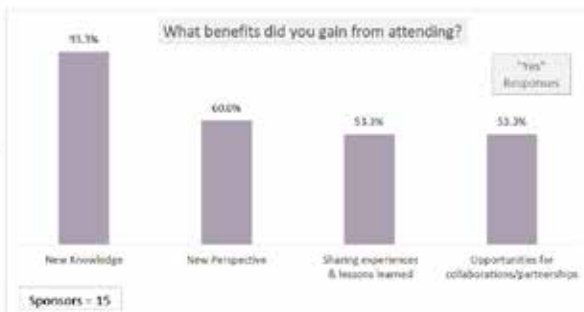
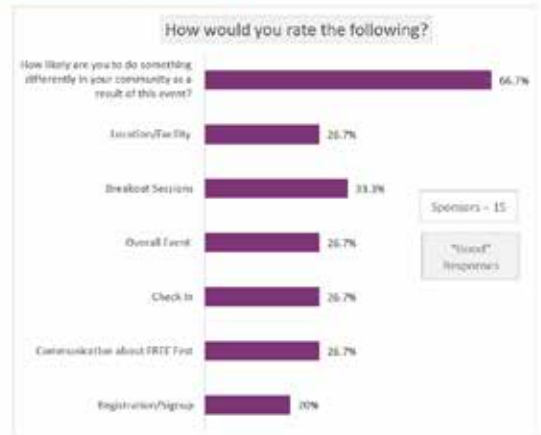
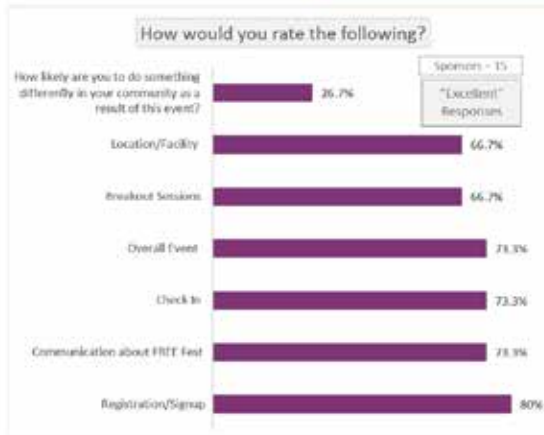
Figure 72.

Symposium Analyses | Sponsor Evaluation Results

Symposium Locations for Sponsor Surveys



Symposium Sponsor Surveys



Youth Programming

Youth Programming

Figure 73.

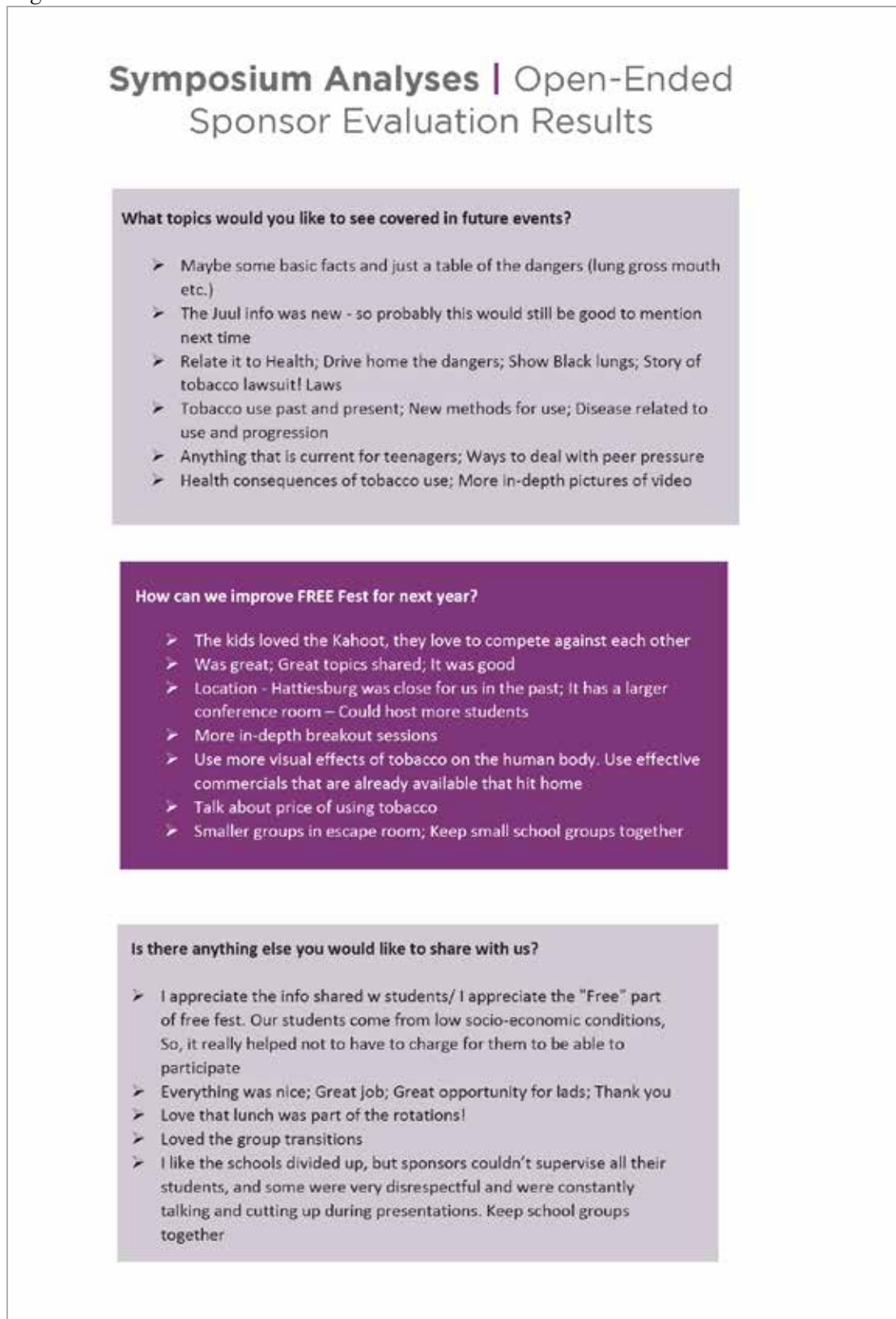


Figure 74.

