

# FY2020 Annual Evaluation Report

*Prepared for the*

**Office of Tobacco Control**  
**Mississippi State Department of Health**

**2019-2020**

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SOCIAL SCIENCE  
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# Background + Methodology

## *background*

The Mississippi State Department of Health Office of Tobacco Control (OTC) was established in 2007 by the state legislature. With the overarching goal of decreasing the use of tobacco products among youth and adults, OTC has worked since that time to develop and implement evidence-based tobacco education, prevention and cessation programs. In FY 2019-2020 OTC continued to fund 34 Mississippi Tobacco Free Coalitions, three statewide partners, two cessation service programs, and two youth programs.

## *methodology*

Evaluators at Mississippi State University's Social Science Research Center use a mixed-method approach to assess the impact of the OTC programs. Quantitative data collection and analyses are obtained through the online reporting system (TRAPS), and verification is conducted through site visits, telephone conversations and emails to OTC grantees through the fiscal year.



# Key Findings

MS TOBACCO FREE COALITIONS (MTFC'S)

◆ **63,807** ◆ — ◆ **108,435** ◆  
*coalition  
programs reach*

*tobacco-free  
distribution*

**1,672 General  
Awareness**

presentations/activities with  
39,326 people reached

**1,466 Advocacy  
& Policy**

activities with 15,151  
people reached

— **658** —  
**CESSATION**

CLASSES, TRAININGS  
AND ACTIVITIES WITH  
4,629 REACHED

**136 days of summer  
programs/camps**  
*reaching 3,665 children*

**63 Great  
American  
Smoke-Out**  
*events with 2,897  
people reached*

**376 Second-  
Hand Smoke**  
*presentations  
with 774  
people reached*

**180 Merchant  
Training**  
*presentations  
with 249  
retailers taught  
the law*

**318 Multi-  
Unit Housing**  
*presentations  
with 3,993  
residents  
reached*

**48 School  
Spirit Night**  
*events  
with 7,862  
people  
reached*

**14 Ordinance Passages**  
**28,028 Residents Impacted**  
*12 comprehensive ordinances  
and 2 amendments*

“Did I make a difference? I say, yes because at the end of the presentation a group of four girls came up and said they were going to stop vaping. They were going to use a peer approach to quit. Each of the girls had been vaping four pods a day, which is equal to at least 4 packs of cigarettes.”

JENNIFER PALMER | MTFC DIRECTOR  
OF PRETISS AND TISHOMINGO

“Mayors, Supervisors, aldermen’s, and other stakeholders are still standing by their promises to provide the community a healthy environment, so we’re working diligently to keep that mission alive.”

CONCETTA THOMPSON | MTFC DIRECTOR OF COAHOMA AND TUNICA

• **207** •  
*communications  
published/  
viewed/aired*

WITH AN UNDUPLICATED AUDIENCE OF

• **551,830** •

“... community partnership collaborations over the past year have been so very important to spreading the correct tobacco-free message to large groups within the community and schools.”

PAMELA LANG-PRESTAGE | MTFC DIRECTOR  
OF CLARK, JASPER AND WAYNE

“The Social Media Power Wall took place on Kick Butts Day which was March 18, 2020. Even with the unforeseen circumstances (Covid-19), we were still able to impact over 300 people via our social media campaign.”

YOLANDA PRUITT | MTFC DIRECTOR  
OF CLAY, LOWNDES AND OKTIBBEHA

**988 High-Level  
Presentations**  
*with 1,976  
adults reached*

**187 High-Level  
Presentations  
to Disparate  
Populations**  
*with 4,828  
adults reached*



# Key Findings

## YOUTH PROGRAMMING

*The Partnership for a Healthy Mississippi  
Youth Tobacco Prevention Program*

— **17,191** —  
**Youth Programs**  
◆ **Reach** ◆

**2,664**  
**Peer to Peer**  
**Reach**

**416**  
**Awareness**  
**Reach**

— **6,497** —  
**TRAINING**  
AND TECHNICAL  
ASSISTANCE REACH

**17 YouTube videos**  
with 74 views

**581 Generation FREE**  
**social media posts** with  
27,676 likes, views & shares



**Caffee & Caffee Youth  
Tobacco Prevention Program**

◆ **8,851** ◆  
*people reached by  
Youth Programs*

“Our goals are to help educate youth concerning tobacco use, train tobacco retailers not to sell tobacco to minors, and cultivate a new group of youth to be advocates against tobacco.”

LATASHA RICE | DIRECTOR  
OF C & C YOUTH PROGRAM

**2,650  
Awareness  
Reach**

**3,432  
Youth  
Leader  
Reach**

— **2,191** —  
**PROGRAM  
REACH**

— **578** —  
**TRAINING**  
AND FOCUS GROUP  
REACH

**47 Social Media Posts**  
with 3,628 likes, views & shares

Key Findings | Youth Programming



# Key Findings

STATEWIDE PARTNERS

— **1,821** —

◆ *Statewide* ◆  
*Programs Reach*

**Social Media Posts  
and Videos** with 30,636  
likes, views & shares

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

**16 events reaching  
151 people** with  
distribution of 1,043 items  
of educational literature

— **658,803** —  
**\*IMPRESSIONS**

\*IMPRESSIONS ARE NEWS FEED  
APPEARANCES OF OUR ADS;  
658,803 IMPRESSIONS APPEARED  
TO 221,353 VIEWERS

**47 Social Media Posts and Videos**  
with 223,892 likes, views & shares

**Mississippi Academy of Family  
Physicians Foundation**

“Being that I am a rural scholar I want to still be connected in my community so I wouldn’t mind still being connected with either family medicine or some sort of group who has a presentation like Tar Wars, that way I can have a medium that I could go into the local schools wherever I choose to practice and live one day.”

MEDICAL RESIDENT | UMMC

**53 events reaching  
611 people** and  
distribution of 13,914  
items of educational  
literature

**19 Social Media  
Posts** with 3,412  
likes, views & shares

**The Community Health Center  
Association of Mississippi**

**85 events reaching  
1,059 people** and  
dissemination of 8,788  
Baby n Me materials  
and educational  
information

**14 Social Media  
Posts** with 3,332  
likes, views & shares

“I explained to her that quitting smoking was the most important thing that she could do for her health and the health of her unborn child. They must agree to stop smoking and come in once per month to be tested using the Smokerlyzer. If they are smoke-free, two \$25.00 vouchers are given to purchase diapers and baby wipes at Kroger or Walmart.”

WAYNE MILEY & MARIA MORRIS | COMMUNITY  
HEALTH CENTER (BABY N ME PROGRAM)

# Key Findings

## CESSATION INTERVENTION

[ ACT Center ]

— **20 events** —  
◆ **reaching** ◆  
**1,159 people**

and distribution of 461 items  
of educational literature

**4 radio interviews**  
with the potential audience  
of 59,000 people

**1 interview published**  
in the *Popular Science*  
magazine – circulation  
**1,321,075**

- Intake number - **747 people**
- Average age - **50** | Average years smoked - **31**
- Smoke - **31.5%** | Smokeless tobacco - **15.5%**
- Treatment completion quit rate - **28.2%**
  - 12 month quit rate - **31.2%**
  - 6 month quit rate - **36.4%**

[ *Mississippi Tobacco Quitline* ]

**204 events**

◆ **reaching** ◆  
**331 people**

and distribution of 15,005  
items of educational  
literature/items

**42 submitted  
communications**  
with the potential  
viewing audience of  
350,491 people

**94% Live  
call rate** — **36%  
Quit rate**

**Chronic & Acute  
Medical Conditions**

- Children exposed to secondhand smoke – **50.2%**
- High blood pressure – **29.9%**
- Mental health conditions – **24.2%**
- COPD/Asthma – **18.3%**
- Emotional challenges – **12.8%**
- Heart conditions – **10.1%**
- Diabetes – **11.1%**
- Cancer – **2.8%**

— **12,802** —  
**INCOMING  
CALLS**

— **13,775** —  
**ONLINE CHAT  
SESSIONS**

**Nicotine Replacement  
Therapy provided - 7,710**

Key Findings | Cessation Intervention



# Introduction

The Mississippi State Department of Health (MSDH) Office of Tobacco Control (OTC) is responsible for promoting and protecting the health of Mississippians through community programs and cessation interventions focused 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), three statewide partners, two cessation intervention programs, and two statewide youth programs that are tasked with carrying out this important work. Annually, OTC develops and approves the scope of work (SOW) requirements grantees must achieve by the end of the 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) 2020 marks the fifth year that evaluation services have been provided. As with previous years, the current report provides updated data submitted by OTC grantees through the Tobacco Reporting and Progress System (TRAPS). This report also marks the transition away from an evaluation strategy that heavily featured process evaluation measures focused on program implementation towards an outcomes-based approach aimed at determining program impacts through the analysis of population-level data. In preparation for this shift, OTC branch directors and evaluators developed tools, templates, and models to support data collection and analysis efforts.

