FY2022 Annual Evaluation Report

PREPARED FOR THE

Office of Tobacco Control Mississippi State Department of Health

REPORT BY

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SOCIAL SCIENCE RESEARCH CENTER

Acknowledgements

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overview

The Mississippi State Department of Health (MSDH) Office of Tobacco Control (OTC) is responsible for promoting and protecting the health of Mississippians through tobacco control programs. One such program focuses on educating and garnering community support and involvement to influence policies that discourage tobacco use and encourage individual behavior change. OTC contracts with and oversees the work of thirty-four Mississippi Tobacco-Free Coalitions (MTFCs), four statewide partners, two cessation intervention programs, and two statewide youth programs. Grantees are required to follow the scope of work (SOW) requirements. The contractual obligations outlined in each grantee's SOW are developed annually and approved before the start of each fiscal year. While grantees are regularly monitored by fiscal agents and OTC branch directors, they are also evaluated semi-annually by researchers located at Mississippi State University's Social Science Research Center (SSRC). The fiscal year (FY) 2022 marks the seventh year that evaluation services have been provided.

TRAPS 2.0

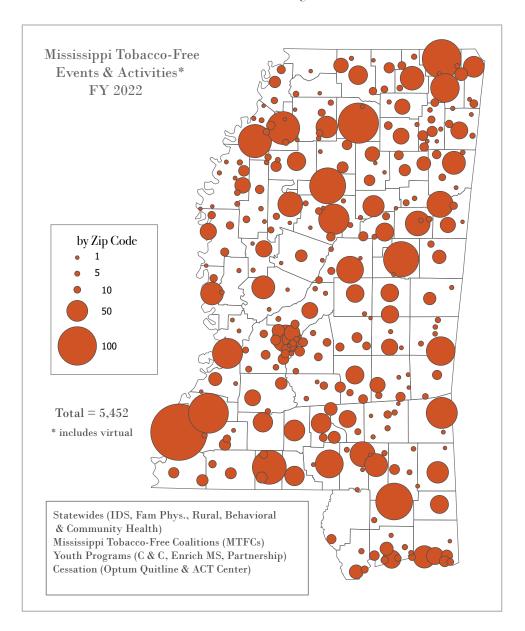
In addition to regular maintenance, several new features were added to TRAPS in the second half of FY22. Between January and July 2022, the following system upgrades were implemented:

- Updated the User Interface of TRAPS and user logs for all program directors, monitors, and administrators.
- Smokefree maps has additional data layers related to Covid-19 cases and deaths.
- Updated the User Interface of Coalition controls for the TRAPS administrator.
- Updated the User Interface for missing event types for coalitions and youth programs.
- Rolled the data portal from 2021 to 2022 fiscal year.

program evaluation

Process Evaluation

The focus of process, or implementation, evaluations is to assess the degree to which programs were implemented with fidelity. For grantees, this translates as their ability to complete SOW requirements. Process measures include, among others, the number/type of events held, the number of people reached, and the number of materials distributed. The following table displays the reach of OTC programs. "Events" include activities such as training sessions, presentations, surveys, and collaborations. "Reach" is a count of the number of individuals receiving educational information through oral presentations and trainings while "distribution" is a count of the items, brochures, and fact sheets distributed at events or shared through email.



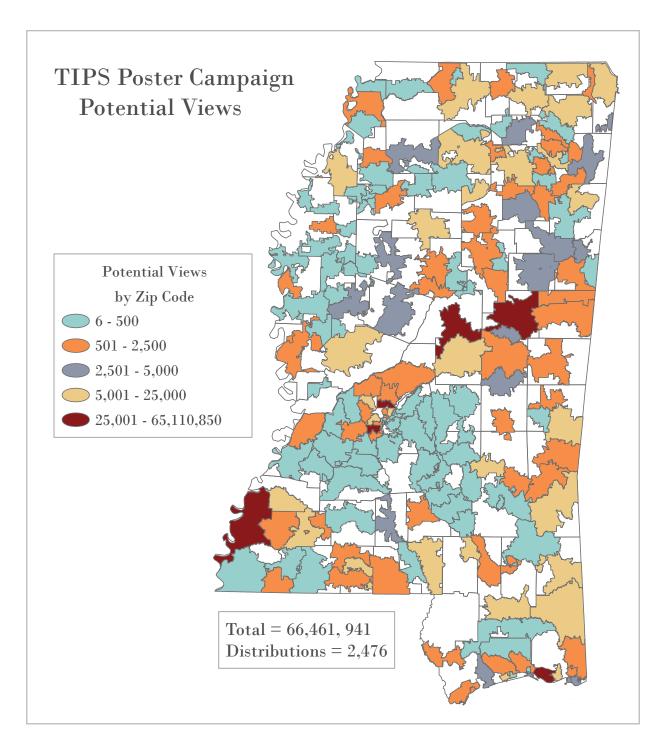
Statewide Reach FY22				
Programs	Events	Reach	Distribution	
Coalitions	4,752	77,761	579,969	
Statewides	216	$3,\!176$	20,598	
Youth	135	$10,\!140$	8,385	
Total	5,103	91,077	608,952	

Written, audio, and video communications were also tallied for OTC programs. In this situation, "events" include products shared through print, traditional media (e.g., radio, television), and billboards while "potential views" represents the number of people likely to interact with the products based on circulation numbers, average viewership, and foot traffic.

Coalitions: Communication Reach				
Unduplicated	Events	Potential Views		
Published	52	284,822		
Radio	9	53,280,300		
Television	2	113,015,000		
Billboard 2 932,300				
Total 65 167,512,422				

The TIPS Campaign, a federally paid national education campaign that launched in 2012, builds public awareness by profiling individuals who are living with the long-term health consequences of smoking and secondhand smoke through television, radio, and posters. TIPS also increases awareness of free quit-smoking resources among adults TIPS Campaign posters are distributed by MTFC directors and statewide grantees throughout the state in locations such as healthcare clinics, barbershops, gyms, hair salons, and faith-based organizations. A TIPS poster was also shared via social media by the Community Health Center Association of Mississippi.

TIPS Reach by Program					
Programs	Distribution	Potential Views			
Coalitions	$2,\!476$	446,876			
Community Health Center	1	205,302			
IDS	59	3,663			
Family Physicians2224,310					
Total 2,558 680,151					



For grantees using social media as a communication tool, "posts" refers to each unique piece of content (e.g., graphic, link, video) published on a social media site (e.g., Facebook, Twitter, Instagram). "Views" are a count of the number of users who see the content.

Statewide Social Media				
Programs	Posts	Views		
Statewides	184	486,493		
Youth	$1,\!470$	721,099		
Total	1,654	1,207,592		

methodolog y

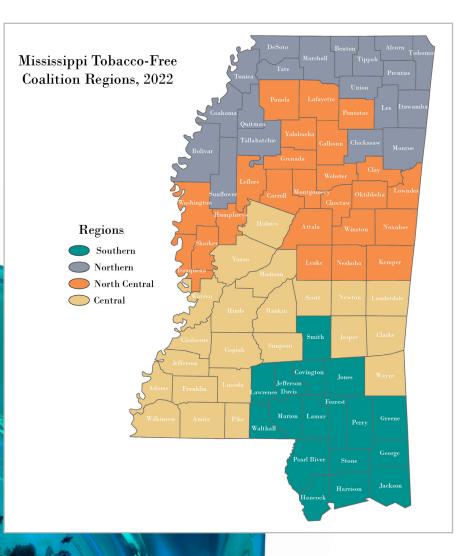
Data used to evaluate grantees' progress towards completing SOW requirements were pulled from the Tobacco Reporting and Progress System (TRAPS), the web-based platform designed to capture program activities, on July 1, 2022. The data pulled from TRAPS is used to populate a weighted measurement tool. The weighted measurement tool provides a nuanced view of grantee activity to measure the progress grantees have made towards completing SOW requirements. Instead of categorizing SOW items as either "met" or "not met," this tool takes into consideration the varying levels of complexity present across the activities (e.g., the number of events that must be held, locations, the type of people/organizations that should be reached, etc.). Using an all-or-nothing approach, a grantee holding 6 of the 8 required events would receive a "not met" for that activity. The weighted measurement tool, on the other hand, rates the activity as being 75% complete.

Evaluations of the youth, statewide, and cessation programs were completed exclusively by the MSU evaluation team. After conducting an initial evaluation, phone interviews were scheduled with grantees to discuss SOW deliverables before finalizing the data populated into the weighted measurement tool. OTC Regional Branch Directors are responsible for conducting the initial review of the MTFCs using a pre-existing reporting template provided by the MSU evaluation team. Once their initial evaluation was completed, the MSU evaluation team reviewed and revised a small number of reports and used the data to populate the weighted measurement tool and reporting matrix.

Mississippi Tobacco-Free Coalitions (MTFCs)

MTFCs are community-based coalitions that implement tobacco control programs that work to prevent tobacco initiation among youth, reduce secondhand smoke exposure, promote smoking cessation services, and reduce tobacco-related disparities.

MTFCs are grouped into four regions based on their location within the state: northern, north-central, central, and southern. For a regional breakdown of MTFC directors, see the table below.