Youth Programming

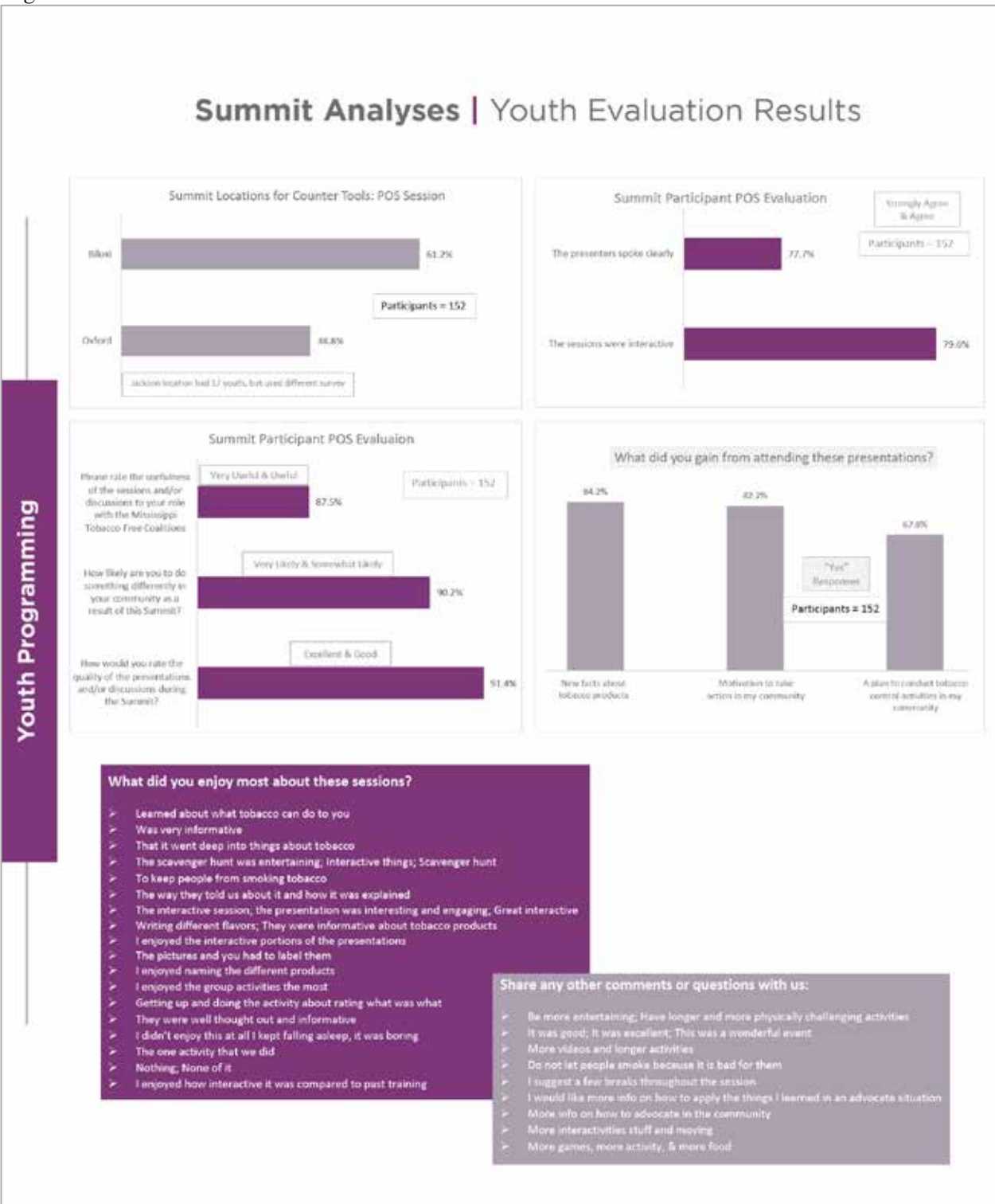


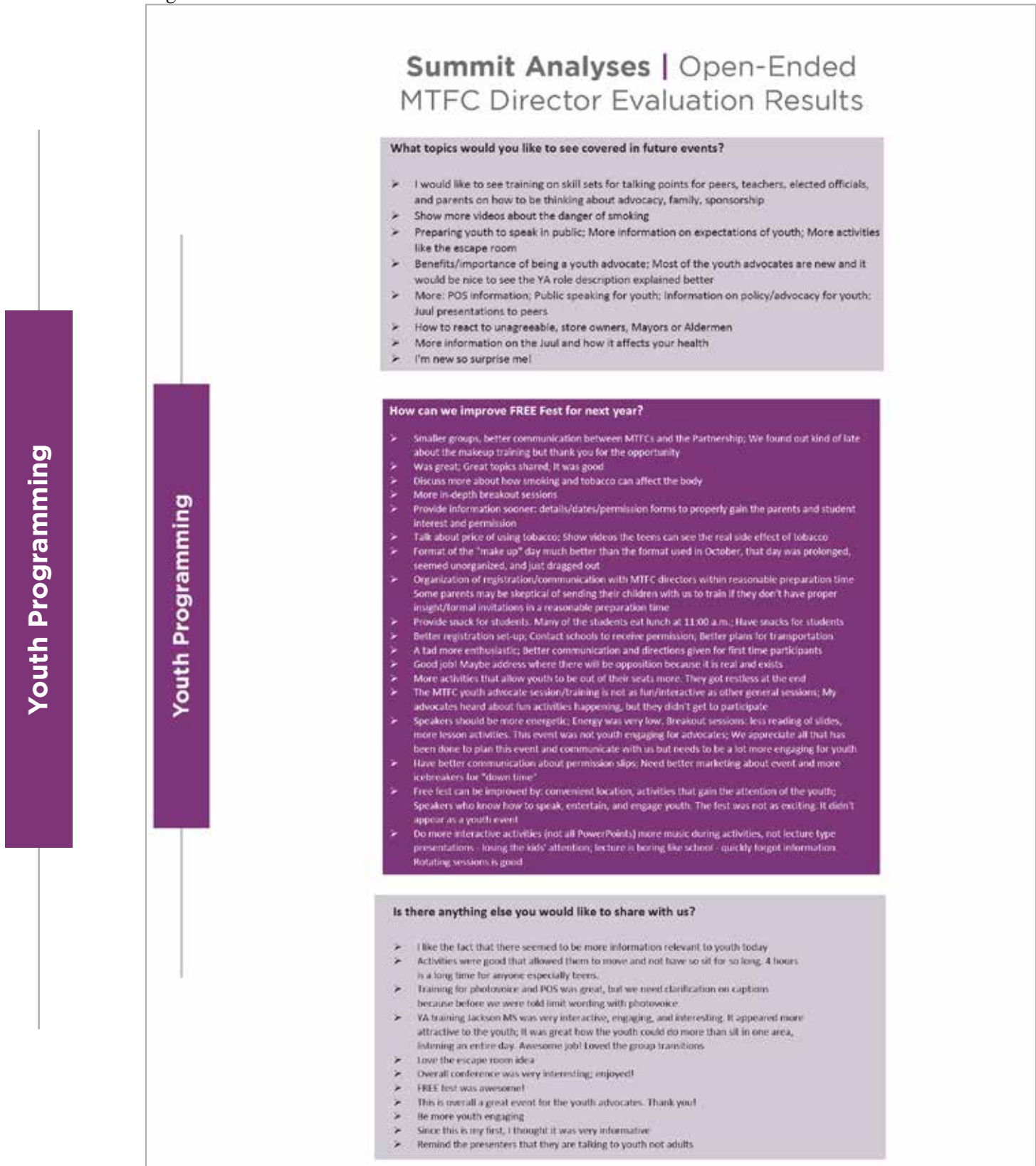
Figure 75.



Youth Programming

Youth Programming

Figure 76.



Thirteen FREEStyle events were recorded in TRAPS with 7,843 students in attendance. Examples of such events included: St. Andrews Episcopal School's College Fair, West Point High School's College Fair, Capital Area Middle School Student Council Workshop, Jackson Public Schools' Youth Health Matters Symposium, and the College Fair at Yazoo City High School.

Statewide Partners

The Office of Tobacco Control partnered with four health-provider organizations during the fiscal year 2018-2019 along with nine Community Health Directors and Public Health Nurses. Although the Community Health Directors and Public Health Nurses used the online reporting system to record data, they did not come under the purview of the evaluation team. Division Director DeGarrette Tureaud evaluated their services for the fiscal year, and the evaluation team provided TRAPS training and technical assistance. The Mississippi Academy of Family Physicians (MAFPF), the Mississippi Chapter of the American Academy of Pediatrics (MSAAP), the University of Southern Mississippi's Institute for Disability Studies (IDS), and the Mississippi Primary Health Care Association (MPHCA), now called the Community Health Center Association of Mississippi (CHCAMS) contracted with OTC for services. The following is reflective of the work completed. For a more complete look at individual grantees (self-reported), please see Appendix D.

Table 20.

FY 19 Programs	Events	Reach
Community Health Centers	187	1,953
Pediatrics	95	105
IDS	37	1,031
Family Physicians	115	770
Totals	434	3,859

The numbers listed in Table 20 are pulled from the data reports in TRAPS. Social media communications are included in audience reach numbers. Some programs did not enter all events, audience numbers or distribution numbers in the drop-down portal links; therefore, the numbers may not reflect what the programs have listed in their annual reports. This discrepancy can be rectified with diligent reporting in the system after each event or presentation and thorough reviews from project officers.

The Mississippi Academy of Family Physicians Foundation (MAFPF)

In 2011, the Mississippi Academy of Family Physicians Foundation began to administer the Tobacco free Mississippi: Engaging Mississippi's Family Physicians Project through its contract with OTC. Using the U.S. Public Health Service (USPHS) Guidelines for Treating Tobacco Use and Dependence recommendations, the MAFPF has partnered with specific family physician clinics to provide technical assistance and outreach opportunities on a regular basis.

In Fiscal Year 2019, the academy continued to communicate with Rounds 1-5 as outlined in the scope of work.

Quarterly emails were sent to members and focused primarily on the use of e-cigarettes. Topics included a link to an article in *Medical News Bulletin* on how chemicals in flavored tobacco may harm blood vessels, information regarding electronic cigarette sales in the United States along with reminders of available e-cigarette brochures and quitcards, information on Mississippi’s adult smoking rate, and a brochure entitled, “Pod Vapes—Little Device, Big Problems.”

Table 21.

Family Physicians	Events	Reach	Distribution
Training	4	81	250
Communication Rounds 1-5	4	0	181
Lunch and Learn	4	44	773
Engaging MS	19	476	399
Newsletters	11	0	2,634
Tar Wars to Med Students	9	169	16,865
Promote Cessation through Social Media	46	0	0
Distribution of Materials	7	0	1,250
Planning & Other	11	0	0
TOTALS	115	770	22,352

Capacity building requirements included providing up to five Lunch and Learn presentations to clinics that have not been a part of the Engaging Mississippi’s Family Physicians project. Four Lunch and Learn presentations were conducted through the year. This is a significant improvement over the previous year when only one Lunch and Learn presentation was conducted. Project Director Jewell Buckley found a way to increase interest in hosting Lunch and Learns as well as participation in them. Physicians and nurse practitioners now receive one- hour CME credit for participating and another two hours for t2p. The FY 19 presentations included: a CME at New Care MD in Madison on August 7, 2018. One physician completed the t2P CME portion. In October, another CME Lunch and Learn session was held at Covington County Hospital for three different family medicine clinics (Family Medical Associates, Family Care Express and Green Tree Family Clinic). Two physicians and three nurse practitioners completed the t2P CME portion. In April, a CME Lunch and Learn presentation was held at Baptist Medical Clinic in Carthage where one physician and two nurse practitioners completed the t2P portion. In May, the fourth presentation was held at Hattiesburg Clinic Sports Medicine with one physician completing the CME. All four presentations were conducted by Bonnie Mangum from the Quitline.