## Program Evaluation

In 2019 OTC contracted with the Rede Group to conduct a meta-evaluation of OTC's evaluation program using a framework that combined standards outlined by Patton (2012) and the CDC. The Rede Group identified several key recommendations many of which OTC was able to address during the most recent grant period. As a result, this year's annual evaluation contains process information with which readers will be familiar as well as data used to identify correlations between program activities and population-level outcomes to address identified research questions.

### **Recommendation 1: Develop program approaches that foster MTFCs' ability to evaluate the implementation of local ordinances**

In previous years, data regarding the passage of and amendments to smoke-free ordinances have been collected as tallies<sup>1</sup>. While this data is useful for determining the proportion of Mississippi's population that is protected by smoke-free policies, count data cannot be used to understand the factors that facilitated or served as barriers against ordinance implementation.

To address this gap, OTC developed "Mississippi Lungs Matter!," a comprehensive toolkit containing information, resources, and templates, and a Smoke-Free Ordinance Work Plan for MTFC directors. "Mississippi Lungs Matter!" guides MTFC directors through a four-step process in which they gain support from and educate community decision-makers; help decision-makers develop a comprehensive, effective smoke-free policy; and communicate the new policy to members of the community. With

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<sup>1</sup> 100% Smokefree Communities in Mississippi. Update June 2020, <https://mstobaccodata.org/wp-content/uploads/2020/06/ms-smoke-free-communities..pdf>

ordinance passage outlined as a multi-step process, it is possible to determine the points within the implementation process MTFC directors experience challenges and provide technical assistance. Beginning in FY 20/21, MTFC directors will use the Smoke-Free Ordinance Work Plan to document their ordinance implementation activities, which align with the elements of the toolkit on which they are based.

**Recommendation 2: Review the evaluation planning process to consider key evaluation questions and indicators to ensure each indicator connections to program vision, goals, and evidence-based practices for tobacco control**

Using OTC's five-year strategic framework as a guide, evaluators identified activities and associated outputs to include in a program logic model<sup>2</sup>. Activities are organized by the target audience, which includes legislators and policy-makers, insurers, healthcare providers, mental health facilities, general public (capacity building activities), general public (educational activities), youth (capacity building activities), youth (educational activities), material development, college and university administrators, K-12 administrators, partnership development, OTC activities, and data. To identify short, intermediate, and long-term outcomes, evaluators used key outcome indicators identified by the CDC as appropriate for the evaluation of statewide comprehensive tobacco prevention and control programs<sup>3</sup>. Once outcomes were linked to activities, evaluators identified secondary data sources that could be used. These included national sources such as the American Lung Association, the Behavioral Risk Factor Surveillance System (SRFSS), and the National Survey on Drug Use and Health (NSDUH); data collected by OTC grantees; and survey data collected the MS Tobacco Data surveillance team (i.e. Social Climate Survey<sup>4</sup>, University Student Survey<sup>5</sup>, and Youth Tobacco Survey<sup>6</sup>). Following a series of web-conferences in which the evaluators reviewed components of the logic model with key OTC staff, the logic model was finalized. As a working document, an annual review of the logic model will be included in subsequent evaluation SOWs.

**Recommendation 3: Efficiency in data collection could be improved through streamlining processes for gathering data from sub-grantees**

Throughout the year, changes are made to TRAPS to improve the data gathering process and enhance OTC personnel and grantees experience working with the interface.

Between July and December 2019, the following changes were made to TRAPS:

- Branch Directors can use the Team Report links to download previous fiscal year reports.
- The calendar was changed to allow grantees to log their events information.
- Upon hovering, the calendar view provides more information about the event log time.
- An auto-fill option automatically populates any repetitive contact/event information that was introduced among MTFC grantees.

<sup>2</sup> Logic model is available upon request.

<sup>3</sup> Starr G, Rogers T, Schooley M, Porter S, Wiesen E, & Jamison N. (2005). *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs*. Atlanta, GA: Centers for Disease Control and Prevention.

<sup>4</sup> Social Climate Survey, <https://mstobaccodata.org/data/social-climate-survey/>

<sup>5</sup> University Student Survey, <https://mstobaccodata.org/data/university-student-survey/>

<sup>6</sup> Youth Tobacco Survey, <https://mstobaccodata.org/data/youth-tobacco-survey/>

- The calendar system was changed so that each youth program grantee has an individualized calendar.

In the period between January and June 2020, additional improvements were implemented:

- Grantees and Branch Directors can see the calendar within the report section of TRAPS.
- An audience drop-down box was added for the following grantees: youth, cessation, and statewide (only the Mississippi Academy of Family Physicians Foundation and the Institute for Disability Studies).
- An information dialog box was added to provide information related to available and missing operations for all programs.
- An additional drop-down box was added to track disparate populations in TRAPS. The grantees will now be able to choose from a list rather than entering information in the description box.
- The three Health Teams were separated to provide the ability to review data and create reports individually and in aggregate.

**Recommendation 4: The practice of evaluators conducting site visits with sub-grantees to collect process data should be carefully examined for cost-efficiency**

Throughout the five years SSRC has provided evaluation services for OTC, evaluators have conducted semi-annual reviews with OTC grantees, one in-person and one via phone. The purpose of these reviews is to gather process measures, specifically monitoring grantees' progress toward SOW goals, and to provide data-related technical assistance. Because of the labor-intensive nature of this process, the Rede Group suggested OTC evaluate the cost-effectiveness of this activity. After careful consideration, two key factors led OTC to alter this evaluation activity. First, OTC regional directors are currently conducting similar reviews with the OTC grantees they are responsible for monitoring. Second, CDC has requested that evaluation activities incorporate outcomes measures using population-level data to supplement the process-heavy evaluation report. As a result, detailed monitoring of grantees' progress towards SOWs goals will largely be the responsibility of OTC regional directors. During FY 20/21, evaluators will train OTC regional directors to use evaluation templates, conduct regular reviews with OTC regional directors, and provide technical assistance before completing the handoff of this activity at the beginning of the 21/22 fiscal year. The evaluation team will continue to provide OTC with a summary matrix of grantee activities semi-annually.

**Recommendations 5 & 6: The surveillance and evaluation team should consider using population-level, randomized survey data to study and track youth knowledge, attitudes, and susceptibility regarding tobacco use and should provide trend data from primary and secondary tobacco-related data sets to provide contextual information for the evaluation.**

Previous evaluation reports largely featured process measures related to grantee activities, such as the number of events held, the number of people reached, and the number of materials distributed. Recommendations provided by the Rede Group indicated the need for evaluators to 1) use population-level data to track youth knowledge, attitudes, and susceptibility regarding tobacco use and 2) conduct trend analyses using primary and secondary datasets to contextualize OTC activities.

As stated earlier, the MS Tobacco Data surveillance team collects randomized survey data from youth (grades 6-12), college students, and adults. The Youth Tobacco Survey, which has been conducted with samples of students across the country as well as students in Mississippi, collects data needed to evaluate comprehensive tobacco control programs designed to prevent youth initiation and help those currently using tobacco quit. The University Student Survey has been administered to a representative sample of college students at one or more of the following institutions annually: Mississippi State University, the University of Southern Mississippi, the University of Mississippi, and Hinds Community College. Data collected from this survey are used to assess tobacco-related knowledge, attitudes, and behaviors as well as exposure to secondhand smoke among students. The Social Climate Survey collects comprehensive data about tobacco-related attitudes and practices among representative samples of adults in Mississippi and across the United States.