Region	County(ies)	Director
	Alcorn & Tippah	Tonya McAnally*
	Bolivar & Sunflower	LaKenya Evans*
NORTHERN	Chickasaw & Lee	Shatara Agnew
Courtney Johnson	Coahoma & Tunica	Concetta Thompson
	Desoto & Tate	Vacant
	Itawamba & Monroe	Michael Farrar*
	Prentiss & Tishomingo	Sonya Sanderson
	Tallahatchie & Quitman	Pearl Watts
	Union, Benton & Marshall	Lora Austin
	Attala, Leake & Winston	Lynn McCafferty
	Grenada, Yalobusha & Calhoun	Sue Mashburne
NORTH CENTRAL	Issaquena, Sharkey & Washington	Tasha Bailey
Vacant	Leflore, Humphreys & Carroll	Earlean Anderson*
	Montgomery, Webster & Choctaw	Kathryn Allman
	Noxubee, Kemper & Neshoba	Lacey Williams*
	Oktibbeha, Clay & Lowndes	Janet Turman*
	Panola, Lafayette & Pontotoc	Trakendria Barnes*
	Adams, Jefferson & Franklin	Shirley Brown
	Amite, Pike & Wilkinson	Shanna Barrett
CENTRAL	Copiah & Lincoln	Meishia Smith
Kenneth Judie*	Hinds County	Andre Nathaniel
	Lauderdale & Newton	Pamela Edwards
	Madison, Yazoo & Holmes	Linda Jordon-Jefferson*
	Rankin, Scott & Simpson	Antoninette Harris*
	Warren & Claiborne	Kimberly Dawson
	Clarke, Jasper & Wayne	Pamela Lang-Prestage
	Covington & Smith	Melissa Collier*
SOUTHERN	Forrest, Jones & Perry	Chinnika Hughes*
Ashley McKenzie	Greene, George & Stone	Guarnette Arrington*
	Hancock & Pearl River	Elizabeth Ozene*
	Harrison County	Brian Creal*
	Jackson County	Rasheeda Whitfield*
	Jeff Davis, Lawrence & Walthall	Peggie Jones*
	Lamar & Marion	Jasmine Johnson*
*New staff in FY22		

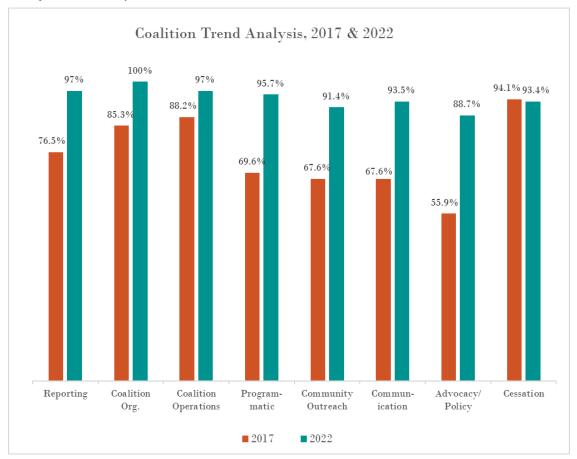
Between July 2021 and June 2022, twenty-two MTFC directors, two OTC Branch Directors, and two OTC Division Directors left their positions. Of the twenty-two vacated MTFC director positions, twenty-one were filled during the current fiscal year. One vacant OTC Branch Director and one vacant OTC Division Director position was filled.

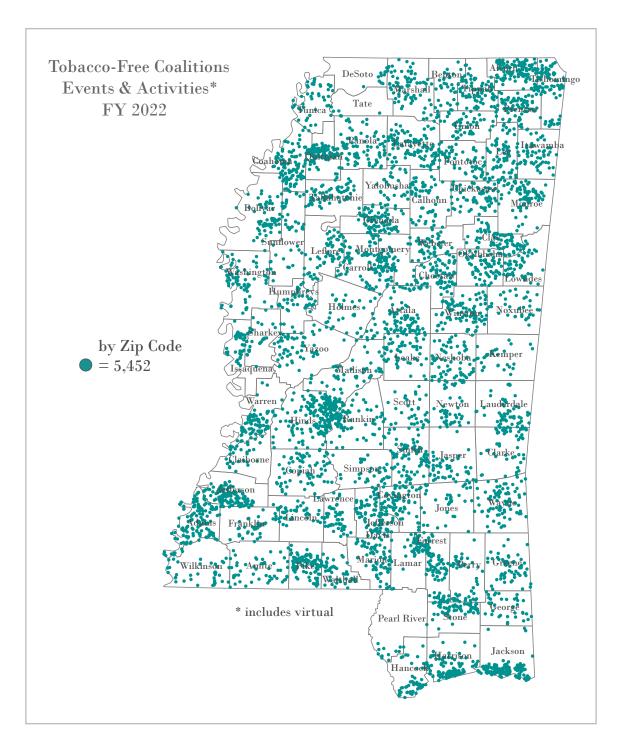
MTFC FY22 Staff Changes					
Coalition	Old Director	Old Director Departure Date New Director		Hire Date	
George, Greene & Stone*	Stephanie Mayfield	6/8/2021	Guarnette Arrington	7/1/2021	
Noxubee, Kemper & Neshoba*	Beverly Knox	6/30/2021	Lacey Williams	7/28/2021	
Itawamba & Monroe*	Janet Turman	6/30/2021	Michael Farrar	7/1/2021	
Lafayette, Panola & Pontotoc*	Martha Lynn Johnson	6/30/2021	LuJulius Fleming	9/24/2021	
Clay, Lowndes, & Oktibbeha	Yolanda Pruitt	7/1/2021	Janet Turman	7/2/2021	
Covington & Smith	Jasmine Johnson	7/30/2021	Johnny Moore	8/9/2021	
Harrison	Aleshia Jones	7/30/2021	Brian Creal	8/1/2021	
Hancock & Pearl River	Brittney Johnson	7/30/2021	Alexis Irving	9/21/2021	
Jackson	Kayleigh Shorter	7/30/2021	Rasheeda Whitfield	8/1/2021	
Jefferson Davis, Lawrence, & Walthall	Casey Hamilton	7/30/2021	Peggie Jones	9/24/2021	
Forrest, Jones, & Perry	Denoshia O'Quinn	8/7/2021	Elaine Wolverton	8/9/2021	
Lamar & Marion	Denoshia O'Quinn	8/7/2021	Jasmine Johnson	8/1/2021	
Rankin, Simpson, & Scott	Sherron Day	8/7/2021	Antoninette Harris	8/7/2021	
DeSoto & Tate	Marcus Ross	8/31/2021	Vacant		
Carroll, Humphreys & Leflore	Desiree Norwood	10/15/2021	Earlean Anderson	11/4/2021	
Forrest, Jones, & Perry	Elaine Wolverton	10/26/2021	Chinika Hughes	10/27/2021	
Covington & Smith	Johnny Moore	10/22/2021	Melissa Collier	10/25/2021	
Bolivar & Sunflower	Beverly Johnson	10/29/2021	LaKenya Evans	1/3/2022	
Alcorn & Tippah	Abby Enlow	1/15/2022	Tonya McAnally	1/17/2022	
Holmes, Yazoo & Madison	Sharon Nettles	2/15/2022	Linda Jordon-Jefferson	2/15/2022	
Hancock & Pearl River	Alexis Irving	3/1/2022	Elizabeth Ozene	3/1/2022	
Lafayette, Panola & Pontotoc	LuJulius Fleming	3/24/2022	Trakendria Barnes	3/24/2022	
Position					
Branch Director	Denise Diaz	7/30/2021	Kenneth Judie	3/1/2022	
Division Director	DeGarrette Tureaud	9/16/2021	Vacant		
Division Director	Vickie Perry	11/17/2021	Gwenyth O'Quine	5/16/2022	
Branch Director	Jermellody Christian	11/19/2021	Vacant		
* Departure occurred in FY2021					

The table below displays a summary of activities conducted by thirty-two of the thirty-four MTFC directors who were active during the current fiscal year (internal and canceled activities were not included in these totals). The director positions for Desoto/Tate and Hancock/Pearl River were vacant for more than six months so they were excluded from the program summary.

MTFC: Program Summary				
Activity Type	Events	Reach	Distribution	
Advocacy/Policy	594	7,381	17,290	
Cessation	326	2,921	6,277	
Coalition Org./Meetings	323	4,275	6,097	
Community Outreach	1,211	19,449	30,939	
Mass-Reach Communication	1,548	18,148	466,431	
Programmatic - Youth Policy	750	$25,\!587$	52,935	
Total	4,752	77,761	579,969	

Except for cessation activities, MTFCs have achieved a larger percentage of their SOW requirements this year relative to 2017 (see chart below).





Nine directors completed	Director	% Met
at least 95% of their SOW requirements.	Concetta Thompson	100%
	Earlean Anderson	100%
	Janet Turman	100%
	Sonya Sanderson	100%
	Melissa Collier	100%
	Tasha Bailey	100%
	Shirley Brown	100%
	Pamela Lang-Prestage	98%
	Linda Jordon-Jefferson	98%
	Kathyrn Allman	97%
	Peggie Jones	97%
	Lora Austin	97%
	LaKenya Evans	96%
	Andre Nathaniel	95%

In each of the tables that follow, detailed information about the youth policy, coalition organization/meetings, advocacy/policy, cessation, community outreach, and communication activities is provided. "Events" include activities such as training sessions, presentations, surveys, and collaborations. "Reach" is a count of the number of individuals receiving educational information through oral presentations and trainings while "distribution" is a count of the items, brochures, and fact sheets distributed at events or shared through email.