As required, tobacco cessation trainings for medical residents were conducted at the University of Mississippi Medical Center Family Medicine Residents(UMMC) (December 12, 2018), EC HealthNet Meridian Family Medicine Residents (December 17, 2018), Forrest General Hospital Family Medicine Residents (January 28, 2019), North Mississippi Medical Center (NMMC) Family Medicine Residents (April 5, 2019). Dr. Thomas Payne conducted

each training and presented the following talks: “Vaping...Safe and Effective, Right?” and "Pharmacotherapy for Nicotine Dependency. "The Health Consequences of Smoking", 50 "Can E-Cigs Help You Quit Smoking?", and 50 "Pod Vapes - Little Device, Big Problems!" Quitline flyers were also distributed.

Figure 77.

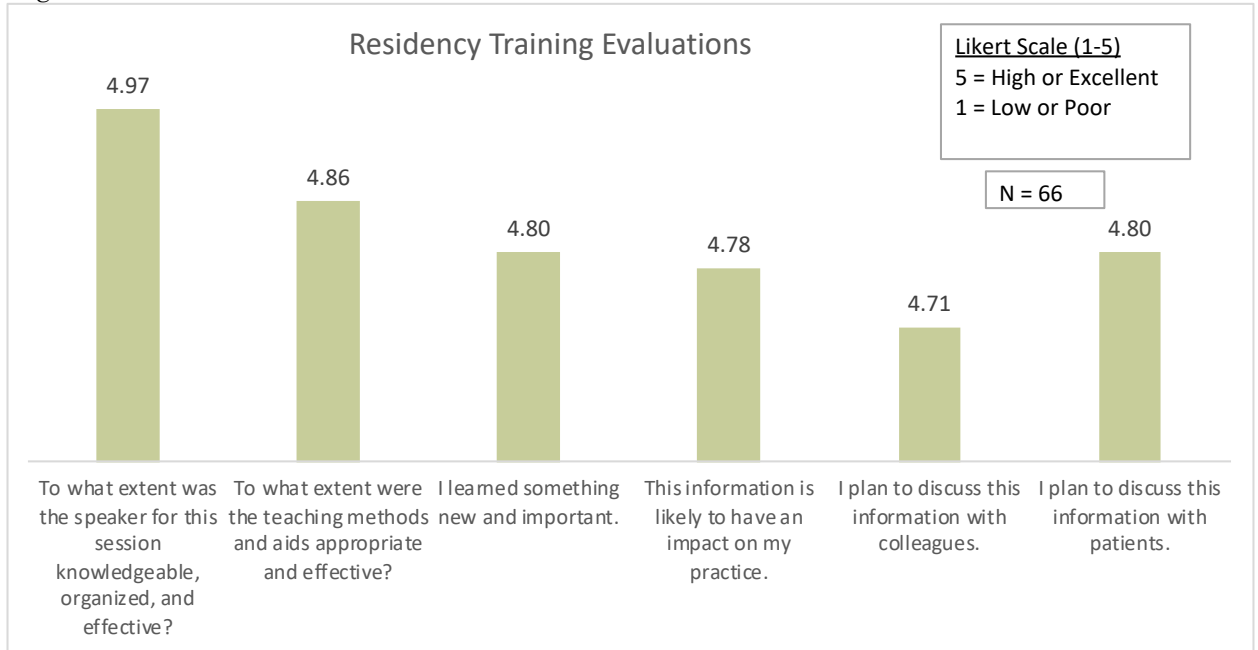
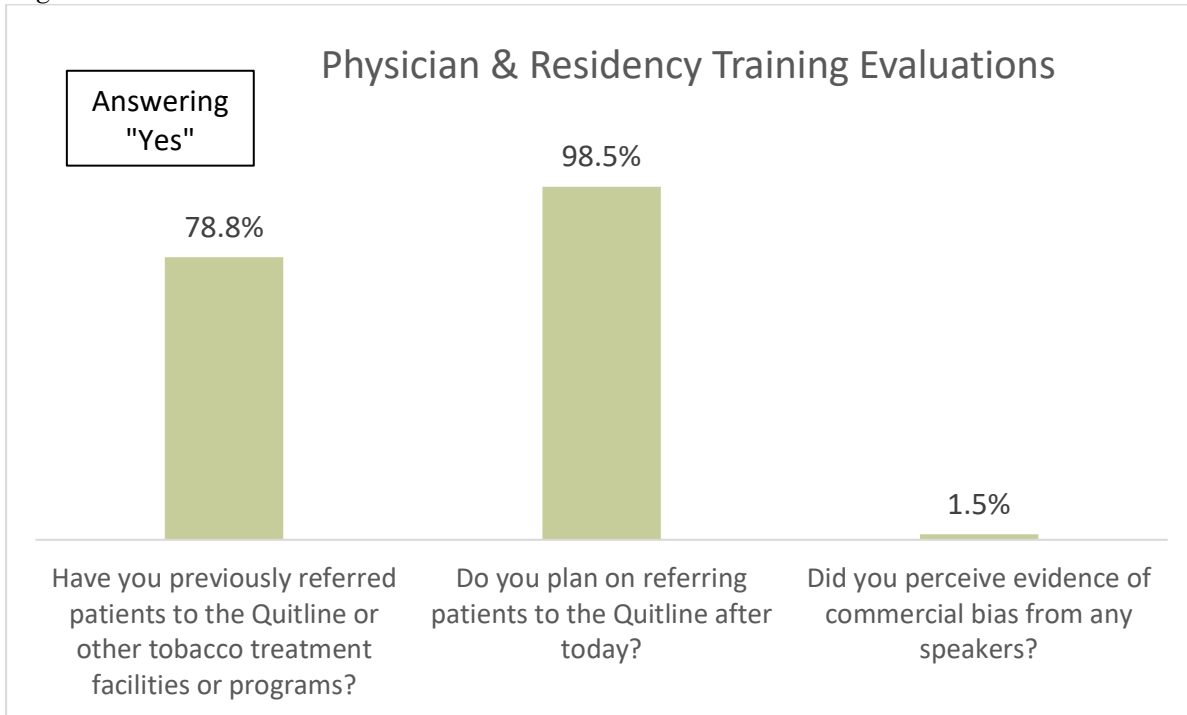


Figure 78.



Qualitative Responses:

What change(s), if any, do you plan to take in your practice as a result of your participation in this session?

1. I will be able to inform my patients of their NRT options better.
2. Utilize NPT/Wellbutrin/& Chantix more
3. Yes! This lecture was fantastic, will explore more options smoking cessation now that I have a better understanding of options on the market
4. Continue smoking cessation, quit line, double NRT (combo)
5. Referral to quitline & better cessation assistance w/NRT & other means
6. More attempts to help quit smoking + f/u
7. Offer more options than patches & 1-800-Quitline
8. Combination Rx, ↑ URD
9. Aggressive treatment pre-quit date
10. More aggressive with products to help people to stop using tobacco. Studies show using more than 1 smoking cessation product helps more than 50% of those using only 1 product
11. Use of pharmacotherapy in treating tobacco, specifically combo therapies
12. Use higher mg strength patches than I have been.
13. NRT combo, longer prepharmacy cessation
14. Refer more patients
15. Refocus efforts on discussing quitting with patients
16. Talk more about vaping
17. Vaping no good!
18. Continue to refer patients to ACT center.
19. Provide more info on vaping
20. Educate patients about vaping's risks
21. Increase education about vaping
22. Discuss more in depth about the hazards of vaping
23. I'll ask if patients vape for social history

Suggestions?

1. Diabetes medication
2. Length of program – 45 min max for optimal attention
3. N/A, good set of info, especially for resident physicians
4. Vaping; hazards of alternative tobacco products
5. Alcohol/drug cessation options
6. Effects of smoking pot compared to smoking tobacco. Similarities and differences
7. None. Thanks!
8. Smoking and schizophrenia patients
9. It was great. No changes.
10. Discuss details of products and process @ The ACT ctr b/c a lot of patients ask.
11. Cost comparison b/t cigarettes & vapes
12. Tools for effective tobacco cessation counseling

Data from the surveys: EC HealthNet, FGH, NMMC & UMMC Residency Cessation Training Sessions

“The lecture was fantastic. I will explain more options of smoking cessation now that I have a better understanding of options on the market.”

- *EC HealthNet resident.*

“I will feel more comfortable talking with patients about various ways to help with cessation.”

- *UMMC resident*

“I feel better prepared to discuss this topic [vaping] with patients.”

- *Forrest General resident.*

Other completed activities include promoting the Family Physicians project and tobacco cessation programs at the annual UMMC Family Medicine Residency Fair (October 3, 2018) and the Mississippi Academy of Family Physicians Fall meeting (September 21-23, 2018). Exhibits were set up, and brochures were made available on vaping, e-cigarette use, and relapse help. Quit cards were also available. In late September, the academy exhibited at the William Carey University College of Osteopathic Medicine Residency and Hospital Fair followed by MAFP Capitol Day in late January. In March, exhibits were displayed at the UMMC Family Medicine Update at the Jackson Hilton, where in addition to distributing brochures, Jewell Buckley was able to speak to practitioners about the grant. In April, an exhibit was displayed at the MAFP spring meeting. Over the course of the year, just over 100 events (115) were conducted with nearly one thousand people (770) in attendance.

In addition to newsletters, the foundation was asked to promote its project and Quitline information using social media at least six times per contract year. Beginning in August, Instagram, Twitter, and Facebook were used to promote programs such as Tar Wars, events (UMMC Medical Residency Fair, Great American Smoke Out, Lunch and Learn presentations etc.). Links to articles on tobacco use were also highlighted. There were no analytics conducted to determine the reach of the social media.