# 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.

Statewide Reach FY 2020			
Programs	Events	Reach	Distribution
MTFC	3,932	63,807	108,435
PHM	134	17,191	18,731
C & C	514	8,851	6,218
IQH	204	331	15,005
ACT	20	1,159	461
Statewides	154	1,821	23,745
<b>Total</b>	<b>4,958</b>	<b>93,160</b>	<b>172,595</b>

Communication & Social Media		
Programs	Events	*Audience
MTFCs	769	638,245
IQH	204	32,033
ACT	5	1,326,975
C & C	47	3,268
PHM	1,420	55,135
Statewides	154	230,636
<b>Total</b>	<b>2,599</b>	<b>2,286,292</b>

\*Social media; You Tube; Print; Radio;  
Television



## Methodology

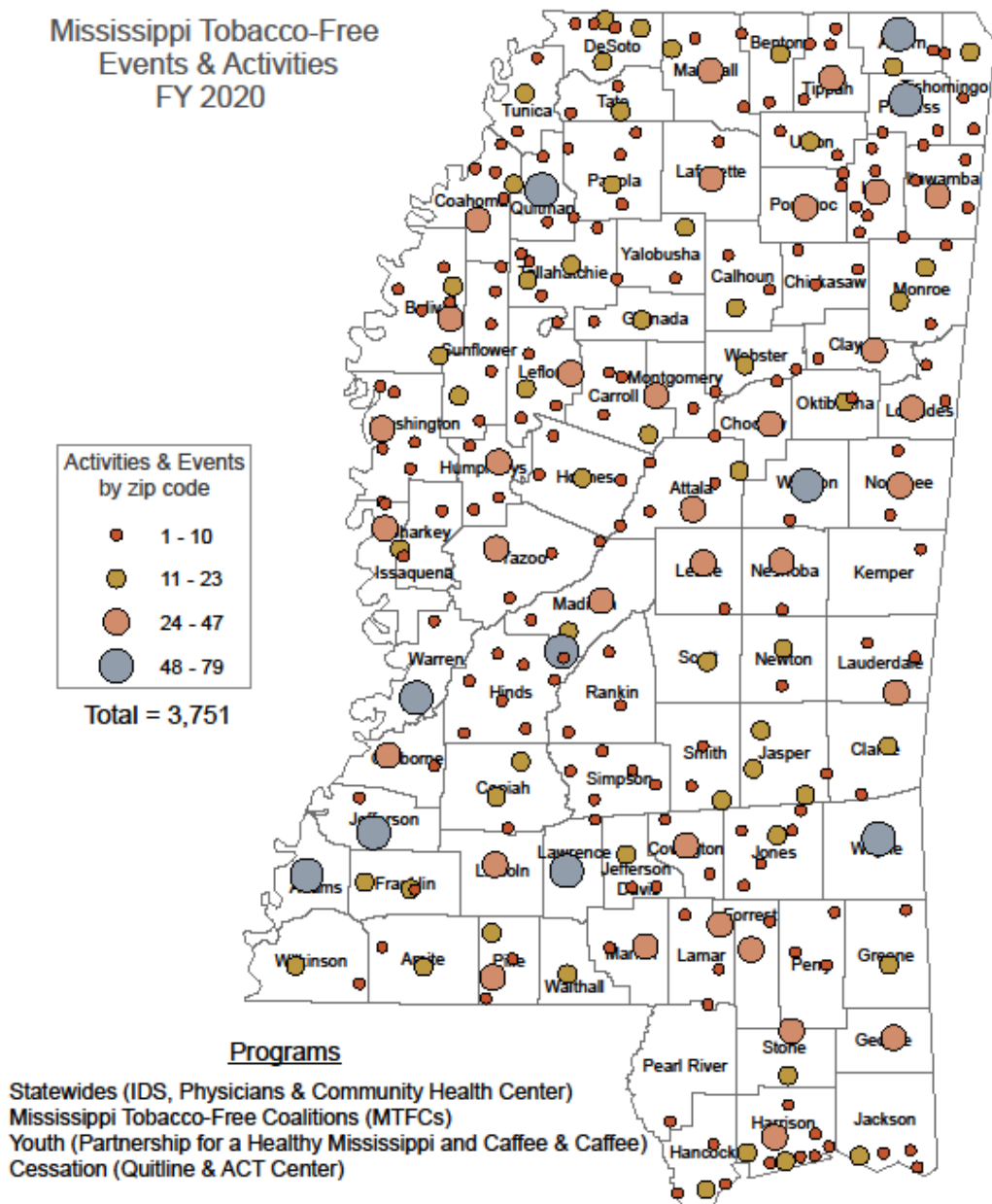
Data used to evaluate grantees' progress towards completing SOW requirements were pulled from TRAPS after the close of business on June 30, 2020. After creating an initial evaluation report for individual grantees, evaluators conducted phone interviews with grantees to discuss SOW deliverables before finalizing the data populated into the 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. In previous years, SOW requirements were classified as either "met" or "not met," disregarding varying levels of complexity present across the activities (e.g. the number of events that must be held, locations, the type of people or organizations that should be reached, etc.). With that 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.

## Mississippi Tobacco-Free Coalitions

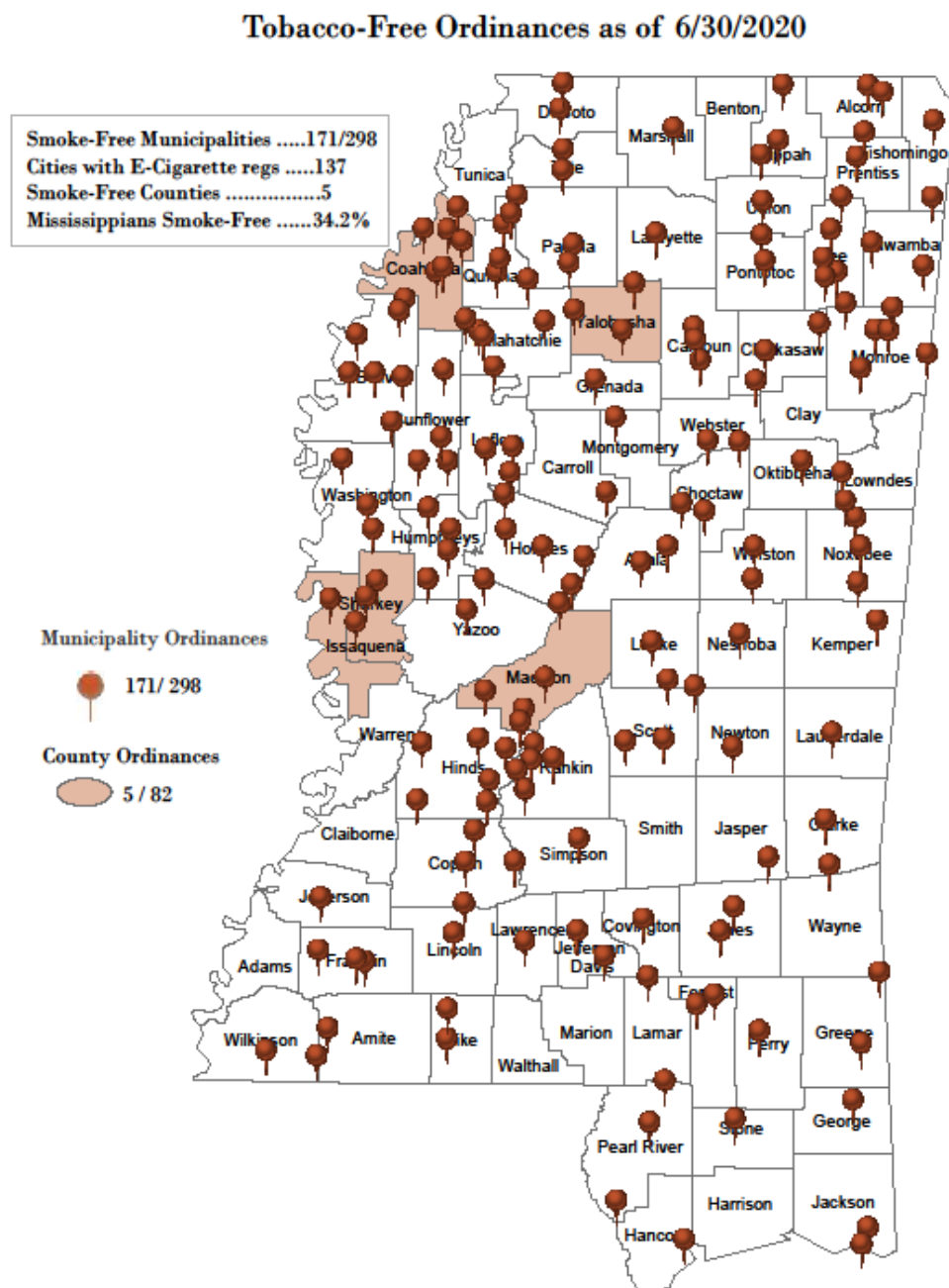
MTFCs are community-based coalitions that implement tobacco control programs that work to prevent tobacco initiation among youth, reduce secondhand smoke exposure, promote smoking cessation services, and reduce tobacco-related disparities. Depending on its location, MTFCs report to one of four regional branch directors (for a regional breakdown of MTFC directors, see the following table). Branch directors provide MTFC directors with technical assistance and monitor MTFC activities. During FY20, branch directors attended a series of training and education sessions to help them better support the work of the MTFCs (see Appendix A).



The following map visualizes the efforts made by MTFCs to educate communities about the health benefits of a smoke-free community.