MTFC: Programmatic - Youth Policy				
Activity Type	Events	Reach	Distribution	
Catch My Breath (officials)	118	290	2,095	
Catch My Breath (students)	371	17,730	41,513	
E-Cig/Vaping Presentations	145	6,723	7,841	
School Council Presentations	116	844	1,486	
Total	750	25,587	52,935	

MTFC: Coalition Organization/Meetings				
Activity Type	Events	Reach	Distribution	
Coalition Board Activities	197	3,000	2,452	
Coalition Members	n/a	1,023	n/a	
Coalition Quarterly Meetings	126	252	$3,\!645$	
Total	323	4,275	6,097	

MTFC: Advocacy/Policy				
Activity Type	Events	Reach	Distribution	
City Council Attendance	69	783	502	
Educate a Business	148	1,972	$4,\!473$	
Engage Stakeholders/Leaders	164	2,168	5,943	
Ordinance Packet to Councils	44	201	968	
Present ANR Model @ Council	33	285	422	
Present/Assist RFP	48	265	329	
Stakeholder/Partners Touch	88	1,707	4,653	
Total	594	7,381	17,290	

MTFC: Cessation						
Activity Type	Events	Reach	Distribution			
Freedom from Smoking at MUH	194	1,548	2,081			
MUH/HUD Pres. to Managers	41	88	421			
MUH/HUD Pres. to Occupants	91	1,285	3,775			
Total	326	2,921	6,277			

MTFC: Community Outreach							
Activity Type Events Reach Distribution							
Great American Smokeout	37	1,556	3,683				
Merchant Training & Follow-up	628	875	968				
MUH Assessments	163	326	324				
No Menthol Sunday	112	5,391	8,820				
Other Outreach Activities	232	8,169	13,841				
Take Down Tobacco Day	39	3,132	3,303				
Total	1,211	19,449	30,939				

MTFC: Mass-Reach Communication							
Activity Type Events Distribution Potential Views							
Edu. Materials to Venues	262	15,672	19,555				
Follow-up TIPS	578	$2,\!476$	214,240				
TIPS Poster Campaigns*	708	1,320	232,636				
Total	1,548	19,468	466,431				

* Hard copy & electronic poster distribution

MTFC: Community Outreach						
Activity Type Events Reach Distribution						
Great American Smokeout	37	1,556	3,683			
Merchant Training & Follow-up	628	875	968			
MUH Assessments	163	326	324			
No Menthol Sunday	112	5,391	8,820			
Other Outreach Activities	232	8,169	13,841			
Take Down Tobacco Day	39	3,132	3,303			
Total	1,211	19,449	30,939			

For communication activities, "events" include products shared through print, traditional media (e.g., radio, television), and billboards while "potential views" represent the number of people likely to interact with the products based on circulation numbers, average viewership, and foot traffic.

Coalition: Communication Activities					
Activity Type Events Potential Vie					
Billboard	2	932,300			
Submitted (unpub.)*	(465)	-			
Published*	(190)	(81,959,622)			
Published Unduplicated **	52	284,822			
Radio PSA*	(35)	(65, 870, 900)			
Radio Unduplicated**	9	53,280,300			
Television Coverage	2	113,015,000			
Total	65	167,512,422			

* not counted in Total

**Potential view audience numbers are counted once for multiple publications from media outlets/radio/television

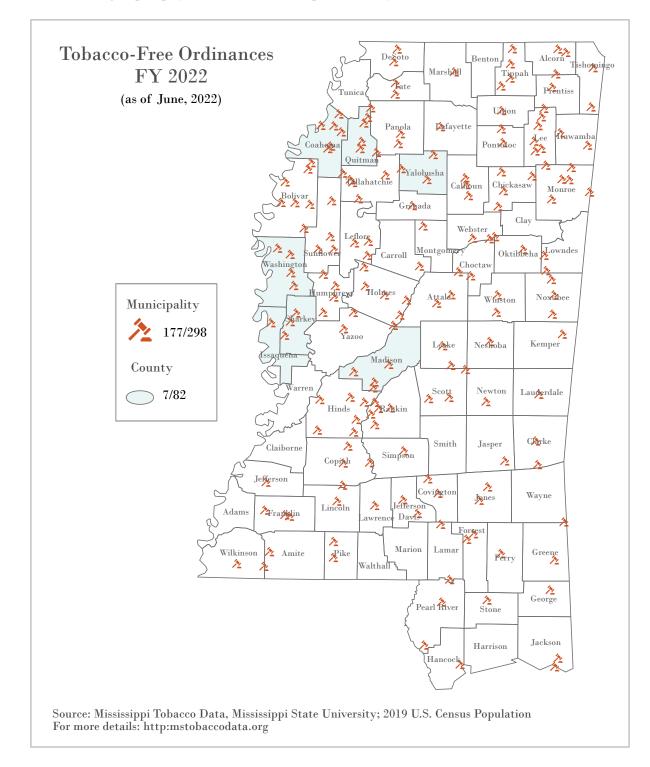
Between July and December 2021, MTFCs did not pass any smoke-free ordinances; however, in the second half of the fiscal year, three comprehensive ordinances and two e-cigarette amendments were passed.

FY 2022 Smoke-Free Ordinance Passages							
Place	Рор	Director	Date	Туре			
Falkner	489	Tonya McAnally	3/3/2016	С			
City of Grenada	12,219	Sue Mashburne	4/22/2022	Α			
Leland	3,766	Tasha Bailey	3/15/2022	С			
Kosciusko	6,720	Lynn McCafferty	5/20/2022	Α			
Mount Olive	912	Melissa Collier	6/7/2022	С			
Total	Total 23,617 People Protected						
Comprehensive smoke-free (C = 3)							
Amendments to inc	lude e-cig (A =	= 2)					

Since 2016, 108 smoke-free ordinances have been passed.

Passage of Smoke-Free Ordinances								
Type 2016 2017 2018 2019 2020 2021 2022 Total								
Smoke-Free Counties	0	0	0	1	5	3	0	9
Smoke-Free Municipalities	19	15	17	11	12	2	3	79
Smoke-Free Amendments	9	2	1	4	2	0	2	20
Total	28	17	18	16	19	5	5	108

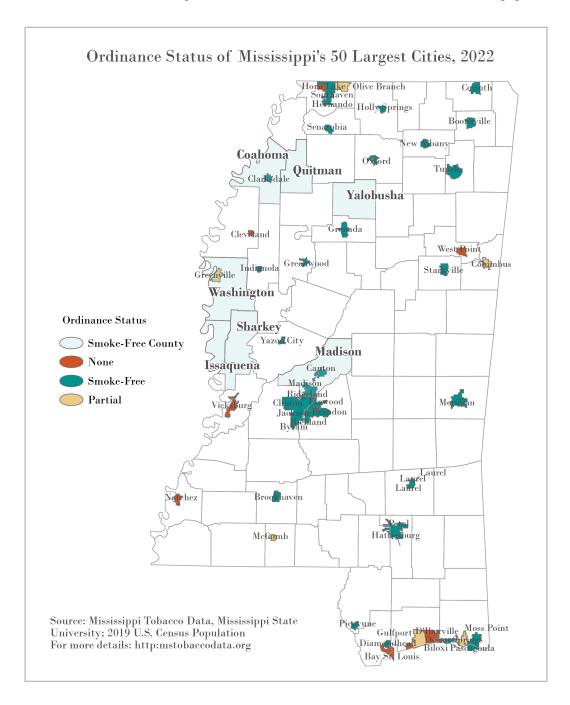
The following map displays the location of municipal and county smoke-free ordinances, as of June 2022.