Third year family physician medical students at UMMC actively participated in the Tar Wars program as well as 28 Mississippi Rural Physician Scholars, students who plan to enter medical school in the near future and medical students enrolled at the William Carey University College of Osteopathic Medicine. Following an educational presentation to the students about the health risks associated with tobacco use and the need for physicians to be actively involved in tobacco cessation, the medical students then went into communities, supplied with Tar Wars materials, to conduct presentations to upper elementary students. During Fiscal Year 2019, 141 UMMC medical students were educated about the importance

of tobacco cessation and in return presented Tar Wars to 3,122 elementary students across the state. Of that total, nearly two thousand (1,835) were fourth graders and 1,287 were fifth graders. At William Carey, 30 medical students presented Tar Wars presentations to 738 fourth graders and 688 fifth graders, for a total of 1,426. Most of these presentations were conducted in elementary schools located in or near Hattiesburg.

Although the Tar Wars presentations to the medical students were reflected in TRAPS, the outreach to the elementary schools was not captured. It's important to make sure that project officers remind grantees of how vital all the impact numbers are.

New to the scope of work, the project director was requested to recruit and identify three medical students who were willing to share their experiences in the Tar Wars program with the evaluation team. Three students agreed to participate and were briefly interviewed in May by evaluators. All three indicated they had plans to practice medicine in Mississippi following graduation. When asked about their knowledge of electronic cigarette use, they stated they were not well informed prior to their participation in the program. All three indicated that educating medical students about the harmful effects of this is not a priority in their curriculum. Evaluators asked the students to rate the effectiveness of the Tar Wars presentation on a scale of one to five, with five being the most effective. The average was four. The students believed that they were prepared to present to elementary students following their training. They liked the interactive method that engaged elementary students in the presentation itself. They also noted that the pamphlets they distributed were age-appropriate and well done. One noted that more pamphlets were needed as many students were asking for extra materials to share with parents, grandparents, and friends who use tobacco. Two noted the uniqueness of having medical students share the information with elementary students and felt that it may have carried more weight than hearing the message from a classroom teacher.

The three students expressed concerns about questions raised by students that they felt they were not equipped to answer. One noted that there were lots of questions raised about secondhand smoke and the worry that even though they were not smokers, those living in the house with them were. The medical students felt they were unprepared to know exactly how to answer those concerns. Another noted that he did not know how to answer a young student who asked if cigarettes were "poison" to the body.

The three students indicated that they would like to incorporate some of the messaging into their practices. One indicated that he would like to go into the local schools in his rural area to talk to classes as a community outreach. Another stated that he felt building the messaging into his practice would be more of "preventative type of medicine as opposed to waiting until they already have some disease."

Family Medicine Residents on their TAR WARS Presentations

“I went back to my hometown and talked to a fourth-grade class. At first, I thought they were too young for the message, but they weren’t. They had older siblings who were in middle school who were using and were being exposed to vaping and smoke and smokeless tobacco. So, I think it was a pretty good target age to start before they get major exposure.”

Third Year Medical Student

“A lot of them were more knowledgeable about it [vaping] than I was expecting which was surprising to me. I thought I would go in there, and I would be telling them a lot of new stuff, but honestly, they knew a lot...a lot more about it than I thought they would.”

Third Year Medical Student

“I think most of them [students] were very aware that smoking is bad, and they know not to do that. Now I think we are fighting against e-cigarettes and vaping, and I would absolutely continue with a focus on e-cigs and vaping with more information on how it affects the body as the information comes out.”

Third Year Medical Student

“This is community outreach. A lot of the medical students go back to their homes to give the talks, and it’s important for kids to see someone in medical school giving this message.”

Third Year Medical Student

“It’s really beneficial for us to be able to go back to our home communities to do the presentations. The activities are already provided for us.”

Third Year Medical Student

“I got the feeling that a lot of kids were worried about secondhand smoke exposure. Some of the questions were like ‘is it really bad’ and that’s where it got hard. I wanted to be careful and make sure I wasn’t telling them to go home and be upset with their parents for smoking. I told them to go home and tell them nicely that you learned all the effect of secondhand smoke today at school.”

Third Year Medical Student

“The vaping and e-cigarettes information was new to me. I didn’t realize that it was taking over middle school and high school. I was not aware of this before.”

Third Year Medical Student

“I got a lot of questions like ‘my older sibling and my parents smoke’ or ‘I see my parents smoking a bunch and they think it’s okay.’ I was stumbling over my words a little because it’s a hard question to answer when they see their parents doing it.”

Third Year Medical Student

“The students were definitely engaged. For the most part, they listened to my presentation, they followed along, and then at the end, I let them ask questions. They were very inquisitive and wanted to know what they could do to get their older brother to stop.”

Third Year Medical Student

The Tar Wars model is an excellent return on investment. Not only are the medical students educated on the harmful effects of tobacco use, the message is compounded. Less than 200 medical students were able to spread the message to 4,548 fourth and fifth graders.

The Mississippi Chapter of the American Academy of Pediatrics (MSAAP)

The chapter completed 95 activities impacting 105 Mississippians during the fiscal year as part of the Tobacco Free Mississippi: Engaging Mississippi’s Pediatricians project. The promotion of tobacco abstinence and tobacco cessation were conducted in various ways including quarterly newsletters, cessation trainings for UMMC pediatric residents, and a new initiative, Sleep Safe Cities. Quarterly newsletters published in *Pediatric Practice Pointers* and *Mississippi Pediatrics* were delivered electronically to over 500 pediatricians across the state each time they were disseminated. Topics included:

- Case study and report of the health impacts of e-cigarettes, info and links about JUUL, and information from the American Lung Association about the Smoke Free Public Housing Initiative (July 31, 2018)
- Recent FDA actions toward vaping and teens and targeted messages to pediatricians about e-cigarettes (September 30, 2018)
- Recent research and action regarding e-cigarettes and outreach regarding lunch and learn opportunities (December 24, 2018)
- AAP’s new policy statement on e-cigarettes (Mississippi Pediatrics, February 28, 2019)
- Results from MS Youth Tobacco Survey, recent FDA actions regarding vaping (April 30, 2019, sent to 355 email addresses)
- Links on the recent ruling against the FDA about e-cigarette regulations (June 28, 2019, sent to 357 email addresses)

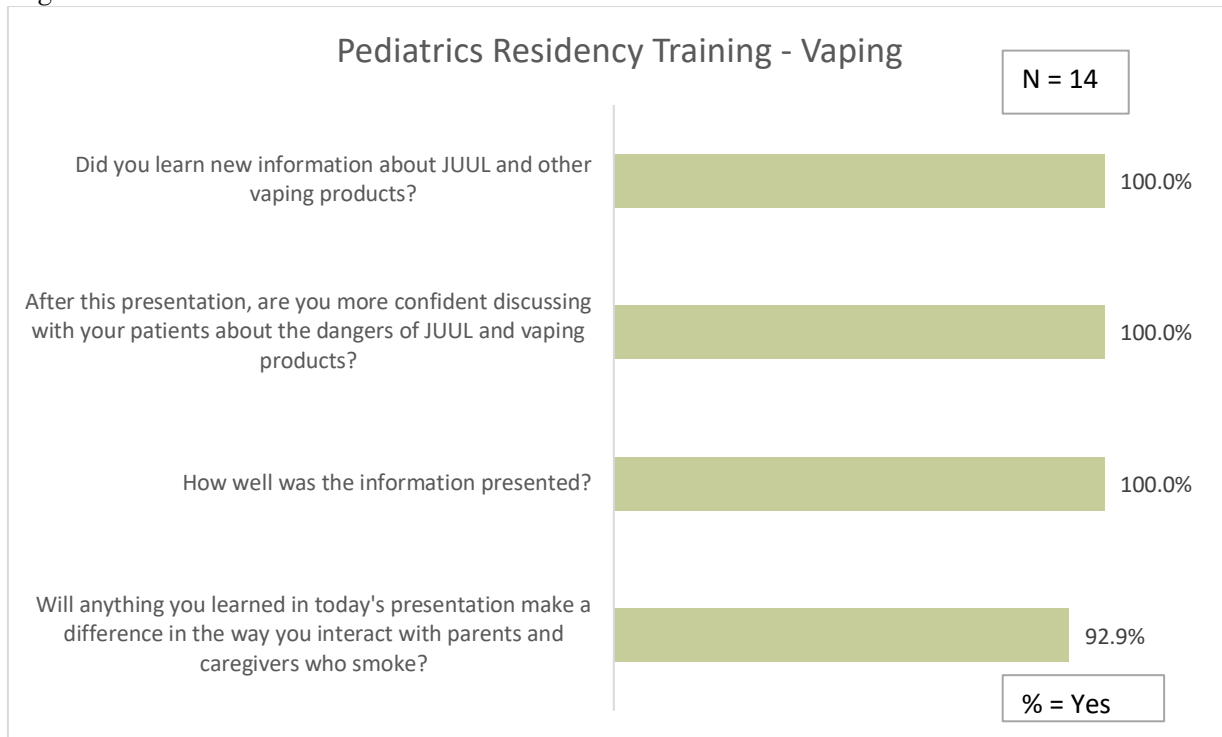
Table 22.