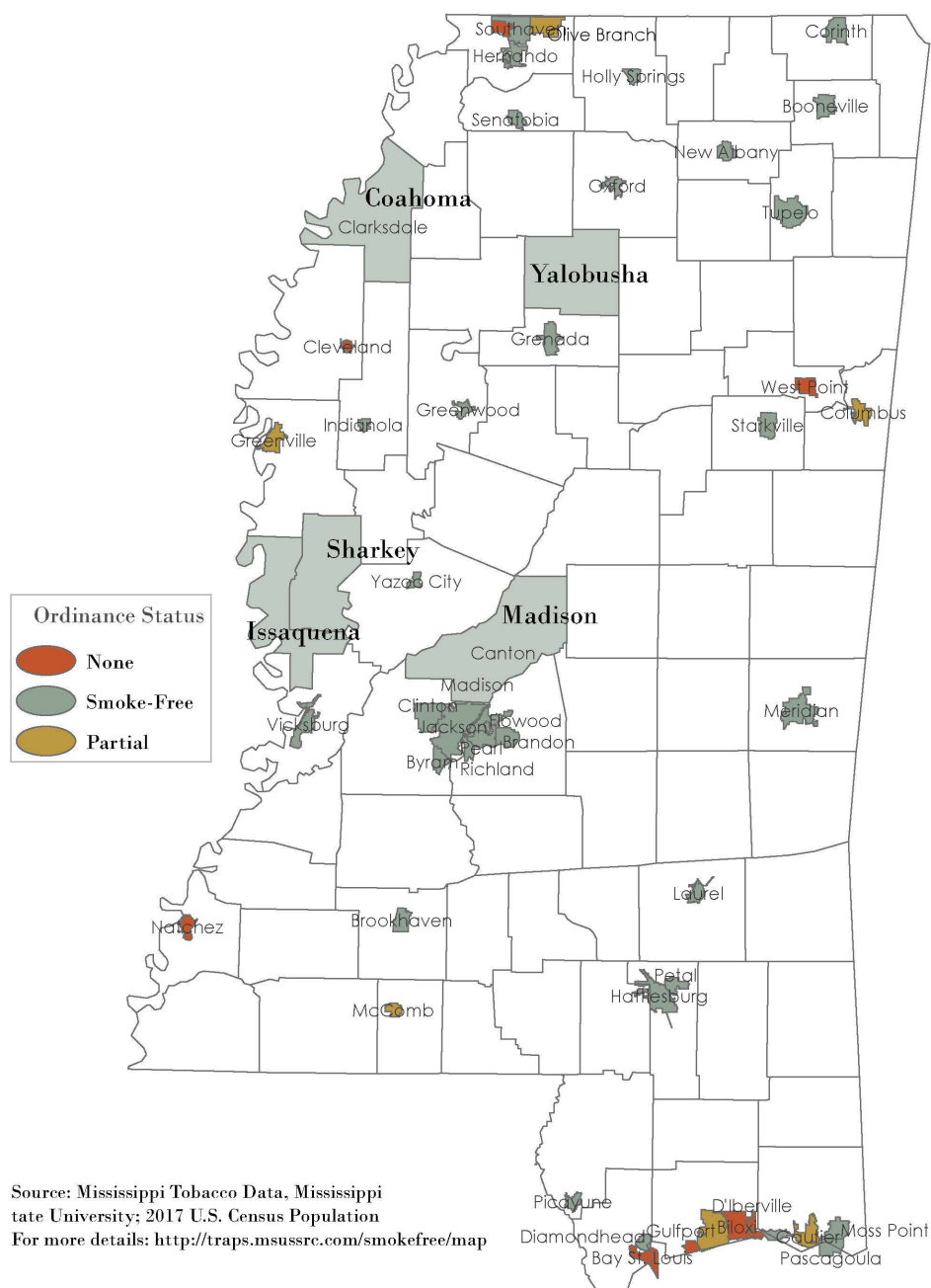


To date, 171 municipal and 5 county tobacco-free ordinances have been passed across the state. The locations can be viewed in the following map.

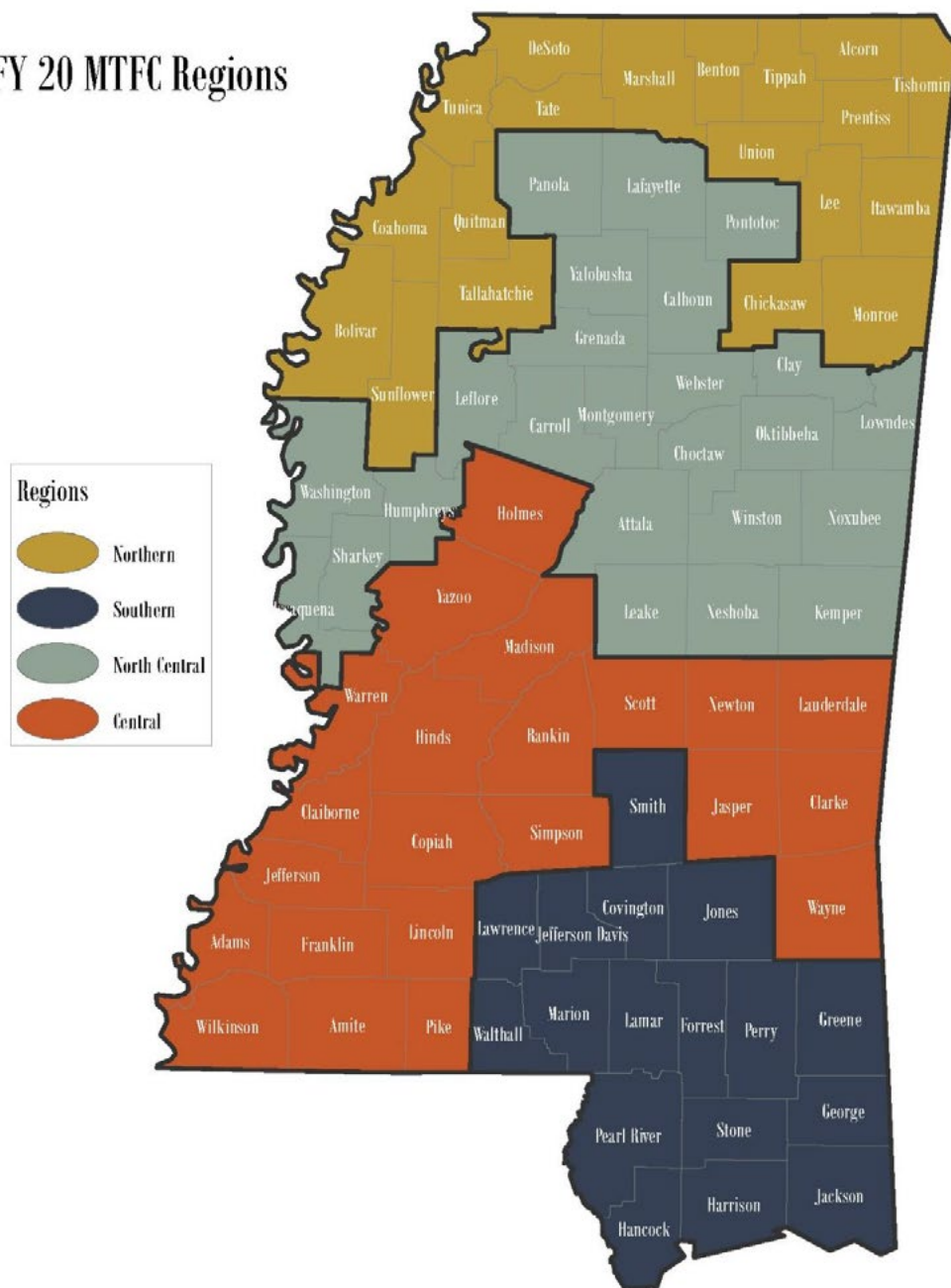


Among the 50 largest cities in Mississippi, 34 have a comprehensive smoke-free policies, 6 have a partial smoke-free policies, and 10 are not currently covered by a smoke-free ordinance. The following map shows the population and smoke-free ordinance status of the 50 largest cities in Mississippi.