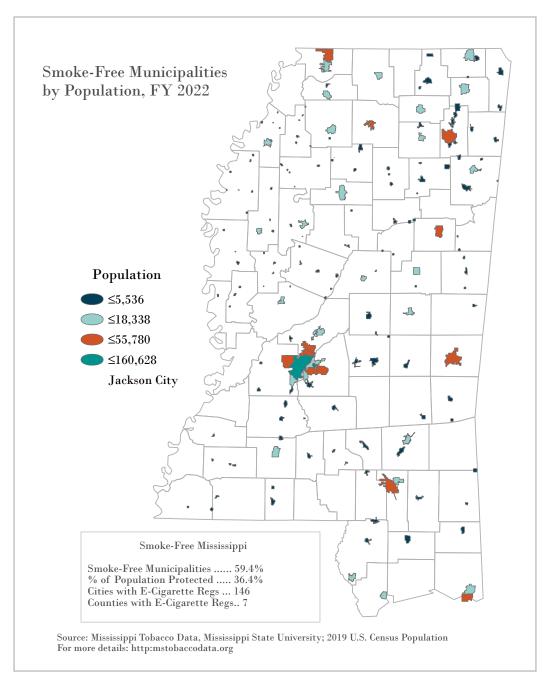
Comprehensive Smoke-Free Mississippi					
as of June 30, 2022					
Aberdeen	Crowder	Hazlehurst	Metcalfe	Saltillo	
Alligator	Cruger	Heidelberg	Monticello	Scooba	
Amory	Crystal Springs	Hernando	Moorhead	Sebastopol	
Anguilla	Diamondhead	Hollandale	Morton	Senatobia	
Arcola	Drew	Holly Springs	Moss Point	Shaw	
Artesia	Duck Hill	Houston	Mount Olive	Shubuta	
Baldwyn	Duncan	Indianola	Nettleton	Shuqualak	
Bassfield	Durant	Isola	New Albany	Sidon	
Batesville	Ecru	Itta Bena	New Augusta	Silver City	
Belmont	Eden	Iuka	New Houlka	Sledge	
Belzoni	Edwards	Jackson	Newton	Smithville	
Beulah	Ellisville	Jonestown	Noxapater	Southaven	
Blue Mountain	Ethel	Kosciusko	Oakland	Starkville	
Booneville	Eupora	Lambert	Okolona	State Line	
Brandon	Falcon	Laurel	Oxford	Summit	
Brookhaven	Falkner	Leakesville	Pace	Sumner	
Brooksville	Farmington	Leland	Pascagoula	Sumrall	
Bruce	Fayette	Lexington	Pearl	Sunflower	
Bude	Flora	Louise	Petal	Tchula	
Byram City	Florence	Louisville	Philadelphia	Terry	
Calhoun City	Flowood	Lucedale	Picayune	Tremont	
Canton	Forest	Lula	Pickens	Tupelo	
Cary	French Camp	Lumberton	Pittsboro	Tutwiler	
Centreville	Friars Point	Lyon	Plantersville	Utica	
Charleston	Gattman	Maben	Pontotoc	Vaiden	
Clarksdale	Georgetown	Macon	Poplarville	Verona	
Clinton	Glendora	Madison	Prentiss	Walnut Grove	
Coahoma	Gloster	Magnolia	Quitman	Walnut	
Coffeeville	Goodman	Mantachie	Renova	Water Valley	
Coldwater	Greenwood	Marks	Richland	Webb	
Collins	Grenada	Mathiston	Ridgeland	Weir	
Corinth	Gunnison	Mayersville	Rienzi	Wesson	
Courtland	Guntown	Meadville	Ripley	Wiggins	
Crawford	Hatley	Mendenhall	Rolling Fork	Woodland	
Crenshaw	Hattiesburg	Meridian	Roxie	Woodville	
				Yazoo	

Smoke-Free Mississippi Counties					
as of June 30, 2022					
Coahoma County	Sharkey County				
Issaquena County	Washington County				
Madison County	Yalobusha County				
Quitman County					

The following map displays the current smoke-free status of the fifty largest cities (representing 906,898 individuals or approximately 30% of the state's total population). Thirty-four of the 50 largest cities, representing 15.9% (~472,943 individuals) of the state's overall population, currently reside in a location with a city- or county-level comprehensive smoke-free policy. The remaining sixteen cities with no smoke-free ordinance represent 14.6% (433,955 individuals) of the state's overall population.



The following map displays smoke-free ordinances by city size. Of the 178 smoke-free municipalities, 138 are municipalities with populations of 6,000 or fewer (206,516 individuals or 6.9% of the state's population) are covered by a smoke-free ordinance. Twenty-nine municipalities have populations between 6,000 and 20,000 (27,450 individuals or 9.1% of the state's population), twelve municipalities have populations between 20,000 and 100,000 (376,780 and 12.7% of the overall state population), and one municipality has a population greater than 100,000 (160,628 and 5.4% of the state's population). The seven counties with smoke-free ordinances cover 66,308 individuals.



The Partnership for a Healthy Mississippi (PHM), Caffee, Caffee, & Associates Public Health Foundation (C&C), and Enrich MS provide youth programming for OTC. The tables below display a summary of activities conducted during the current fiscal year.

Youth Programs by the Numbers					
Program	Events	Reach	Distribution		
C & C	101	7,852	6,821		
PHM	13	1,157	$1,\!456$		
Enrich MS	21	1,131	108		
Total	135	10,140	8,385		

Youth Programs: Social Media					
Social Media Posts Potential Views					
PHM	625	16,209			
C & C	56	$14,\!105$			
Enrich MS	789	690,785			
Total	1,470	721,099			

Partnership for a Healthy Mississippi (PHM)

The primary goals of PHM are to use evidence-based programs to prevent tobacco use initiation through youth empowerment, advocacy, and community engagement. The following tables provide detailed information on activities conducted by PHM as well as their reach through various media platforms.

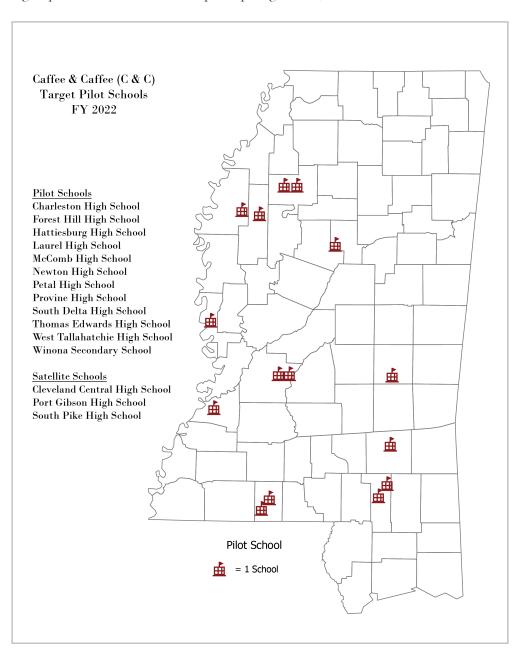
Partnership (PHM) by the Numbers					
Activity Type	Events	Reach	Distribution		
School Presentations	6	1,102	1,197		
Advocacy Outreach	6	49	259		
Training	1	6	0		
Total	13	1,157	1,456		

PHM: Social Media					
Activity Type	Posts	Potential Views			
Social Media Posts					
\sim Facebook	246	2,100			
~Instagram	254	393			
\sim Twitter	70	2,300			
Youth Ambassador Videos					
~Instagram	20	2,390			
~YouTube	20	46			
Digital Ads	11	3,804			
Newsletters	4	5,176			
Total	625	16,209			

For FY2022, PHM was required to work with up to fifteen schools to increase awareness of tobacco dangers and to share educational information with Mississippi's youth. The program reported a single presentation in seven of the fifteen schools, but only uploaded documentation for three of the seven events. To date, there has not been enough data produced by the pilot study to analyze.

Caffee, Caffee, & Associates Public Health Foundation (C&C)

C&C's Youth Empowered Solutions (YES!) program targets high poverty, high-risk secondary schools across the state to reduce tobacco initiation among youth and eliminate tobacco-related disparities. The focus of C&C for FY22 is to implement the state's Youth Tobacco and Vaping Initiation Prevention Program (YTVIPP) to empower youth who are disproportionately affected by all forms of tobacco and electronic nicotine delivery systems. As part of their scope of work, C&C was asked to recruit up to fifteen schools to participate in programming activities. (See following map for names and locations of participating schools).



Although the primary evaluation of C&C is conducted by Jackson State University, data are entered into TRAPS (e.g., the total number of events, the number of individuals reached, and the distribution of materials) for reporting purposes and can be viewed in the tables below. The evaluation report, which was conducted by Jackson State University, is available from OTC upon request.

C & C by the Numbers					
Activity Type	Events	Reach	Distribution		
School Policy Meeting	25	197	0		
School Board Meeting	13	94	0		
School Chapter Meetings	3	605	588		
Training	12	232	108		
Advocacy Workshops	10	434	0		
Youth Leaders Educate	38	6,290	6,125		
Total	101	7,852	6,821		

C & C: Social Media						
Activity Type	Posts	Potential Views				
Social Media Posts						
\sim Facebook	13	7,852				
~Instagram	14	1,597				
\sim Twitter	10	$1,\!105$				
~Snapchat	4	481				
$\sim { m Website}$	10	631				
~YouTube Videos	1	1,937				
Newsletters	4	502				
Total	56	14,105				

Enrich Virtual Vaping Summit

The Virtual Vaping Summit hosted by Enrich MS was held on February 24, 2022. Attendees participating in the event were asked to complete an evaluation survey to provide demographic information and to assess the quality of the information presented as well as plans for utilizing the information and resources that were shared.

Demographics

Approximately half (53.8%) of the 106 attendees completing the evaluation survey reported nursing as their profession. Other professions represented include behavioral health specialists like counselors, and social workers (11.3%), program/project directors (8.5%), school personnel (3.8%), health specialists (4.7%), physicians (1.9%), and parent liaison (0.9%). Fifteen percent of attendees did not report their profession.

Respondents were also asked to report the ages they typically work with. Approximately two-thirds of respondents reported working with youth aged 10 to 13 (66.0%) and 14 to 18 (64.2%). A little more than half (53.8%) of respondents work with youth aged 6 to 9 while only one-third reported working with youth aged 19 to 24.

Quality of the Event

Respondents were asked to provide an overall rating of the event and the usefulness of the information presented as well as reporting whether the summit achieved its goal of providing information on the dangers of vaping. Nearly 90% of respondents rated the overall event as "very good" (36.8%) or "excellent" (50.0%). A similar proportion of attendees reported that the information was "very" (43.4%) or "extremely" (47.2%) useful. Nearly all (95.3%) of respondents agreed that the summit accomplished the objective of providing information about the dangers of vaping.