Pediatrics	Events	Reach	Distribution
Newsletters	6	0	2,708
Training to Residents	10	35	6
Safe Sleep City	22	70	18,266
Lunch and Learn*	31	0	532
Promote Engaging Pediatricians	8	0	1,967
Promote Using Social Media	10	0	100
Other Activities	8	0	66,024
Total	95	105	89,603

*Lunch and Learn event totals represent the number of attempts to arrange a Lunch and Learn

In November, Dr. Tom Payne presented “Vaping: Safe and Effective, Right?” to 35 UMMC pediatric residents and faculty in accordance with USPHS Guidelines for Tobacco Cessation Training. Evaluations on the presentations were well received. For the first time, residents were asked to indicate their intention to practice in Mississippi after completion of their residency. Of the 27 residents who signed in, 14 indicated their intention to stay in the state following graduation.

Figure 79.



- Comments:**
- Very good info, well presented
 - Great presentation and information
 - Great talk
 - Entertaining and informative
 - Very knowledgeable. You gave very relevant info that can be passed to patients
 - Great lecture
 - Good presenter
 - Timely

The chapter was also required to facilitate one USPHS Guidelines Tobacco Cessation Training for UMMC medical students who have an interest in pediatrics. Project director Gretchen Mahan made numerous requests of the UMMC Medical Student Pediatric Interest Group to schedule a training. Even though there was interest, the association’s president

indicated late in the academic year that exams and other commitments would keep the training from coming to fruition.

The Reach Out and Read Program was no longer a part of the deliverable for the MSAAP. Instead, the chapter was charged with distributing information focusing on the ABC's of safe sleep, secondhand smoke, and cessation information to parents through pediatric and obstetric clinics through the state. This was done as part of the MSDH Safe Sleep City Initiative. Tobacco Quitline brochures and posters were distributed to pediatric and OB/GYN clinics. Five billboards were posted for four weeks with an estimated weekly impression or "views") totaling an approximate 718,648. Five thousand Safe Sleep brochures and 500 posters were distributed to pediatric and OB-GYN clinics in central Mississippi and the gulf coast area. An additional 2,500 brochures and 250 posters were provided to OTC through the chapter. In October, the chapter also hosted a speaker about the Safe Sleep Initiative during the chapter's CME meeting in Ridgeland. Seventy people attended. Finally, the chapter submitted an article describing the initiative to 100 newspapers statewide.

The number of Lunch and Learn program requirements was reduced this year from four to three. The project coordinator was not successful in conducting any Lunch and Learn presentations although extensive outreach was provided to garner interest. At least ten pediatric clinics were targeted. Messaging was provided in MSAAP newsletters as well as at the chapter's CME meeting. At least 31 actions occurred to facilitate a lunch and learn event even though one never took place.

In April, Dr. Robert McMillen and Dr. Tom Payne delivered a two-part presentation "Vaping Update" and "Vaping Risks and Cessation" at the MSAAP Continuing Education meeting. Approximately 60 physicians and nurse practitioners attended. A display table was set up at the Chapter's Continuing Medical Education meeting. Approximately 65 physicians and nurse practitioners were registered. Those visiting the table received items that included incentives such as clear stadium bags filled with vaping educational information, pens, notepads, silicone bracelets, and vaping educational posters. Over 50 bags were distributed.

The project director was also asked to report all social media posts in the online database for the year. After contacting a social media consultant, messages were posted on Facebook and Twitter in August, October, January, February, April and June to complete the SOW requirement of promoting the project at least six times per year. The chapter did develop and publish a Success Story. A number of other activities were conducted in addition to the SOW requirements including attendance at the Mississippi State Medical Association Council on Legislation meeting to support increased tobacco tax, meeting with policymakers regarding the health impacts of e-cigarettes, and the submission of a letter to the Clarion Ledger providing information on the harmful impact of e-cigarettes on youth.

The University of Southern Mississippi Institute for Disability Studies (IDS)

The Institute for Disability Studies is charged with encouraging tobacco cessation and prevention among Mississippians with disabilities and their families (mental and behavioral disorders as well as physical and developmental disabilities) and promoting cessation and policy change among the individuals and institutions that serve them through its Tobacco Control Strategies (TCS) project. The staff of IDS continue to accomplish the project goals in several ways including development of newsletters, health and wellness event participation, social media and public service announcements.

Table 23.

IDS	Events	Reach	Distribution
Annual Wellness Event	1	0	212
Chit Chat Videos	1	0	1
IT Work	6	3	7
Other Activities	10	18	781
Newsletters	9	974	1,734
PSA and Poster	3	18	13
Printed Brochures	7	18	1,148
Total	37	1,031	3,896

Four newsletters (TCS News) were developed and disseminated electronically on a quarterly basis to listserv contacts. In September, the newsletter was disseminated to 167 people; the second quarter newsletter was sent to 187. In March, another newsletter was sent to a group of 177 people, and finally in May, the fourth quarter newsletter was emailed to the TCS group of 179 people. Additionally, copies of the four newsletters were distributed at various conferences, and names were added to the listserv after participants indicated an interest to learn more.

To discern the most effective ways to promote the work of IDS, staff developed a brief electronic survey instrument that was disseminated to 202 listserv contacts in October and to 179 in May. Although the response rate to the four-question survey was low, (6.8% in October and 6.2% in May), over fifty percent reported viewing TCS News newsletters and over sixty percent reported viewing posters.

The scope of work requires that Alma Ellis, project director participate in at least one community health/wellness event for people with disabilities to share tobacco prevention and cessation materials. Events included:

- Display at the 2018 Trauma Informed Care Conference sponsored by the Mississippi Department of Mental Health. Just over fifty (53) newsletters were disseminated along with 41 flyers and 95 posters.

- Cessation materials available at Oral Health Day display (Hinds Behavioral Health Center, April 21st)
- Display at Mississippi Conference for Addiction Professionals (Hattiesburg, April 23-25)

The IDS technology specialist did an exceptional job of sharing education materials and promoting the initiative to reduce tobacco use among mental and behavioral health consumers through social media outlets and websites. Facebook posts as well as postings on the IDS “Wellness Wednesday” page and the Mississippi Leadership Academy website were all mechanisms for outreach. The specialist successfully reported the number of people reached as well as the strategies employed, and materials shared. Reports were uploaded in the TRAPS Operations folder.

Table 24.

IDS Website & Media	2017	2018	2019
IDS/TCS Page views	353	204	468
IDS/TCS Unique	274	163	318
Leadership Page views	58,519	790	879
Leadership Unique	16,171	455	706
Facebook Page views	4700	731,741	7,744
Facebook Unique	809	199,433	5,402
Totals	80,826	932,786	15,517*

*June 2019 figures are not included

The “Chit Chat with Taylor” video segments continued during the fiscal year. An October interview featured former smoker Doug Harford, who started smoking during his early years in the military, and in May an interview with Kayla Johnson, USM Health Education Coordinator was featured. However, the interview with Ms. Johnson was not reported in the TRAPS data server, but only in the IDS self-reported monthly progress. Links to the interviews were posted on the Mississippi Leadership Academy for Wellness and Cessation website as well as the IDS website. The Breathing Easier in Mississippi fact sheet, originally completed in June 2017, was revamped and updated this year and disseminated. A thirty-second PSA appeared digitally for Comcast customers living in Central Mississippi whenever they connected to their computers. The PSA’s ran from March 12, 2019 to April 1, 2019. A tri-fold opioid use/smoking cessation brochure based on the 2017-2018 “Unbearable” flyer was revised and disseminated.

The Community Health Center Association of Mississippi (CHCAMS)

Formerly known as the Mississippi Primary Health Care Association (MPHCA), the association is a non-profit membership organization made up of 21 community health centers around the state which provide health care to underserved communities. CHCAMS became

an OTC statewide partner in 2014 with a commitment to offering evidence-based best practices for treating tobacco use and dependence in the community health centers. The FY 2019 scope of work included two Capacity Building components, four Lunch and Learn presentations to Mississippi Community Health Centers and the continued coordination and integration of the Baby and Me program into six federally qualified health centers. A total of 136 individuals heard the Lunch and Learn presentations from Bonnie Mangum, Dr. Tom Payne and Maria Morris. Agendas, sign-in sheets, and evaluations for each presentation were uploaded in TRAPS. The presentations took place in the following areas:

Table 25.

Primary Health	Events	Reach	Distribution
Lunch and Learn	8	136	167
Baby and Me	110	1,586	10,708
Rounds 1, 2, & 3 Reports	7	0	80
Trainings	5	80	16
Disseminate Cessation Information	30	0	616
Education and Promotion	27	151	390
TOTALS	187	1,953	11,977

As required by the Scope of Work, four lunch and learn trainings were presented to Mississippi Community Health Centers across the state:

- Jackson-Hinds Comprehensive tobacco cessation training (October 16, 2018 with 22 in attendance)
- Laurel Family Health Center (November 26, 2018 with 30 in attendance, including providers and administrative staff)
- CHCAMS Q1 workgroup meeting with Dr. Tom Payne presenting information on ACT Center services and updates on tobacco policy and payment (January 9, 2019 with seven centers represented by 13 in attendance)
- Jefferson Comprehensive Health Center in Fayette with Bonnie Mangum and Maria Morris presenting (February 28, 2019 with 60 in attendance)

“Great presentation and good information. We will continue to work with the patients and the community to push this program forward.”