Ordinance Status of Mississippi's 50 Largest Cities, 2020



## FY 20 MTEC Regions



Regions/Branch Directors	County(ies)	MTFC Directors
<b>NORTHERN</b> <u>Courtney Johnson</u>	Alcorn & Tippah	Melissa Nash
	Bolivar & Sunflower	Beverly Johnson
	Chickasaw & Lee	Shatara Agnew
	Coahoma & Tunica	Concetta Thompson
	Desoto & Tate	Marcus Ross
	Itawamba & Monroe	Helen Boerner
	Prentiss & Tishomingo	Jenniffer Palmer
	Tallahatchie & Quitman	Pearl Watts
	Union, Benton & Marshall	Linda Turner
<b>NORTH CENTRAL</b> <u>Jermellody Christian</u>	Attala, Leake & Winston	Lynn McCafferty
	Grenada, Yalobusha & Calhoun	Sue Mashburne
	Issaquena, Sharkey & Washington	Tasha Bailey
	Leflore, Humphreys & Carroll	Desiree Norwood
	Montgomery, Webster & Choctaw	Kathryn Allman
	Noxubee, Kemper & Neshoba	Beverly Knox
	Oktibbeha, Clay & Lowndes	Yolanda Pruitt
	Panola, Lafayette & Pontotoc	*Martha Johnson
<b>CENTRAL</b> Denise Diaz	Adams, Jefferson & Franklin	Shirley Brown
	Amite, Pike & Wilkinson	Tabitha Wilson
	Copiah & Lincoln	Meishia Smith
	Hinds County	Andre Nathaniel
	Lauderdale & Newton	Jamara Dunn
	Madison, Yazoo & Holmes	Sharon Nettles
	Rankin, Scott & Simpson	Sherron Day
	Warren & Claiborne	Kimberly Dawson
<b>SOUTHERN</b> <u>Ashley McKenzie</u>	Clarke, Jasper & Wayne	Pamela Lang-Prestage
	Covington & Smith	Jasmine Johnson
	Forrest, Jones & Perry	Denoshia O'Quinn
	Greene, George & Stone	Stephanie Mayfield
	Hancock & Pearl River	Brittney Johnson
	Harrison County	Aleshia Jones
	Jackson County	*Kayleigh Shorter
	Jeff Davis, Lawrence & Walthall	Casey Ward Hamilton
	Lamar & Marion	Ashlee Lewis

\* New Directors in FY20



Compared to the previous year in which eight branch and/or MTFC directors left their position, only three individuals departed during FY20. During this period, eight individuals, two branch directors and six MTFC directors, were added to the staff.

MTFC FY20 Staff Departures		
Directors	Coalition	Date
Michelle Byrd	Branch Director	8/1/2019
Harry Gaston	Layfayette, Panola & Pontotoc	1/15/2020
Helen Boerner	Itawamba & Monroe	6/30/2020

MTFC FY20 New Staff		
Directors	Coalition	Date
Melissa Nash	Alcorn & Tippah	7/1/2019
Denoshia O'Quinn	Forrest, Jones, & Perry	7/1/2019
Jasmine Johnson	Covington & Smith	7/1/2019
Ashley Mckenzie	Branch Director - Southern	8/1/2019
Jermellody Christian	Branch Director - North Central	8/1/2019
Kayleigh Shorter	Jackson	9/11/2019
Martha Johnson	Layfayette, Panola & Pontotoc	1/15/2020
Janet Turman	Itawamba & Monroe	7/7/2020

The following tables give an overview of the advocacy/policy, cessation, awareness, and communication activities completed during the fiscal year.

MTFC: Activity Summary			
Activity Type	Events	Reach	Distribution
General Awareness	1,672	39,626	50,008
Advocacy/Policy	1,466	15,151	22,128
Cessation	658	4,629	36,299
Summer Programs	136	4,401	-
<b>Total</b>	<b>3,932</b>	<b>63,807</b>	<b>108,435</b>

MTFC: Advocacy/Policy			
Activity Type	Events	Reach	Distribution
Second Hand Smoke	376	7,147	6,338
Ordinance Work	346	1,885	1,340
HUD Housing	203	2,768	4,657
Merchant Training	180	249	243
Multi-Unit Housing	115	1,165	2,345
School Policy Work	115	259	102
Other Activities	83	1,328	90
Present RFP	48	350	203
School Signs/PSAs	-	-	6,810
<b>Total</b>	<b>1,466</b>	<b>15,151</b>	<b>22,128</b>

MTFC: Cessation			
Activity Type	Events	Reach	Distribution
Educational Materials	459	2,729	17,295
Freedom from Smoking	149	983	1,761
Occupational Training	50	917	1,447
TIPS Posters (hard copy & electronic)			15,796
<b>Total</b>	<b>658</b>	<b>4,629</b>	<b>36,299</b>

MTFC: General Awareness			
Activity Type	Events	Reach	Distribution
High Level Presentations	988	1,976	21,326
Other Activities	221	14802	12,274
Disparate Populations (HL)	187	4,828	4,407
E-Cig/Vaping Presentations	120	7,261	5,555
Great American Smokeout	63	2,897	1,871
Spirit Nights	48	7,862	4,575
Take Down Tobacco Day	24	-	Social Media
Kick Butts Day	21	-	Social Media
<b>Total</b>	<b>1,672</b>	<b>39,626</b>	<b>50,008</b>

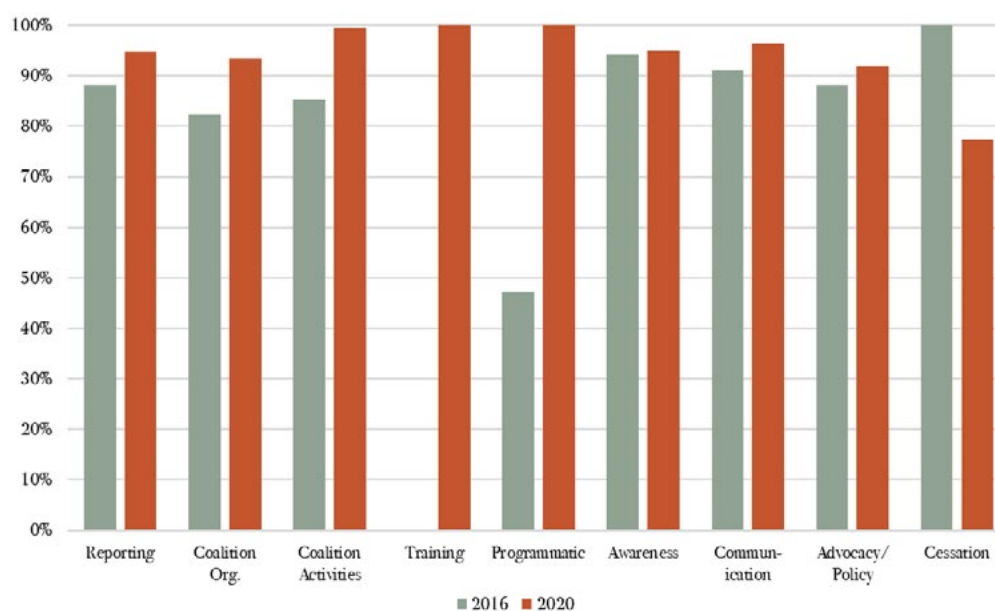
MTFC: Programmatic		
Activity Type	Events	Reach
Summer Youth Programs	136	3,665
Adult Participation		736
Branch Director Training	461	-
<b>Total</b>	<b>597</b>	<b>4,401</b>

MTFC: Communication		
Activity Type	Events	Audience
Facebook	5	86,415
Published	146	
Unduplicated Audience*	55	424,030
Radio	6	127,800
Submitted (unpub.)	557	
<b>Total</b>	<b>769</b>	<b>638,245</b>

\*Audience numbers are counted once for multiple publications

The emergence of COVID-19 in March 2020 affected the ability of many MTFC directors to complete all aspects of their scope of work. Although the proportion of activities completed was higher relative to 2016, a 100% completion rate was only achieved in two of the nine program areas. Despite the challenges presented, several directors were able to meet all SOW requirements.