Participants were given the opportunity to elaborate on what they liked most/least about the event and what they hoped would be incorporated in the future. Many respondents stated that they enjoyed hearing about the issue from the youth perspective. One individual explained the importance of incorporating the youth perspective:

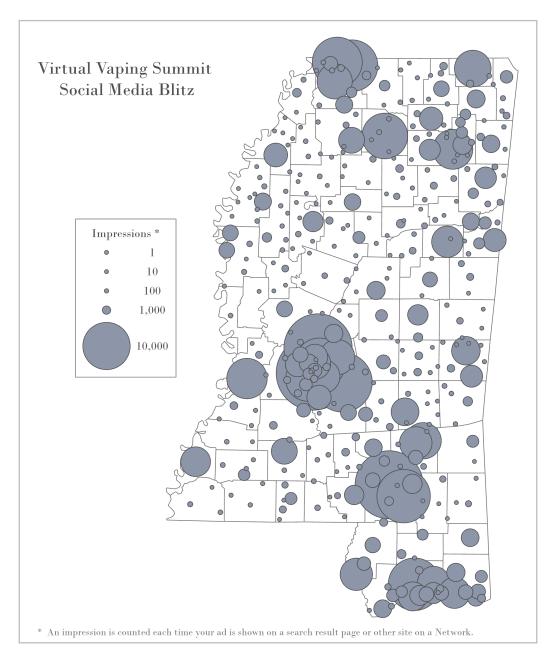
The youth that were on the discussion panels. It is one thing for adults to discuss these type issues but another for actual youth who are faced with these challenges every day to discuss them openly. I really appreciated them for being willing to candidly talk about this very important issue.

While many enjoyed hearing from the youth panelists, some pointed to the need to have a more diverse group of individuals on the panel (e.g., youth currently using vaping products, racial diversity) and the desire to hear more testimonies from the youth, which points to the need for a wide array of questions to be posed to the youth.

Future Utilization of Information

Enrich MS made the summit presentations available for on-demand viewing. When asked whether they would take advantage of this feature, 87.7% reported they planned to view the content at a later time. Although some lamented the fact that the summit was held virtually and reported some technical issues streaming the summit, respondents were happy with Enrich MS's decision to use multiple presentation platforms that would allow registrants to watch the content on-demand, "I got to watch most of it during my day but of course I missed some as I was taking care of students. I am glad that it was recorded so I could view the parts I missed."

Organizers were also interested in learning whether attendees planned to share information with certain target groups. Approximately three-quarters (74.5%) of respondents said they planned to share the information they learned during the summit with youth. Other groups of interest included schools, school administrators, and/or school boards (61.3%); decision-makers in the community or state (53.8%); and family and friends (25.4%). Given that one of the goals of the summit was to create change, organizers asked attendees to report the action steps they planned to take following the summit. Of those responding, thirty percent said they would be interested in participating in community awareness and engagement efforts (30.2%). A little less than twenty percent (18.9%) stated they would help assemble volunteers or encourage others to participate, a similar proportion as those stating they might act at a later time (17.9%).



OTC supports two cessation intervention programs: the ACT Center for Tobacco Treatment, Education, and Research and the Mississippi Tobacco Quitline (Optum).

ACT Center

The ACT Center supports tobacco cessation through three primary methods: the provision of in-person evidence-based treatment for tobacco users, training physicians to promote cessation among their patients, and research. Except for one SOW item, assessment of current tobacco policies on the UMMC campus, the ACT Center is making good progress on completing all SOW requirements. The training and educational activities are combined in the table below.

ACT Center by the Numbers							
Activity Type Events Reach Distribution							
684							

Tables detailing program enrollment and satisfaction survey results from the Tobacco Treatment Program are presented below.

TTS Enrollment	Q 1	Q 2	Q3	Q4
Treatment Program Enrollments	21	14	7	14

	<u>Six-Month</u> Averages			
Patient Satisfaction (1 = Very Low, 5 = Very High)				
Survey Count	56			
Averages Totals				
General Organization of the Program	4.82			
Quality of the Facilities (meeting rooms, etc.)	4.89			
Appointment & Scheduling Services	4.84			
General Clinic Features (on time, smooth operation)	4.78			
Quality of the Workbook and other Materials	4.67			
Staff Helpfulness, Friendliness & Flexibility	4.86			
Staff Skillfulness in Providing Treatment	4.86			
Overall Quality of the Program	4.86			
Overall Effectiveness of the Program	4.91			

Overall, participants in the Tobacco Treatment Program are satisfied with the quality of the Overall, participants in the Tobacco Treatment Program are satisfied with the quality of the program. Approximately half of the respondents provided open-ended feedback about the positive aspects of the program. One of the most complimentary responses stated, "Staff is very helpful, considerate, and accommodating to your needs and feelings. I love them and grateful to the staff and program for helping me to improve my health and wellbeing." Two suggestions, using a different location and removing a photo of someone smoking a cigarette from the room, were provided by respondents as well.

Mississippi Tobacco Quitline (Optum)

The Mississippi Tobacco Quitline (Optum) offers evidence-based cessation treatment via telephone or web to Mississippi residents. Both services provide participants with nicotine replacement therapy at no cost to participants. The following tables provide six-month comparisons about the individuals contacting the Mississippi Tobacco Quitline in FY2021 and FY2022. These include caller demographics, tobacco behavior, chronic conditions, method of registration, and services provided.

Caller Demographics	20	2021		22
Female	2,966	64.7%	2,716	59.2%
Male	1,502	32.7%	1,349	29.4%
Other	11	0.2%	4	0.1%
Unknown/Refused	108	2.4%	91	2.0%
18-24	84	1.8%	19	0.4%
25-30	246	5.4%	91	2.0%
31-40	596	13.0%	268	5.9%
41-50	761	16.6%	334	7.3%
51-60	1,323	28.9%	562	12.3%
61-70	1,161	25.3%	499	10.9%
71+	301	6.6%	121	2.6%
Unknown/Refused	108	2.4%	39	0.9%
Native American/Alaskan Native	28	0.6%	21	0.5%
Arab American	1	0.0%	0	0.0%
Asian	3	0.1%	4	0.1%
Black or African American	1,148	25.2%	1,022	22.5%
White	1,756	38.6%	1,538	33.8%
Not Collected/Unknown	1,588	34.9%	1,529	33.6%
Other	56	1.2%	46	1.0%
Hispanic/Latino	75	1.6%	57	1.4%

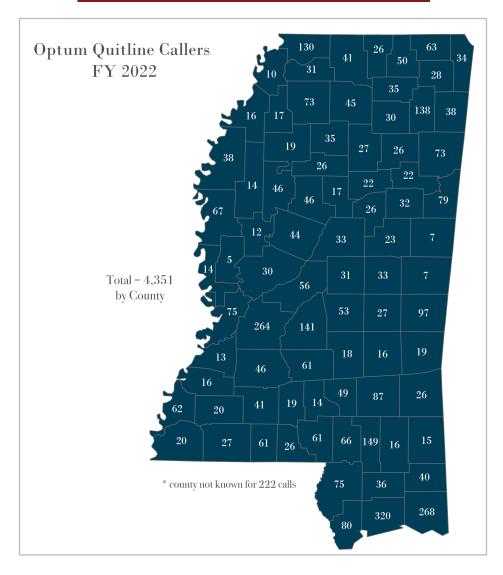
Tobacco Behavior	2021		20	22
Cigarettes	4,239	90.1%	3,847	89.9%
Smokeless tobacco	172	3.7%	157	3.7%
Cigars	127	2.7%	18	0.4%
Pipe	10	0.2%	9	0.2%
E-cigarette/Vaping	402	8.5%	608	14.2%
Other	462	9.8%	584	13.6%
Not Collected	3	0.1%	4	0.1%

Chronic Conditions	2021		20	022
Asthma	515	10.9%	418	9.8%
Coronary Artery Disease	217	4.6%	194	4.5%
Cancer	233	5.0%	221	5.2%
COPD	872	18.5%	786	18.4%
Does Not Know	9	0.2%	7	0.2%
Heart Failure	215	4.6%	185	4.3%
Type 1 Diabetes	92	2.0%	86	2.0%
Type 2 Diabetes	502	10.7%	457	10.7%
None	1,456	30.9%	1,248	29.2%
Refused	32	0.7%	25	0.6%
Not Collected	1,523	32.4%	$1,\!497$	35.0%

Method of Registration	2021		20)22
Phone	4,350	92.5%	3,974	92.9%
Web	355	7.5%	305	7.1%
	4,705	100.0%	4,279	100.0%

Services Provided	2021		202	22
Phone Calls	11,655	47.4%	10,716	50.3%
Pharmacotherapy				
shipments	5,517	22.4%	5,359	25.1%
Email subscription	$1,\!471$	6.0%	1,349	6.3%
Text2Quit Enrollment	2,375	9.7%	2,090	9.8%
Materials Sent	3,558	14.5%	1,806	8.5%
	24,576	100.0%	21,320	100.0%

Call Volume Status	2021		2022	
Total Inbound Calls	10,832		8,478	
Early abandoned calls	9		125	
Direct to Quit Coach Calls	324		3,531	
MS QuitNow English				
Incoming calls	5,999		4,919	
Calls during business hours	5,972		4,908	
Calls answered within 30 sec	1,732	28.9%	4,058	82.5%
Calls answered live	5,658	94.3%	4,661	94.8%
MS Dejeloya/QuitNow Spanish				
Incoming calls	40		28	
Calls during business hours	40		28	
Calls answered within 30 sec	33	82.5%	21	75.0%
Calls answered live	35	87.5%	25	89.3%



OTC contracts with five organizations to provide tobacco cessation and awareness presentations and education to a range of stakeholders such as healthcare providers, medical residents, individuals with disabilities, and others. The Community Health Center Association of Mississippi provides training and technical support to federally qualified health centers across the state. The Mississippi Academy of Family Physicians Foundation trains staff located in family physician clinics to refer tobacco users to appropriate treatment. The MS Rural Health Association provides health training, content to Crossroads (rural magazine), and tobacco-free education to rural communities and healthcare workers. With an eye on reducing tobacco-related disparities, the University of Southern Mississippi's Institute for Disability Studies works to reduce use, promote cessation, and reduce exposure to secondhand smoke among Mississippians with disabilities. The Mississippi Public Health Institute (MSPHI) works to promote public health by forging partnerships that support innovation, health resources, education, applied research, and policy development. The following tables display a summary of programming and communication activities conducted by the statewide grantees during the first half of the current fiscal year.