- Physician from Jackson-Hinds Comprehensive training

Fiscal Year 2019 marked the second year of the Baby and Me Tobacco Free Program. Participating centers for the 2018-2019 year were: A total of 110 activities were documented in the TRAPS activity reports and were also described in the monthly reporting template. At least 1,586 people received information about the Baby and Me program through direct presentations, webinars, and community events. Monthly conference calls also provided technical assistance. Examples of outreach included:

- Program update to CEO's and Executive Directors at CHCAMS Executive Board Meeting (July 19, 2018)
- Training/program update to PCA staff (August 6, 2018)
Partnership with March of Dimes to provide CO2 monitors to eight health centers
- Meeting with WIC participants at Jackson-Hinds to share program information (August 21, 2018)
- Facilitator Certification Training (August 23, 2018 with 28 from eight centers in attendance). Program manuals, promotional materials, and equipment were distributed.
- Information table at ACA Summit Training at G.A. Carmichael (October 25, 2018)
- Monthly training/technical assistance of participating CHC's
- Certification Training at Coastal D'Iberville for Coastal and SEMRHI (April 8, 2019)
- Site visits to participating health centers
- Shared relevant tobacco cessation articles with partners

According to a report received from Maria Morris, 108 women had participated in the Baby and Me program at some point during the year. They were enrolled at the following centers: Aaron Henry Community Health Services, Central Mississippi Health Services, Coastal Family Health Services, Family Health Center, GA Carmichael Family Health Center, Greater Meridian Health Clinic, Jackson-Hinds Comprehensive Health Center, Jefferson Comprehensive Health Center and Southeast Mississippi Women's Health Center. All but five reported having an income less than \$25,000 annually. Seventy-nine had Medicaid coverage, 15 were not insured, five had health insurance from another source, and six did not provide the requested information. The average number of years of tobacco use among the group was just over nine (9.38%). Forty-three women during the fiscal year gave birth. The average birth weight was 6.088 pounds.

Maintenance requirements for the year included communication with Round 1, 2 and 3 Community Health Centers through the development of quarterly newsletters. The four newsletters were uploaded to the TRAPS system, and data indicated that they were distributed to all CHCs. The newsletter design and content have improved significantly over the two years. Additionally, the scope of work required updates to web-based trainings as deemed necessary. After a review of the CHCAMS (MPHCA), it was determined that the tobacco page should be updated and that information on the Baby and Me program should be included. Projected date for the website modifications was July 31, 2019.

Awareness and communication activities comprised much of the scope of work for the fiscal year. Monthly updates regarding the dissemination of tobacco cessation information, health education resources, and related trainings were required. Most of the months had more than one update documented in the TRAPS system except for November and December which had no updates. Examples included: tobacco cessation toolkit mailed to ACCESS Family Health in Smithville, forwarding of FDA and CDC information related to e-cigarette use to all community health centers, forwarding of study regarding Mississippi Medicaid claims data which drew links to high healthcare costs in the state due to tobacco use, and forwarding of stores such as Walgreens, and Rite-Aid's towards raising the tobacco buying age to 21 and the decision to stop selling e-cigarettes.

CHCAMS also promoted the Tobacco-Free Mississippi: Engaging Mississippi's Federally Qualified Health Centers project at two conferences during the fiscal year. The first occurred in early August at the annual MPHCA conference where a panel of health care center representatives provided information related to tobacco cessation activities and shared success stories from their work. Information about the Baby and Me program was also provided. In January, exhibit tables were set up at the annual CHCAMS annual legislative day in Jackson where program materials on both the Tobacco Free project and Baby and Me were distributed.

In Fiscal Year 2018, CHCAMS was required to facilitate one training focusing on tobacco prevention in women of child-bearing age targeting OB/GYN or pediatricians. There were efforts to make this happen, but nothing tangible was produced. In Fiscal Year 2019, CHCAMS staff attended the Maternal Health and Infant Health Summit, sponsored by WIC to learn more about successes, barriers and recommendations to improve maternal and infant health. Following this meeting in August, a training for CHCAMS staff who work with expectant mothers and mothers of newborns who smoke was conducted. Topics covered risk factors leading to birth outcomes along with information about the Baby and Me program. The training was for staff rather than an actual event for women of the targeted demographic. Plans for the upcoming fiscal year include a partnership with a faith-based group to put on a women's health conference in October 2019 to explore the benefits and impact of the Baby and Me program.

Although technically, social media requirements were completed, CHCAMS should make efforts to improve in this area. Scope of work called for the project and Quitline information to be promoted at least six times per contract year. Posts were made on the MPHCA Workforce Page which is connected to all community health center's Facebook pages. There were 15 posts for the year along with two tweets. There were no analytics to determine how many people had access to the information.

Cessation Intervention

The Office of Tobacco Control contracts with the ACT Center for Tobacco Treatment, Education and Research and the Mississippi Tobacco Quitline to provide cessation services as well as educational and awareness activities to promote cessation. Their specific contractual obligations are different but complement each other in an effort to increase cessation in the state. The ACT Center and the Quitline are required to self-report scope of work deliverables and upload the template in TRAPS Operations. For a look at these reports, see Appendix E.

ACT Center

With an overall objective of helping people quit using tobacco and stay quit, the ACT Center provides evidence-based treatment for individuals who are working to achieve long-term abstinence. Since 1999, the ACT Center has been providing treatment services free or at little cost to state residents, as well as education trainings and presentations for healthcare providers to learn more about promoting cessation among tobacco users and topics related to tobacco use. Certification trainings for tobacco treatment specialists, and a broad research agenda are also part of the center’s agenda. The ACT Center operates under the umbrella of the University of Mississippi School of Medicine Department of Otolaryngology and Communicative Sciences and is located at the Jackson Medical Mall Thad Cochran Center in Jackson, Mississippi.

Table 26.

ACT by the Numbers	Events	Reach	Distribution
Presentations*	9	8,227	197
Trainings**	9	222	816
Other	2	10	10
Total	20	8,459	1,023

*Presentations include 2 interviews

**Trainings include 1 webinar

The scope of work objectives are divided into numerous categories with the main focus on education, training and data reporting of treatment services. Evaluations also play an important role in assessing the impact and outcomes of treatment as well as trainings. Part of the scope of work requires the ACT Center to continue to develop strategies for the implementation of a comprehensive Tobacco free Initiative within UMMC hospitals and clinics to facilitate the adoption of Best Practices for Tobacco Cessation and to promote UMMC’s tobacco free campus status. According to the ACT Center TRAPS reporting, UMMC includes ACT Center information in all new-hire orientation packets; however, no numbers were recorded in TRAPS.

The ACT Center conducted five certified tobacco treatment specialist workshops to out-of-state organizations. A total of 140 people participated in the workshops:

- August 6-10: U.S. Army, Seattle, WA (32 attendees)
- August 20-24: U.S. Army, Boston, MA (19 attendees)
- September 17-21: U.S. Army, Landstuhl, Germany (29 attendees)
- October 1-5: Presbyterian Hospital, New York, NY (30 attendees)
- April 8-12: Northeast Monroe Human Services, Monroe, LA (30 attendees)

The Education and Training component of the scope of work includes a minimum of two Tobacco Treatment Specialist Trainings (TTS) to be held in-state. Three trainings were held during the fiscal year:

- Tobacco Treatment Specialist Training Program, US Army, Flowood: July 9-13 (24 attendees)
- Tobacco Treatment Specialist Training Program, Pearl: October 29-November 2 (8 attendees)
- Tobacco Treatment Specialist Training Program, Flowood: March 11-15 (24 attendees)

The total number of TTS workshops was eight (in-state and out-of-state) with 196 attending. Sign-in sheets were uploaded to the proper Operations folder in TRAPS, but no agendas were included. Evaluations from five of the eight workshops were also uploaded into TRAPS.

As in previous years, there is some discrepancy in reporting TTS workshops. The ACT Center's final report indicates there were two in-state trainings with 197 in attendance. The ACT Center monthly self-report, uploaded to TRAPS, indicated there were three. However, only one training was captured in the data portal, and that was the July event. Five trainings occurred outside the state of Mississippi: Seattle (32 participants), Boston (19), Landstuhl, Germany (29), New York City (30), and Monroe, Louisiana (30). Only six presentations were recorded in the data portal; just one was in the state of MS. Because the data portal is used to query reports, the ACT Center is not getting the full account of its work when data is not documented.

Evaluations for the trainings were extremely positive. The following represent some of the comments:

“I will be recommending an extended duration of medication use prior to quitting compared to what I have in the past. I also will recommend more frequent, follow-up sessions.”

“I plan to initiate a research assessment and start a tobacco treatment group.”

“I am motivated to engage and be a part of the tobacco treatment program.”

“I will begin treating tobacco cessation using the principles learned.”

“Excellent training. Very much appreciated and will be utilized in practice.”

“I plan to increase patient appointments for nicotine cessation. I also plan to target more vape-using patients.”

“Properly assess patients before, during and after treatments. Provide more comprehensive care.”