Trend Analysis of FYs 2016 & 2020 Coalition Work



**Met ALL FY 20 SOW**

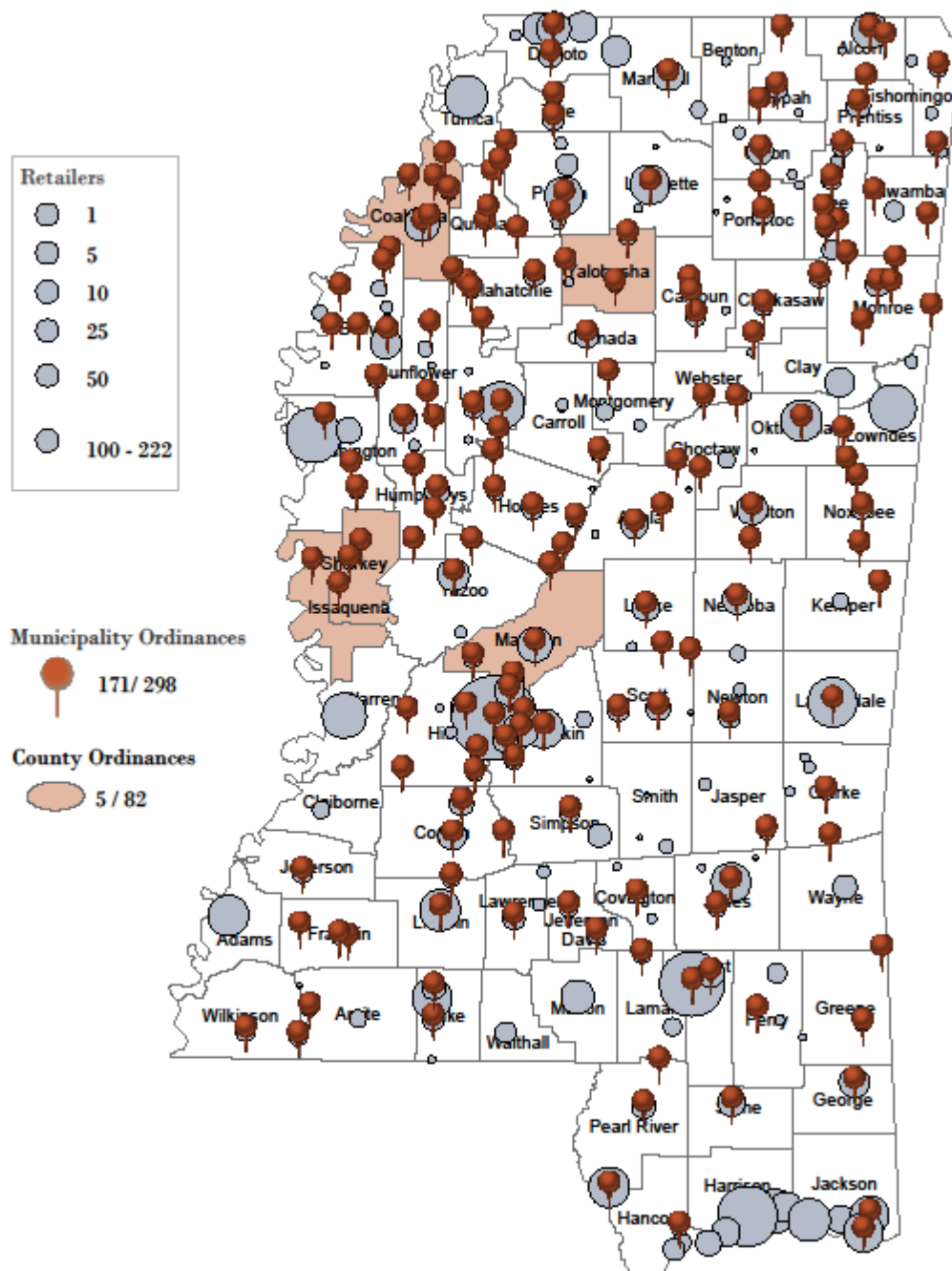
Beverly Johnson  
Helen Boerner  
Jenniffer Palmer  
Linda Turner  
Lynn McCafferty  
Melissa Nash  
Pearl Watts  
Shirley Brown  
Yolanda Pruitt

During FY20, MTFCs assisted in passing 12 comprehensive smoke-free ordinances, bringing the total number of smoke-free municipalities to 171. Also, two amendments were passed to include e-cigarettes among banned tobacco products.

Place	Pop	Director	Date	Type
Newton	3,223	Jamara Dunn	7/18/2019	C
French Camp	167	Kathryn Allman	8/1/2019	C
Rienzi	305	Melissa Nash	8/6/2019	C
Pace	248	Beverly Johnson	10/3/2019	C
Gattman	901	Helen Boerner	10/31/2019	C
Bude	1,015	Shirley Brown	11/1/2019	C
Smithville	89	Helen Boerner	11/8/2019	C
Ripley	5,273	Melissa Nash	1/2/2020	C
Gloster	869	Tabitha Wilson	1/2/2020	C
Eupora	2,005	Kathryn Allman	3/4/2020	C
Silver City	288	Desiree Norwood	3/5/2020	C
Terry	1,227	Andre Nathaniel	6/6/2020	C
Collins	2,451	Jasmine Johnson	3/5/2020	A
Booneville	8,740	Jennifer Palmer	6/6/2020	A
Comprehensive Smoke-Free (C = 12)				
Amendments to include e-cig (A = 2)				

The next map shows the location of retailers that sell tobacco products by municipality and the total number and locations of smoke-free ordinances as of June 30, 2020.

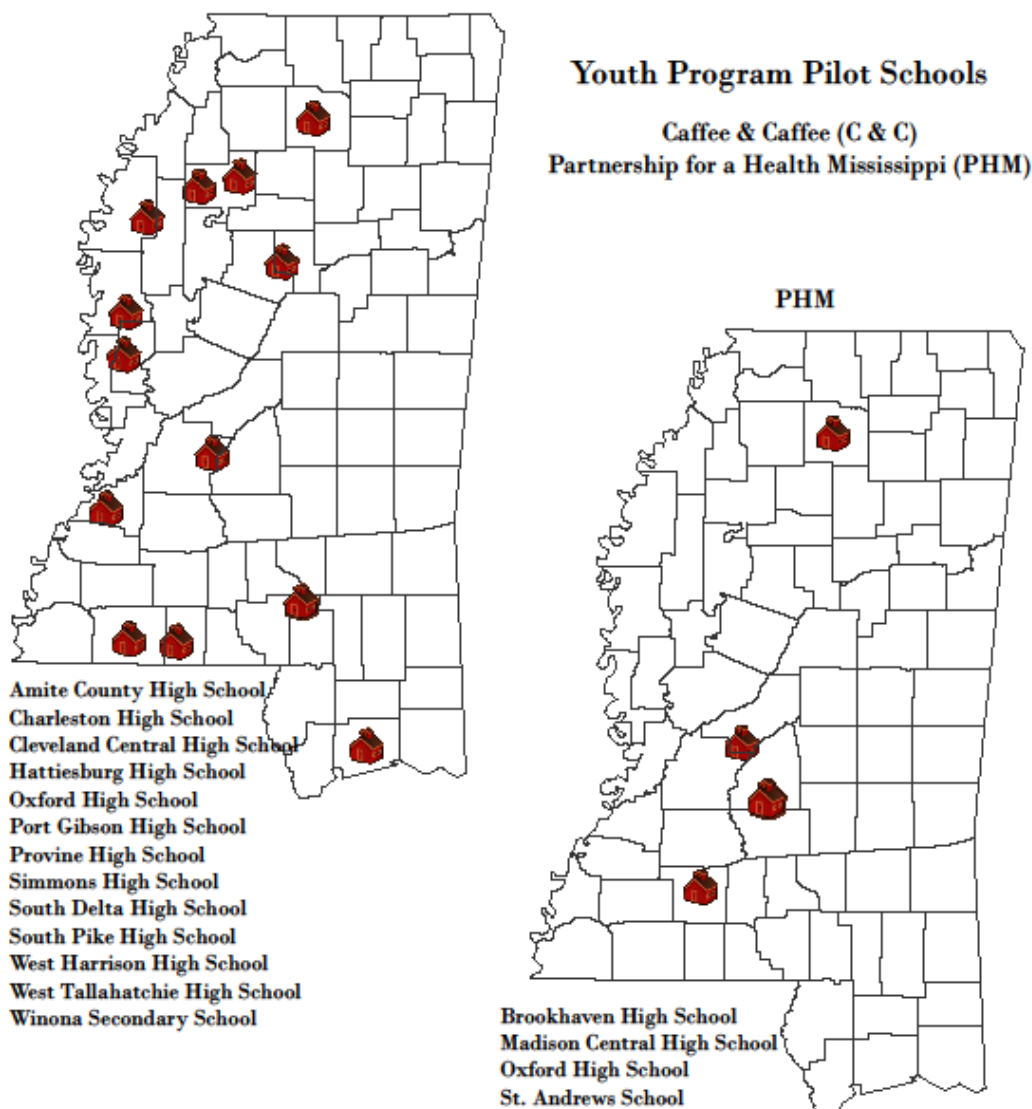
## Tobacco-Free Ordinances & Tobacco Retailers, 2020





## Youth Programming

Youth programming was provided by the Partnership for a Healthy Mississippi (PHM) and Caffee, Caffee, & Associates Public Health Foundation (CCA). Much of the work done by PHM involved the development and distribution of quarterly newsletters and management of Generation FREE, a youth-led tobacco prevention program for youth ages 12-18. CCA's Youth Empowered Solutions (YES!) program targeted high poverty, high-risk secondary schools across the state to reduce tobacco initiation among youth and eliminate tobacco-related disparities.



### Partnership for a Healthy Mississippi (PHM)

Generation FREE, a program focused on reducing tobacco use among teens, was launched at four high schools across the state. To measure the effectiveness of their program in changing students' knowledge and attitudes towards tobacco as well as tobacco-related behaviors, PHM implemented a pretest-posttest comparison group design to compare data from the four participating schools to data collected from a school serving as a comparison group.

Analyses of these data were hindered by several factors. First, school closures stemming from COVID-19 changed the survey administration method from a paper/pencil (pre-program) to a web-based (post-program) approach, resulting in a substantially smaller number of completed post-test surveys. These limitations should be considered when interpreting results.