Statewide Programs			
Program	Events	Reach	Distribution
Community Health Center	57	1,700	5,289
Family Physicians	62	990	11,254
Inst. for Disability Studies	10	31	642
MS Public Health Institution	69	435	3,395
Rural Health	18	20	18
Total	198	3,156	20,580

Statewides: Communication			
Social Media	Posts	Potential Views	
Community Health Center	8	231,866	
Family Physicians	57	27,883	
Inst. for Disability Studies	89	215,329	
MS Public Health Inst.	0	0	
Rural Health	30	11,415	
Total	154	475,078	

The Community Health Center Association of Mississippi

Tables detailing the Baby and Me program, Lunch and Learns, and disseminating education are presented below.

Community Health Center			
Activity Type	Events	Reach	Distribution
Lunch and Learn	0	0	0
Baby and Me	32	1,270	4,752
Conference	4	176	12
Cessation Integration Training	4	127	250
Pilot Study	17	127	275
Total	57	1,700	5,289

Community Health Center: Communication			
Social Media	Posts	Impressions	
Facebook	6	24,564	
Website	1	2,000	
Newsletter	na	na	
TIPS Campaign (digital)	1	205,302	
Total	8	231,866	

The Baby and Me program works with pregnant smoking women to educate, train, support, and follow their journey to delivery. Mississippi is one of 21 states participating in the nationally renowned National Baby and Me Tobacco Free Program (BMTFP). Currently, there are nine certified Baby and Me programs across the state; however, only one community health center enrolled participants during the fiscal year.

The Mississippi Academy of Family Physicians Foundation

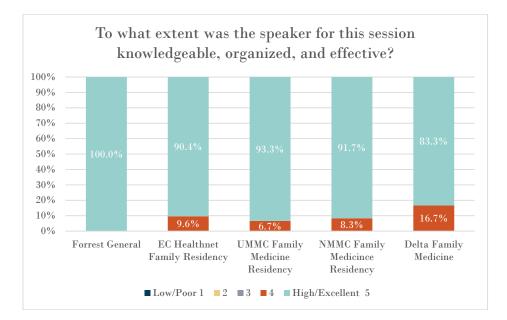
Tables detailing communication rounds, newsletters, Tar Wars presentations, and social media analytics are presented below.

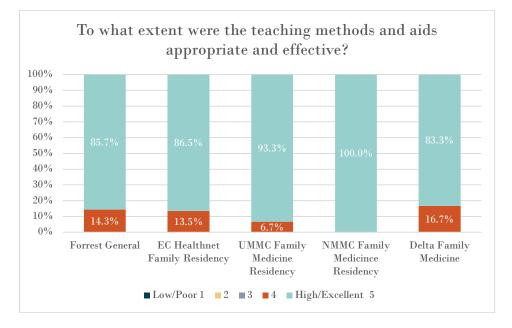
Family Physicians by the Numbers			
Activity Type	Events	Reach	Distribution
Planning & Training	10	274	9,184
Conference Exhibits	23	589	576
Lunch n Learn	2	19	765
Technical Assistance	6	7	9
Other	2	0	417
Tar Wars by Med Students	19	101	303
Total	62	990	11,254

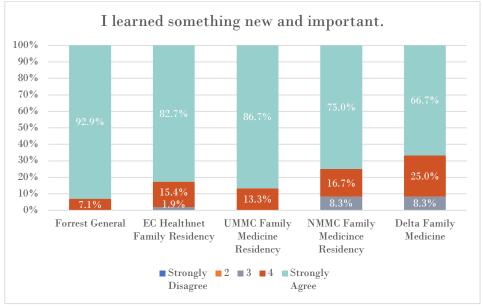
Family Physicians: Communication			
Social Media	Posts	Potential Views	
Facebook	18	904	
Twitter	12	847	
Newsletters	5	1,822	
TIPS Campaign	22	24,310	
Total	57	27,883	

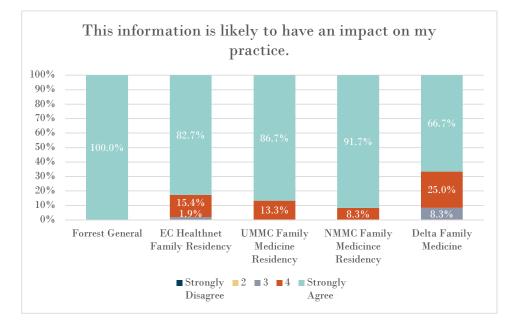
As part of their FY22 scope of work, MAFPF facilitated the USPHS-Rx for Change: Tobacco Cessation Training Program. In total, 104 evaluations were completed across the five participating healthcare systems. Overall, the program was well received by participants.

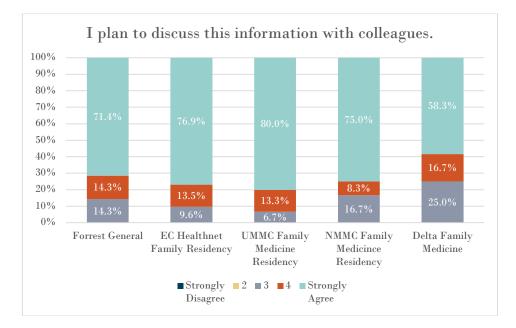
USPHS-Rx for Change: Tobacco Cessation Training Program		
Health System	Ν	
Forrest General	14	
EC Healthnet Family Residency Program	52	
UMMC Family Medicine Residency Program	14	
NMMC Family Medicine Residency Program	12	
Delta Family Medicine	12	
Total	104	

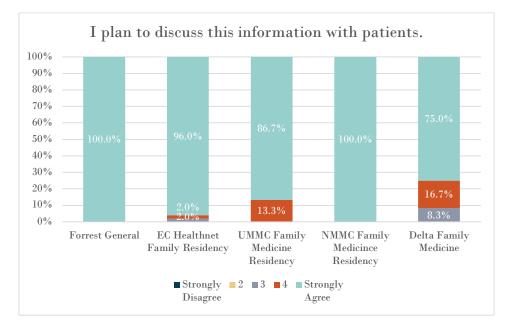


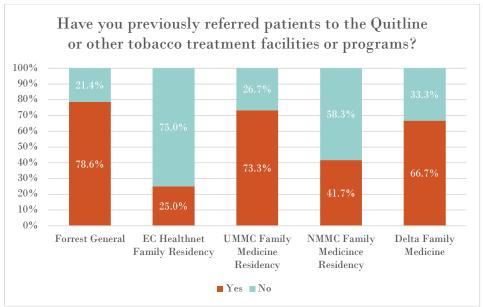


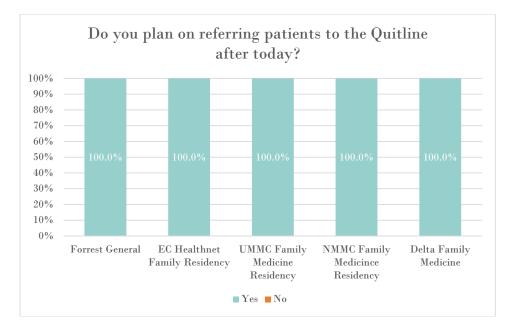


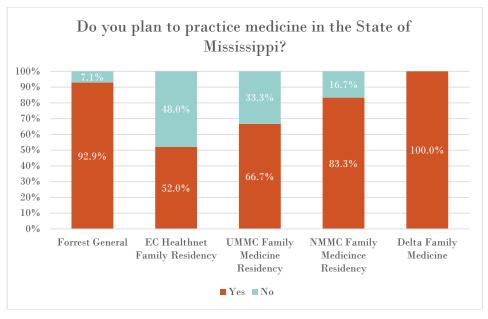


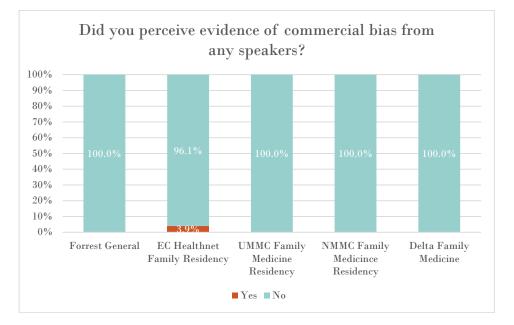












The University of Southern Mississippi's Institute for Disability Studies Tables detailing wellness events and website analytics are presented below.