“Utilize motivational interviewing skills to impact patient care.”

Maintenance objectives were mostly answered in the monthly scope of work reporting template with the response, “available upon request” but no concrete action reported. They did provide six presentations on behalf of the Mississippi Academy of Family Physicians Foundation and one at the request of the Mississippi Chapter of the Academy of Pediatrics. One pharmacotherapy training was conducted in November for healthcare professionals (“Tobacco Use, Mental Health and Substance Abuse). When asked if any work had been done to integrate the 5A’s module into current course for student and residents, Debra Hunter reported that Dr. Payne’s lectures to residents, students and fellows routinely contains information about the 5A’s, but there has been no systematic effort to assure the information reached all students in training. The Five-Year Operational Plan was uploaded in the proper folder in TRAPS. According to Debra Hunter, the plan had previously been approved by OTC and is scheduled for a review in December 2019. No trainings were scheduled for DO’s and MD’s who are registered as “Be Tobacco-Free Network Physicians.” According to Ms. Hunter, none was requested for the year.

Interviews included:

Southern Remedy: Mississippi Public Broadcasting (potential audience of 4000)

WMPR, Mississippi Public Broadcasting (potential audience of 4000). Dr. Payne discussed the impact of vaping.

According to the ACT Center, approximately 968 people attended eleven ACT Center exhibits at area health fairs/Health Fairs. Although health fair participation is not required in the scope of work, it can be a way to educate the public about treatment options. The health fairs were not captured in the TRAPS data collection. Health Fair exhibits for the year include:

- US Postal Service Employees Annual Health Fair
- Mississippi Department of Human Services Annual Employee Health Fair
- Mississippi Library Commission Annual Fair
- Move Your Way Campaign
- Mississippi Fire Academy Annual Health Fair
- Eliza Pillars RNs Annual Health Fair
- Mississippi Comprehensive Cancer Conference
- Oral Cancer Screenings Exhibit
- Minority Health Awareness Fair
- UMMC Cancer Institute, See, Test, and Treat Event
- Walmart Awareness Day Fair

It is not clear if the number of attendees is the actual number of people who visited the ACT Center's exhibit or the health fair itself. Grantees are always instructed to count only those people with whom they interacted and shared information.

According to the ACT Center's records, the following presentations were given to health care providers and community groups:

- Vaping Update, Office of Tobacco Control Statewide Meeting.
- Family Medicine Residents, North Mississippi Medical Center
- Community Health and Prevention Teams
- UMMC Pediatrics Residents
- UMMC Family Medicine
- Family Medicine Residents, EC Healthnet
- Mississippi Primary Healthcare Association
- Family Medicine Residents, Forrest General Hospital
- Nurse Practitioners, North Mississippi Medical Center Mississippi Academy of Family Physicians
- Mississippi chapter, American Academy of Pediatrics
- Webinar to Mississippi Business Group on Health

The presentations were all recorded in TRAPS except for the Nurse Practitioners presentation.

Although most of the scope of work deliverables were met for the year, there are still inconsistencies in the recording of data in TRAPS. Sometimes the information uploaded in

the TRAPS Operations folders does not correspond with what is recorded in the activity reports, which is where numbers of people and activities are generated for evaluation reports. The material presented by the ACT Center in its year-end report is excellent, but again it often does not correspond with the information recorded in TRAPS. There were only 20 activities recorded in the Activities Report in TRAPS for the entire year.

Table 27.

TTS Program	FY 17	FY 18	FY19
Characteristics (totals)			
Gender			
Male	536	322	337
Female	871	453	434
Race			
Black	599	414	453
White	792	351	313
Other	10	10	5
Hispanic Ethnicity	9	0	4
Averages			
Age	52.2	52.0	53.5
Years Smoked	30.7	29.3	31.0
Yes Smokeless Tobacco	17.6	20.7	21.2
FTND Score	5.3	5.0	5.2
CESD Score	23.4	22.8	22.8
PSS Score	6.7	6.5	6.2

Source: Annual Report

Table 28.

Patient Satisfaction Surveys	FY 17	FY 18	FY19
Patient Satisfaction (1 = Very Low, 5 = Very High)			
Survey Count	209	61	Not Listed
Average Totals	4.9	4.8	4.9
General Organization of the Program	4.8	4.8	4.9
Quality of the Facilities (meeting rooms, etc.)	4.8	4.7	4.8
Appointment & Scheduling Services	4.9	4.8	4.9
General Clinic Features (on time, smooth operation)	4.9	4.9	4.9
Quality of the Workbook and other Materials	4.8	4.6	4.8
Staff Helpfulness, Friendliness & Flexibility	5.0	4.9	4.9
Staff Skillfulness in Providing Treatment	4.9	5.0	4.9
Overall Quality of the Program	4.9	4.9	5.0
Overall Effectiveness of the Program	4.9	4.9	4.9

Source: Annual Report

“I think it is a positive program to help those who are unable to purchase aids.”

“It really helps to have someone to help support your efforts to quit. Thank you.”

“No one looks down on you for smoking.”

“This program has really shown me the quality of life that I can have with my family and others without smoking. Thank you very much.”

“Please try to see if you can have more group sessions. They really help.”

“The staff is very cheerful and encouraging and knowledgeable.”

“The program has been very helpful when I didn’t think I could stop smoking.”

Table 29.

Annual Report - TTS Program			
Participants and Treatment Completers	FY 2017	FY 2018	FY 2019
End of Treatment (EOT)			
Number and Percent Quit (#quit / #contacted)	28.8%	27.9%	25.9%
Contacted Rate (#contacted / #eligible for contact)	66.9%	65.4%	65.5%
Treatment Completers			
Number and Percent Quit (#quit / #contacted)	33.6%	36.4%	29.1%
Contacted Rate (#contacted/total)	66.4%	63.6%	70.9%
Follow-Up: 1-Month			
Number and Percent Quit (#quit / #contacted)	35.4%	36.7%	32.5%
Contacted Rate (#contacted / #eligible for contact)	54.8%	56.1%	64.1%
Treatment Completers			
Number and Percent Quit (#quit / #contacted)	43.1%	43.5%	36.4%
Contacted Rate (#contacted / #eligible for contact)	68.4%	62.5%	84.2%
Follow-Up: 3-Month			
Number and Percent Quit (#quit / #contacted)	35.1%	33.1%	30.4%
Contacted Rate (#contacted / #eligible for contact)	62.5%	66.6%	81.8%
Treatment Completers			
Number and Percent Quit (#quit / #contacted)	46.9%	42.9%	35.0%
Contacted Rate (#contacted / #eligible for contact)	59.9%	63.0%	92.3%
Follow-Up: 6-Month			
Number and Percent Quit (#quit / #contacted)	34.1%	29.6%	35.3%
Contacted Rate (#contacted / #eligible for contact)	71.6%	65.7%	75.6%
Treatment Completers			
Number and Percent Quit (#quit / #contacted)	41.4%	31.7%	28.4%
Contacted Rate (#contacted / #eligible for contact)	73.7%	64.3%	80.7%
Follow-Up: 12-Month			
Number and Percent Quit (#quit / #contacted)	36.5%	33.4%	34.1%
Contacted Rate (#contacted / #eligible for contact)	62.8%	58.3%	66.1%
Treatment Completers			
Number and Percent Quit (#quit / #contacted)	39.6%	36.1%	37.4%
Contacted Rate (#contacted / #eligible for contact)	61.7%	54.0%	73.1%

IQH: Tobacco Quitline

Like the ACT Center, the Mississippi Tobacco Quitline services were begun in 1999. They provide telephone counseling and web-based cessation services free of charge to any Mississippian who expresses a desire to quit smoking. The Quitline staff members provide assistance with up to eight weeks of nicotine replacement therapy (NRT) to eligible callers.

In order to increase awareness of the Quitline services, community outreach services are offered across the state throughout the year.

Fiscal Year 2019 saw an increase over the last three years in number of total services provided. Nearly seven thousand (6,841) services were provided, up slightly from 6,315 in FY 2018. (FY 2017 was 6,953 and FY 2016 was 5,492). Incoming calls (14,769 increased in FY 2019 from 12,675 in the previous year. Over six thousand (6,533) Mississippians were registered in telephone or web-based counseling services compared to 6,376 in FY 2018. and 5,207 in FY 2016.

Table 30.

IQH by the Numbers	Events	Reach	Distribution
Clinical Activities	32	7,330	9,602
Counseling	22	5,478	0
Promotion/Collaboration	90	14,394	16,817
Training/Conferences	48	410	1,810
Enrollments	11	1,049	0
Academic Detailing	175	4	8,768
Website Traffic	12	286,579	0
Total	390	315,244	36,997

Table 31.

Quitline Key Measures				
	FY16	FY17	FY18	FY19
Incoming Calls	13,211	13,577	12,675	14,759
# Referrals (fax + online + EHR)	4,098	4,794	4,092	3,858
# Registered (phone + web)	5,207	6,064	6,376	6,533
# Materials Provided	5,445	5,784	6,259	7,192
# NRT Provided	5,728	6,014	8,849	10,415
Quit Rate	46%	40%	40%	36%
Satisfaction Rate	98%	96%	93%	95%

Source: Annual Report

Of particular note, is the 94% live call answer rate that exceeds the Scope of Work goal of 85%. This is the highest in the last four years of evaluations conducted by the present team. Interestingly, the rate never fell below 86% throughout the entire fiscal year. In November, a 97% live answer call rate was recorded. The target volume was set at 14,935; the actual number for the year was 14,769. The target number of intakes was 5,612 with the actual number for the fiscal year being 7,798.