PHM Pre/Post-Program Survey Results	
	Pre/Post Program Change
% heard of e-cigarettes?	=
% believe E-cigarette vapors are harmful.	=
% believe E-cigarettes are harmful to the heart	+
% believe vaping should not be allowed in place where smoking is not	+
% ever tried an e-cigarette?	=
% reporting past 30-day e-cigarette use	
School A	=
School B	-
School C	-
% used e-cigarette for a month or longer?	=
% bought e-cigarette off the street	
School A	=
School B	-
School C	-
% believe E-cigarettes can be addictive	
School A	=
School B	+
School C	+
% participated in a program to create awareness of the need to restrict use of e-cigarettes and vaping products in places where	
School A	=
School B	+
School C	=
% who ever smoked a cigarette	=
% reporting past 30-day cigarette smoking	
School A	=
School B	-
School C	=

= no change from pre to post-program

+ increase from pre to post-program

- no change from pre to post-program

The tables that follow provide an overview of the number of events, individuals reached, and materials distributed during the fiscal year.

PHM by the Numbers			
Activity Type	Events	Reach	Distribution
<b>Peer to Peer &amp; Peer Led</b>	20		3,694
~ Adults		604	
~ Children		2,060	
<b>Pre &amp; Post Testing</b>	17	7,453	7,453
<b>Provide Technical Ass.</b>	37		7,440
~ Adults		1478	
~ Children		4,971	
<b>Training</b>	12	48	103
<b>Listening Groups</b>	0	0	-
<b>Awareness Activities</b>	16	416	19
<b>Other Activities</b>	32	161	22
<b>Total</b>	<b>134</b>	<b>17,191</b>	<b>18,731</b>

PHM: Media		
Activity Type	Events	Audience
<b>Newsletters</b>	4	16,048
<b>Social Media Posts</b>	581	
~Instagram	249	27,676
~Facebook	269	8,042
~Twitter	46	3,295
~SnapChat	0	0
<b>GenFree Website</b>	254	N/A
<b>YouTube Videos</b>	17	74
<b>Total</b>	<b>1,420</b>	<b>55,135</b>

#### Caffee, Caffee, & Associates Public Health Foundation (CCA)

The focus of CCA for FY20 is youth engagement and brand affinity. Although the primary evaluation is being conducted by another organization, data entered into TRAPS are reported. The total number of events, the number of individuals reached, and the distribution of materials can be located in the following table.

C & C by the Numbers			
Activity Type	Events	Reach	Distribution
<b>Events &amp; Awareness</b>	13		2,616
~Adults		34	
~Children		2,616	
<b>Conduct Focus Groups</b>	16		0
~Adults		30	
~Children		302	
<b>Training</b>	13		72
~Adults		107	
~Children		139	
<b>Youth Leader Activities</b>	43	3,432	3,308
<b>Other Activities</b>	429	2,191	222
<b>Total</b>	<b>514</b>	<b>8,851</b>	<b>6,218</b>

C & C Media		
Activity Type	Events	Audience
<b>Social Media Posts*</b>	47	
~Facebook		3,227
~Instagram		29
~Twitter		12
<b>Total</b>	<b>47</b>	<b>3,268</b>

## Statewide Partners

OTC contracts with three 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. With an eye on decreasing 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 following table presents the number of events, individuals reached at events, distribution of materials, and audience reached through media campaigns.

Statewide Programs				
Program	Events	Reach	Distribution	*SM Audience
Community Health Center	85	1,059	8,788	3,332
Inst. for Disability Studies	16	151	1,043	223,892
Family Physicians	53	611	13,914	3,412
<b>Total</b>	<b>154</b>	<b>1,821</b>	<b>23,745</b>	<b>230,636</b>

\*Social media; You Tube videos

### The Community Health Center Association of Mississippi

The primary activities of the Community Health Center Association of Mississippi (CHCAM) are the management of two programs, Baby and Me and Lunch and Learns. CHCAM also disseminates educational materials. The following tables detail the Baby and Me program, Lunch and Learns, and dissemination of materials.

Community Health Center			
Activity Type	Events	Reach	Distribution
Lunch and Learn	4	52	126
Baby and Me	49	1,007	1,767
Baby and Me Materials	5	0	6,000
Other Activities	12	0	377
Disseminate Education*	15	0	518
<b>Total</b>	<b>85</b>	<b>1,059</b>	<b>8,788</b>

\*e.g., emails, trainings, meetings,exhibits

Community Health Center		
Activity Type	Events	Audience
Social Media	14	3,332
<b>Total</b>		<b>3,332</b>

Mississippi is one of 21 states participating in the nationally renowned National Baby and Me Tobacco Free Program (BMTFP). Currently, this program has been implemented in 11 CHCAM participating community health centers.



Baby and Me Program						
Agency	n	Age (avg)	Race (white)	Race (black)	Gestation (avg weeks)	Yrs Smoked (avg)
Aaron Henry Community Health Services*	*	*	*	*	*	*
Central MS Health Services	6	23	17%	83%	16	6.5
Coastal Family Health Services	25	30	72%	28%	14	9.4
Family Health Center	7	30	14%	86%	7	12.4
GA Carmichael Family Health Center	49	28	14%	86%	22	10.1
Greater Meridian Health Clinic*	*	*	*	*	*	*
Jackson-Hinds Comprehensive Health Center	7	27	0%	100%	23	8.5
Jefferson Comprehensive Health Center	5	29	40%	60%	19	5.0
Southeast Mississippi Womens Health Center*	*	*	*	*	*	*
<b>Total</b>	<b>99</b>	<b>28</b>	<b>26%</b>	<b>74%</b>	<b>16</b>	<b>9.4</b>

\*Suppressed; Less than 5 participants

### The Mississippi Academy of Family Physicians Foundation

The Mississippi Academy of Family Physicians Foundation (MAFPF) engaged in communication rounds, newsletters, Tar Wars presentations, and social media analytics. Information about the number of events, individuals reached, and distribution of materials is presented in the following table.

Family Physicians by the Numbers			
Activity Type	Events	Reach	Distribution
Planning & Training (B1. & B3.)	13	62	215
Communication Rounds 1-5	4		222
Lunch n Learn	2	17	298
Engaging MS	8	331	104
Newsletters	4		2,007
Other	14		493
Tar Wars to Med Students	8	201	10,575
<b>Total</b>	<b>53</b>	<b>611</b>	<b>13,914</b>

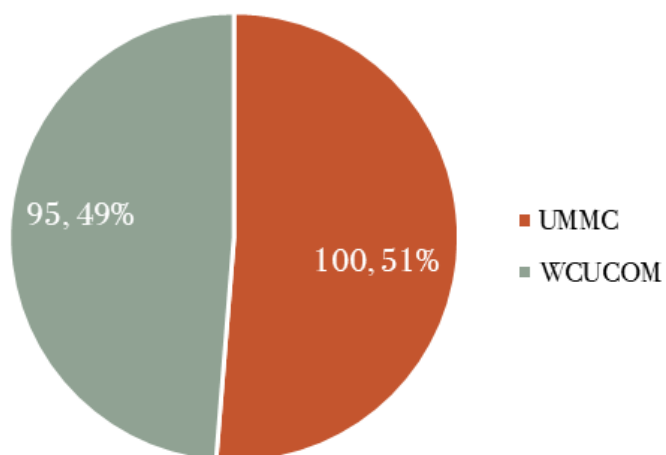
Social Media		
Activity Type	Events	Audience
Social Media	19	3,412
<b>Total</b>	<b>19</b>	<b>3,412</b>

### *Tar Wars*

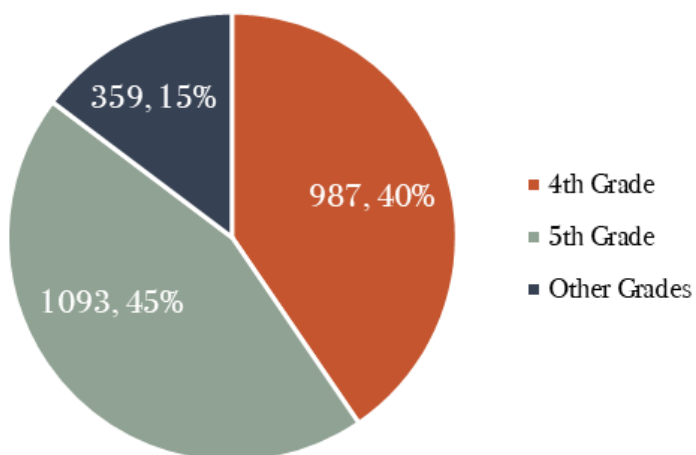
During FY20, MAFPF trained 195 medical students, 100 third-year students from the University of Mississippi Medical Center (UMMC) and 95 first-year students from the William Carey University College of Osteopathic Medicine (WCUCOM) program.

Together, these medical students made 100 presentations to 987 fourth graders, 1,093 fifth graders, and 359 students in other grades (N=2,439).