IDS by the Numbers				
Activity Type	Events	Reach	Distribution	
Annual Wellness Events	1	28	42	
Survey Listserv	2	-	0	
Other (+Internal)	7	3	600	
Disseminate				
Edu/Incentives	na	-	0	
Total	10	31	642	

IDS: Communication			
Social Media	Posts	Potential Views	
Leadership /TCS Websites	9	851	
Facebook (3 paid)	21	210,815	
TIPS Campaign	59	3,663	
Total	89	215,329	

IDS was asked to work with three internal MSDH programs, Housing, Family to Family, and Wellness, to identify and address tobacco use through the implementation of policy change that includes tobacco use screening and the provision of cessation resources. As part of their scope, IDS added tobacco use questions to the intake procedures of participating programs so that applicants identified as tobacco users could be provided cessation resources and contact information to the Mississippi Tobacco Quitline and the ACT Center. The following table provides demographic information on participants from October 2021 through June 2022.

Intake S	urvey	Family to Family	Housing	Wellness
Applican	ts (N)	42	5	82
Age	20-32 29-48 21-60	$76\% \\ 24\% \\ 0\%$	0% 0% 100%	33% 67% 0%
Gender	Female Male	95% 5%	100% 0%	38% 62%
Tobacco Use	Yes	0%	0%	6%
Tobacco Type	Cigarette Cigar Tobacco	-	-	67% 17% 17%
Materials Disseminated	Brochures	0	0	3

IDS also developed and fielded a survey to determine how TCS News listserv members use the materials provided to them.

Questions	Time 1	Time 2
TCS Email List membership		
Join me up!	44%	0%
No Thanks	11%	0%
I'm already on the list	44%	100%
1. Which of our materials have you seen?		
TCS News newsletters	56%	75%
Posters	33%	25%
IDS Website	11%	0%
Brochures	22%	0%
Backpack	22%	0%
Umbrella	11%	0%
Sorry, haven't seen a thing	33%	0%
2. How did you learn about the materials?		
Email	56%	100%
Newsletter	22%	75%
Conference display	22%	
3. How have you used the materials? (check all that apply)		
Printed and handed out paper materials	11%	50%
Emailed electronic materials	67%	75%
Shared social media	11%	0%
Shared internet links	11%	50%
Sorry, haven't shared them yet	33%	0%
4. Check all that apply.		0%
I smoke cigarettes	11%	0%
I don't use tobacco	78%	100%
5. If you are a former tobacco user, why did you quit?		
Health concerns	33%	25%
6. If you are a current tobacco user, what made you start?		
Peer pressure	11%	0%
7. Are you currently, or have you been, exposed to secondhand smoke in your		
home?	110/	270/
Yes	11%	25%
No No	89%	75%
8. Would you want your children or parents to start using tobacco?	0.0/	1000/
No	0%	100%
9. Does anyone in your household use tobacco?	110/	0.9/
Yes No	11% 89%	0% 100%
	89%	100%
10. Do you have a diagnosed disability?	11.0/	0%
Yes	11%	
No 11. Does anyone in your household have a diagnosed disability?	89%	100%
11. Does anyone in your household have a diagnosed disability? Yes	22%	0%
i es No	22% 78%	0% 100%
12. Have you utilized the resources from quitnow.net"?	1070	100 /0
12. nave you utilized the resources from quitnow.net "? Yes	11%	0%
i es No	11% 89%	0% 100%
	0970	100 %
13. Have you referred any treatment or educational materials to someone?		
No	100%	100%

The MS Rural Health Association

Tables detailing training and other activities, and communication activities are presented below.

Rural Health: By the Numbers			
Activity Type	Events	Reach	Distribution
Rural Clinic Training	17	6	18
Other (+Internal)	1	14	0
Total	18	20	18

Rural Health: Communication			
Social Media	Posts	Potential Views	
Facebook/Twitter/Insta	25	1,243	
Articles & Newsletters	5	10,172	
Total	30	11,415	

The Mississippi Public Health Institution (MPHI)

Tables detailing training events, presentations, technical assistance, and communication activities are presented below.

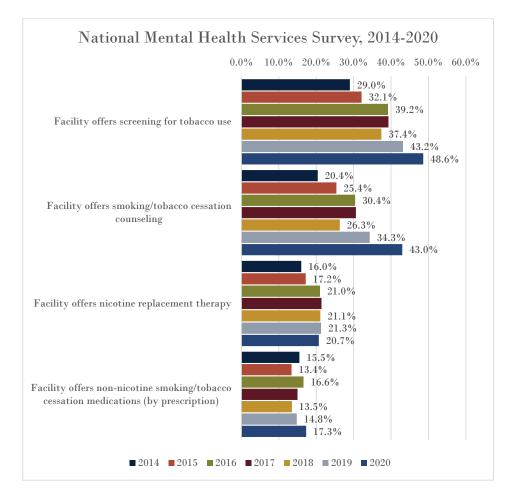
MS Public Health Institute by the Numbers				
Activity Type	Events	Reach	Distribution	
Pilot Study	11	19	5	
Nicotine Dependency Training	2	93	0	
2As and R Training	1	6	0	
Tool Kit Training	11	37	2,200	
Technical Assistance	34	14	302	
Conferences	2	250	286	
Other (+Internal)	8	16	602	
Total	69	435	3,395	

In October 2020, OTC submitted an evaluation plan to the CDC outlining their approach for evaluating program performance in the following areas: statewide disparities, community-based disparities, prevention of youth initiation, and mass-reach health communication.

Statewide Requirement

For this component, OTC will focus specifically on increasing tobaccofree policies in behavioral health (BH) treatment facilities and campuses. The Mississippi Public Health Institute will serve as the lead grantee responsible for collecting data on indicators such as the proportion of BH treatment facilities with 100% tobacco-free policies, the proportion of BH treatment facilities that have implemented changes to support cessation, the proportion who have been screened for tobacco use, etc. to gauge the impact on individual tobacco use behaviors.

Some of these key indicators are available through the National Mental Health Services Survey. Specifically, data are available regarding tobacco use screening and the availability of cessation counseling, nicotine replacement therapy, and non-nicotine cessation medications. Since 2014, there has been a significant increase in the proportion of facilities that offer screening for tobacco use (19.6% increase) and facilities offering smoking/tobacco cessation counseling (22.6% increase). While the proportions are higher in 2020 relative to 2014, the increase in facilities offering nicotine replacement therapy (4.7% increase) and offering non-nicotine smoking/tobacco cessation medications (1.8% increase) are much less substantial.



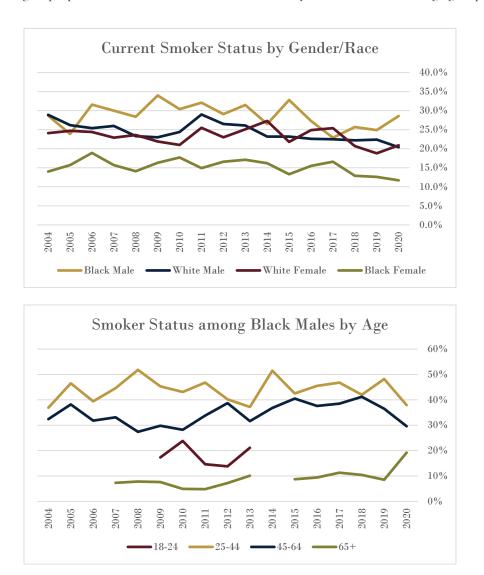
Data were also collected by OTC grantees during the current fiscal year. MPHI conducted a survey to assess the adoption of tobacco-free policies in mental health centers across the state. Among the fifteen centers assessed, eleven reported having a tobacco-free policy in place. Among those with a policy in place, five are noted as having a written policy and/or signage in place to inform clients. Additionally, five health centers reported having issues with enforcing policies. Among the three without a tobacco-free policy, one noted concern about clients seeking out treatment from another provider if the policy was in place.

MPHI offered two types of trainings to health centers, a Tool Kit training for administrators and supervisors and a nicotine dependency training for mental health providers to educate on the importance of addressing tobacco use in their population. Those who completed the Tobacco-Free Toolkit for Community Health Facilities training and had interest in starting the process of becoming a tobacco-free facility were eligible to participate in the Pilot project. As part of the pilot project, facilities received funding to purchase nicotine patches and two staff members were trained to become tobacco treatment specialists. There are currently two mental health centers participating in the Pilot study.

Community-Based Requirement

For this component, OTC will focus on decreasing disparities in the use of cessation treatments among populations experiencing tobacco-related disparities in a targeted community. Several datasets (e.g., BRFSS, MS Social Climate Survey) will be utilized to measure indicators related to tobacco screening, advisement to quit by health care professionals, etc. to gauge the impact on individual tobacco use behaviors.

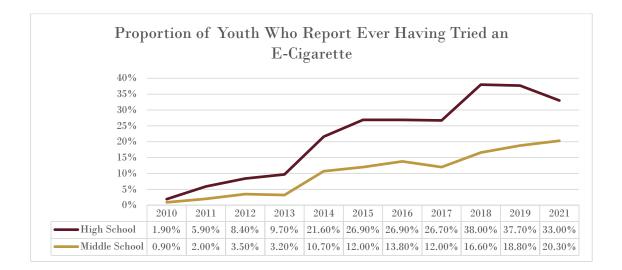
In fourteen of the past seventeen years, Black males have had the highest proportion of individuals who identified as current smokers (Behavioral Risk Factor Surveillance System Web-Enabled Analysis Tool, 2021). Within this population, the largest proportion of current smokers has consistently resided in the 25-44 age group.