Table 32.

Mississippi	2015 - 2016	2016 - 2017	2017 - 2018	2018-2019
Live answer call rate	85%	84.3%	93%	94%

Table 33.

Call Volume/Status	FY 17	FY 18	FY19
Calls received	17,292	12,675	14,759
Calls accepted	12,751	11,696	13,515
Calls answered	11,242	10,433	12,109
Calls abandoned	3,838	987	1,136
Calls sent to voicemail	2,376	1,271	1,524
Calls handled by provider line	1,302	317	355
Calls handled by Spanish QL	126	40	30
Calls handled by TIP line	1,504	463	1,099
(Calls Received + TIP Line)	10,365	13,138	15,868
Total	60,796	51,020	60,405
Outgoing Calls	N/A	32,685	25,038

Table 34.

State-Wide Services	FY 2016	FY 2017	FY 2018	FY 2019
Phone Counseling	4,239	5,004	5,322	5,716
Online Counseling	486	499	638	817
Information Only	575	217	301	282
Proxies/Calling for Someone Else	9	10	8	4
Referred to a Local Resource	183	223	46	22
Total Services Provided	5,492	5,953	6,315	6,841
Total Quit plans Completed	2,683	N/A	4,390	4,659
Completed Intake	4,453	N/A	5,505	5,881
Incomplete/Declined Intake	1,030	N/A	887	1,031
Counseling Sessions Completed	5,016	N/A	7,353	7,411
Fax Referrals	4,091	N/A	1,449	1,254
EHR Referrals	N/A	N/A	2,453	2,305
Other Referrals	3,676	N/A	4,299	5,136
Referrals Unable to Reach	2,397	N/A	1,032	1,851
Quit Kit Materials	4,197	N/A	5,247	6,031
Flyer/Brochure Sent	1,249	N/A	1,012	1,161

Source: Annual Report

Website traffic yielded 255,405 website “hits” or total number of visits to www.quitlinems.com, and 13,056 “chats” resulted in 1,122 enrollments in online counseling for the year. The Quitline is responsible for handling of the website. A new design and update of the website was worked on in the fall, presented to OTC in January, and went live in February. The director successfully promoted treatment services seven times during the fiscal year. Four were articles; one was a television interview in May on WRBJ, Jackson. Quitline staff also promoted the online counseling services 36 times, up from the required 24. Statewide efforts to promote cessation services statewide included a one-month ad campaign at 187 Mississippi gas stations along with the distribution of 100,000 drink coasters in bars and restaurants across the state.

Table 35.

Website Statistics	FY 17	FY 18	FY19
Website hits	302,694	311,506	255,405
Number of online enrollments	1,060	1,054	1,122
Number of online chat sessions	8,873	9,838	13,056
Total	312,627	322,398	269,583

Table 36.

Referral Sources	FY 16	FY 17	FY 18	FY19
Website	67	82	72	88
Newspaper	8	9	3	3
Billboard	19	25	14	11
Employer	35	25	24	20
Community Organization	45	21	67	48
Unknown TV Source	71	195	183	146
Radio	88	25	16	8
Flyers	142	108	127	96
Health Insurance	310	277	1,030	902
Hospital/clinic	363	202	297	249
Family/friends	493	436	681	615
Healthcare Professional	1,100	1,140	1,116	1,075
TV 1-800-QUITNOW	1,727	1,915	1,343	1,762
Total	4,468	4,460	4,973	5,023

Table 37.

Caller Demographics	FY 16	FY 17	FY 18	FY 19
Male	1,395	1,594	1,844	1,904
Female	3,032	3,315	3,480	3,609
Pregnant Participants	32	44	40	36
Unknown/Refused	1,065	1,041	991	1,328
12-17	6	4	1	3
18-24	196	188	183	143
25-34	759	714	816	732
35-44	908	1,057	1,223	1,149
45-54	1,377	1,490	1,500	1,536
55-64	1,425	1,692	1,741	2,026
65+	529	630	649	921
Unknown/Refused	292	178	202	331
Average Age	47	49	48	50
Black or African American	1,645	1,768	1,658	1,781
White	2,668	3,025	3,436	3,405
Asian	6	21	6	6
Native American or Alaskan Native	29	22	1	46
Other	45	61	96	94
Unknown/Refused	1,099	1,056	1,089	1,509

Source: Annual Report

Outreach continues to be a vital part of the Quitline’s scope of work. As Bonnie Mangum, the Outreach Coordinator reminds us, “Outreach work is important because it is one of the connections for a nicotine dependent person to obtain resources to quit tobacco. It allows the opportunity for the public to become more educated on the dangers of tobacco use.” In Fiscal Year 2019, academic detailing was required with a minimum of 14 clinics or provider groups each month. This requirement was met or exceeded every month except in July (12) and August (13). Ms. Mangum also partnered with other OTC grantees to provide 11 presentations. For the second year, presentations aimed at providing awareness, education, training and resources to disparate populations were conducted. A minimum of six was required; seventeen were conducted.

Table 38.

Disparate Populations	Presentations
Pregnant Women	4
Hispanic/Latino	3
African American	2
Native American	2
LGBTQ	4
Smokeless Tobacco Users	2
Total	17

Examples of disparate population presentations include:

- Agusa deVida Church, Canton (Hispanic)
- Jackson-Hinds Comprehensive Health Center, Jackson (Pregnant Women)
- My Brother’s Keeper, Ridgeland (LGBTQ)
- MS AIDS Education Training Center, Ridgeland (LGBTQ)
- Choctaw Behavioral Health, Choctaw, MS (Native American)
- LiveWell Center, Hattiesburg (Smokeless Tobacco)
- Delta Housing Authority, Indianola (African American)

Table 39.

Community Outreach Coordinator Objectives and Activities				
Scope of Work Objectives	Minimum Activities Required	FY 17	FY 18	FY 19
F1. In-Kind Media Opportunities	1 per qt./ 3 per yr.	n/a	n/a	7
F2. Online Counseling	2 per mo./ 12 per yr.	44	52	35
F3. Statewide Promotion	1 per yr.	n/a	n/a	1
H2a. Academic Detailing	14 per mo./ 168 per yr.	n/a	n/a	175
H2b. Collaboration w MTFCs	5 per yr.	21	13	11
H2c. Promotion (colleges)	8 per yr.	18	12	9
H3. Promotion (disparate populations)	2 per pop./ 12 per yr.	10	22	17
H4. Attend Conferences/Exhibits	3 per yr.	31	36	19
H6. Partner w Cancer Tx Facilities	2 per yr.	n/a	n/a	2
Ia. Trainings, Presentations, and Technical Assistance	No Minimum	18	35	24

The Quitline Success Story is also an example of a quality product. Its design is crisp with an understandable message that follows the CDC guidelines in writing a Success Story. It is a product that can be easily shared with community organizations, healthcare providers, and other stakeholders.

According to IQH reports, 19 referrals were sent to the ACT Center for the year, and 79 were received from the ACT Center. This differs from the ACT Center reporting that indicates 24 referrals were received from the ACT Center and 94 were sent to the Quitline.

Quitline staff uploaded the Sustainability Plan in the TRAPS Operations folder. Goals include a plan for reimbursement for Medicaid, Medicare, and private insurers to sustain Quitline funding and a recommendation that the communications plan include strategic cessation messaging that encourages the inclusion of tobacco quitline services into wellness programs and health insurance plans. The Quality Improvement Plan for Fiscal Year 2019 was uploaded in TRAPS on October 9, 2018. Its purpose is to ensure that contractual requirements for services are met, reviewed, evaluated, and improved. Ways to do so include facilitating electronic referrals with provider feedback, monitoring adherence to evidence-based clinical protocol for counseling, improving the reliability and timeliness of data reporting, and ensuring that staff are properly trained and certified.

Recommendations

- Continue annual site visits by the evaluation team to all grantees to discuss their goals and objectives, successes and challenges rather than a focus solely on scope of work completion. These visits can be done throughout the year rather than just before report deadlines.
- Continue JUUL presentations conducted by the MTFC's in school environments (school administrators, faculty and staff) and update periodically as more pertinent information becomes available.
- Consider developing JUUL presentations for students in elementary, middle and high schools across the state to be conducted by MTFC project directors.
- Conduct focus groups with teens and their parents to gauge attitudes and beliefs regarding the use of electronic cigarettes.
- Conduct focus groups with community leaders whose municipalities have recently completed passage of a smoke-free ordinance. Include questions about the impact youth advocate made if any on the process.
- Interview students who serve as youth advocates to receive feedback on how they perceive the effectiveness of their work.
- Provide electronic quarterly "snapshots" of OTC successes and objectives/outcomes to legislators and other stake holders.
- Re-examine OTC communication efforts and scope of work deliverables for MTFC's to ensure that the efforts are meaningful and measurable.
- Provide TRAPS training and orientation to all new MTFC project directors and other new grantees to discuss the scope of work objectives.



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