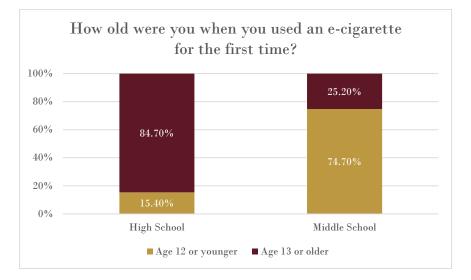
OTC grantee the Institute for the Advancement of Minority Health (IAMH) carried out efforts for the communitybased requirement, focusing on reducing prevalence rates among Black males aged 12 and up in the Delta River region of the state with the Toss Out Tobacco (TOT) project. During FY22, IAMH conducted a needs assessment that included an environmental scan using a Strength, Weaknesses, Opportunities, and Threats (SWOT) analysis, a tobacco control policies scan, and a secondary analysis of existing data. In addition, IAMH conducted four focus groups (n=32), provided education through four workshops (n=158), and disseminated resources in target counties.

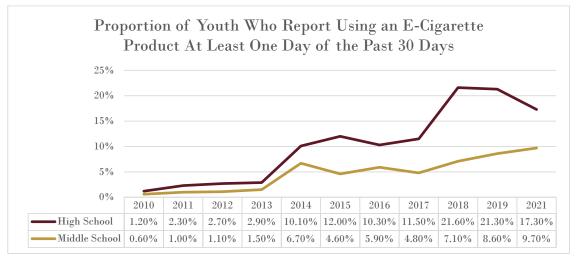
Policy/Health Systems Change Requirement

For this component, OTC will focus on restricting the location, number, type, or density of tobacco retailers through zoning, licensing requirements, or a stand-alone law. The MTFCs and youth programming grantees will combine their efforts to assess school vaping policies and conduct tobacco retailer training on tobacco and vaping laws and regulations. The long-term outcomes of these efforts are reduced youth initiation and prevalence rates, with an emphasis on electronic cigarettes. Under this broad umbrella of long-term outcomes focused on initiation and prevalence, there are several indicators of interest: the proportion of youth who report having ever tried an e-cigarette at least once in the past 30 days, and the proportion of youth who used a flavored tobacco product at least once in the previous 30 days. The following charts display data collected from middle school, high school, and college students in Mississippi (Mississippi Tobacco Data, 2021).

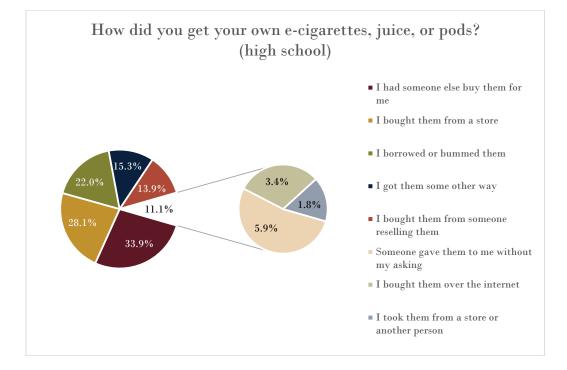


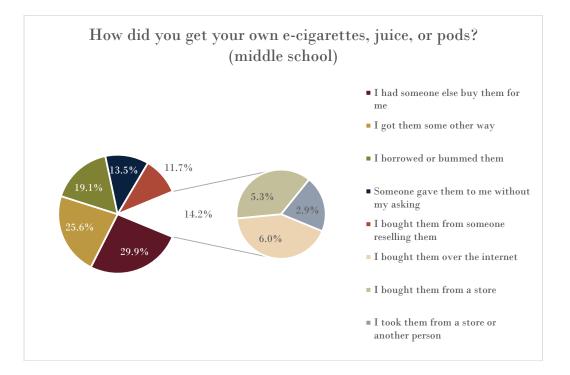
¹ Adams, Bolivar, Carroll, Claiborne, Coahoma, Desoto, Holmes, Humphreys, Jefferson, Issaquena, Leflore, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Warren, Washington, and Yazoo counties.

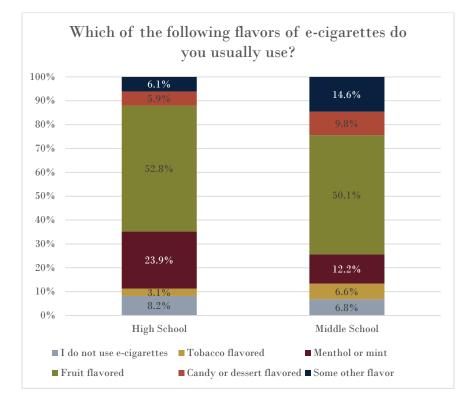




In 2021, the rate of e-cigarette use in the past thirty days among students attending four institutions of higher learning (three universities, one junior college) was 52.7%.





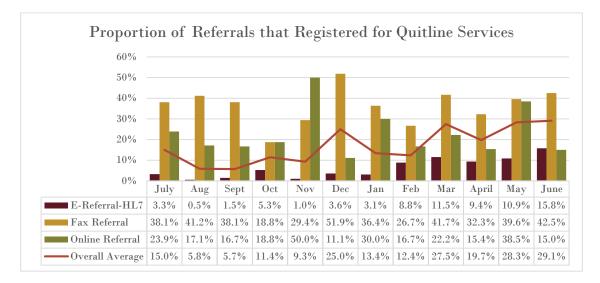


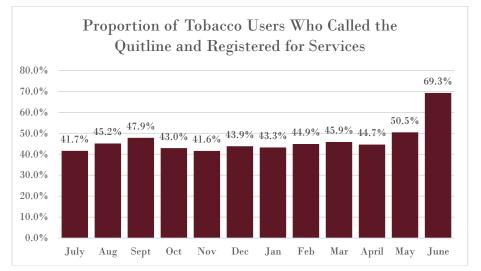
Mass-Reach Health Communications

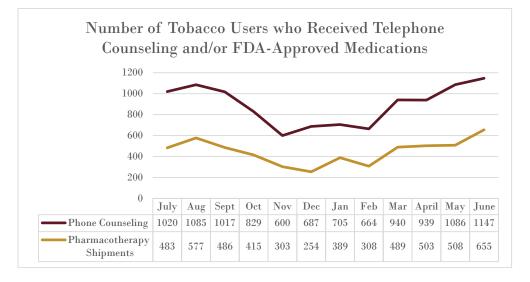
There are two elements to this particular component OTC wants to address:

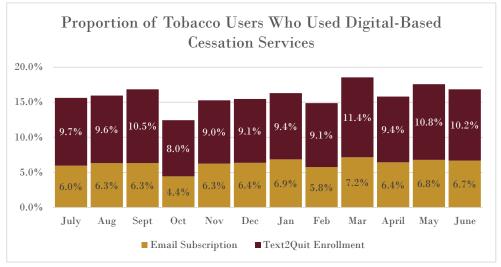
- 1. Implementing and expanding delivery of tobacco use and dependence treatment services, including quitline and digital-based technologies, such as text and/or web services
- 2. Implementing evidence-based paid and earned mass-reach health communication interventions to increase cessation and/or promote the quitline

For this evaluation component, there are several measures that can be used to track engagement with Quitline services: proportion of physician referrals who register for Quitline services, the proportion of tobacco users who called the Quitline and registered for services, the number of telephone counseling sessions the total number of pharmacotherapy shipments, and the number of individuals who subscribed to emails and enrolled in Text2Quit.









Recommendations

Process Evaluation

o With staff turnover, "spot checks" would be beneficial for the integrity of the program, on a regular basis. There were enough inconsistencies with calendars, meeting documentation, and TRAPS reporting to rationalize this action.

o To improve the outcome data from evaluations and pre/post-test instruments, the MSU evaluation team could review and add input prior to each new fiscal year.

o To improve the outcome data, the MSU evaluation team could create templates for all data collections i.e., assessments, readiness to change, policy/school assessments, evaluations, etc.

o Schedule yearly training sessions with the Community Project Directors on TRAPS, SOW deliverables, and the evaluation process

• Outcome Evaluation: There are numerous data gaps across the required components that need to be addressed.

o Statewide Requirement: Data are not available to measure changes in 1) tobacco use behavior among those with behavioral health conditions and 2) provision of cessation services in behavioral health treatment facilities within the state. Health center assessment form needs to be standardized so the same information can be collected about the presence/enforcement of tobacco policies.

o Community-based Requirement: Additional information is needed from healthcare systems to track changes in the provision of cessation services in communities.

o Policy/Health Systems Change Requirement: Additional data is needed to track policies related to the sale of tobacco products and the prevalence of tobaccofree policies in educational settings. o Quitline Requirement: The external evaluator needs to work more closely with Quitline representatives to learn how to analyze the raw data needed to measure receipt of cessation services via the Quitline among persons disproportionately affected by tobacco use. FY23 will be the third year working with the vendor Optum. With the additional year of data, the evaluators will be able to start charting trends.

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