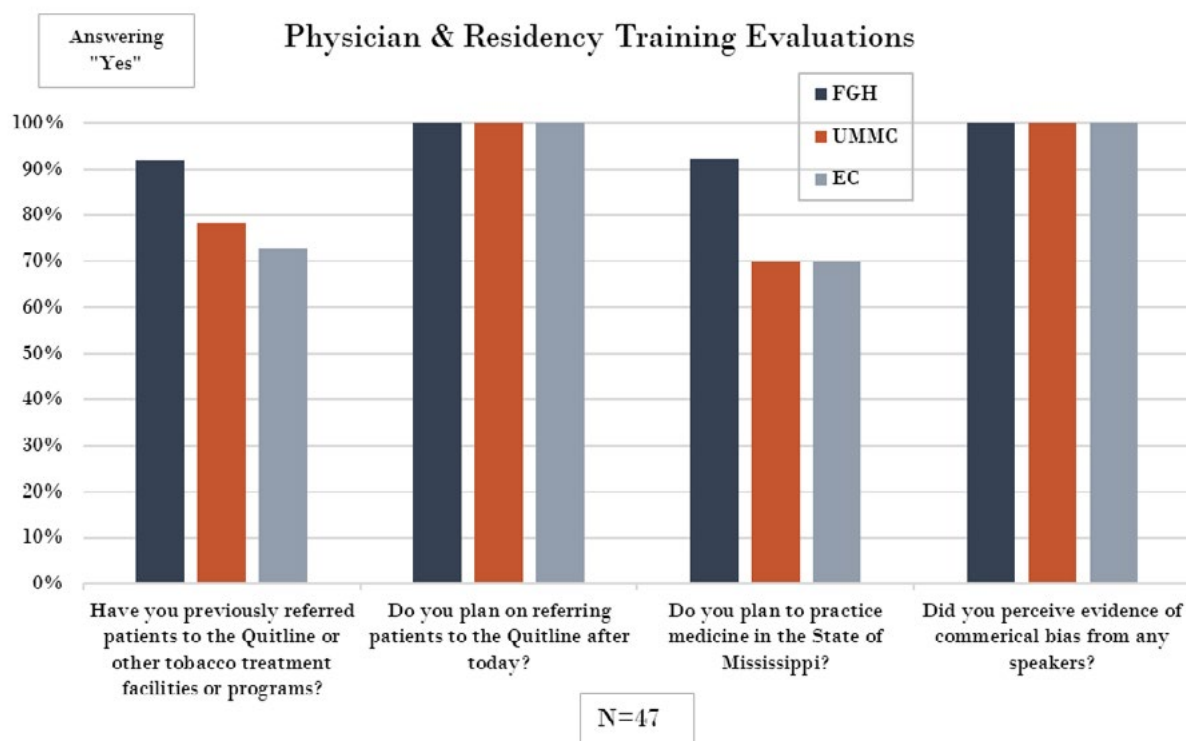
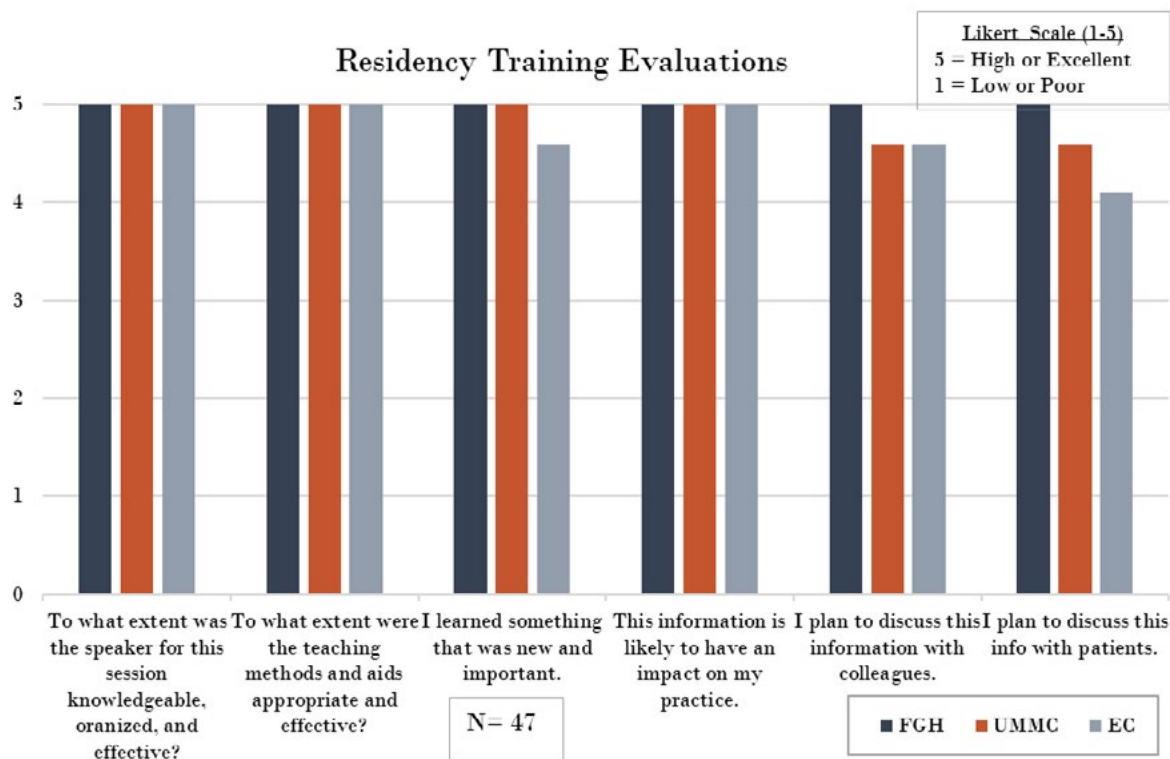
### Med Students Trained by MAFPF



### Presentations Made by Med Students



Following the Tar Wars training conducted by MAFPF, medical students were asked to evaluate the presentation. The following charts document evaluation responses.



\* FG - Forrest General Family Medicine Residency Program

\*UMMC - University of Mississippi Medical Center Family Medicine Residency Program

\*EC - HealthNet Family Medicine Residency Program

The evaluation survey also included two open-ended questions in which medical students were asked to elaborate on their plans to incorporate new knowledge to their practice in the future and provide suggestions to improve the delivery of the Tar Wars program.

- What change(s), if any, do you plan to take in your practice as a result of your participation in this session?
  - More detailed discussion of patient's tobacco/nicotine use; quitting options
  - More discussion of latest research strides
  - Plan to ask my patients particularly adolescents about vaping as currently I only ask about drugs, cigarettes & alcohol.
  - More vaping education
  - Putting forth more effort to counsel my adolescent population on dangers of vaping and giving them options to stop.
  - Counseling against vaping, especially in those who smoke cigarette and vape
  - Give data info to patient. Percentages, risk, give more chemical information.
  - Discuss changes vaper more often as ask about vaping more
  - Discuss the harmful effects of vaping with my patients
  - Recommend smoking/vaping cessation; Educate patients. Gain further knowledge about subject. Help patients quit.
  - Explain lack of efficacy of vaping for tobacco cessation. Explain increase of CV risk associated w/ smoking and vaping together.
  - Screening more patients for e-cigarette use; compare smoking vs. vaping
  - Based on information gathered after today's lecture, I will counsel m patients on dangers o vaping as a strategy for smoking cessation.
  - Tell people that trying to use e-cigs to quit doesn't work. You generally just use both. If not, then you just end up on e-cigs long term and cardiovascular risk is almost the same.
- Suggestions?
  - Bring vaping devices for demonstration
  - Continued updates on vaping an effect as it unfolds
  - Spice use; Vaping products and marijuana products.
  - Treatment options/programs for tobacco addiction.
  - Keep doing what you're doing b/c you're doing great!
  - Excellent presentation, but may need to localize for Mississippi a bit; maybe a teenage version
  - Very informative, helpful and entertaining. Is there any way we can get literature for our clinic to hand out to patients?
  - Presentation has a lot of good info, but is a bit of information overload
  - Vaping; studies done on vaping and it's (potential) cancer casing properties
  - Step by step of what a patient goes through when they go to ACT Center

To gain additional insight about their experiences, interviews were conducted with three third-year medical students from UMMC to solicit feedback about the Tar Wars training program and learn about their experiences presenting the program to 4th and 5th graders across the state. When asked to provide an overall rating of the Tar Wars training program conducted by Jewel Buckley using a scale from 1 (bad) to 5 (good), each medical student rated the program with a 5 and provided additional details about their experience. They described Buckley as “easy to follow” and “very organized.” They were pleased with the up-to-date information she provided about electronic cigarettes, “Honestly, that she incorporated the new JUUL-ing in her presentation. That is something that we are seeing more and more of is young kids getting into JUUL-ing. And the fact that she brought the presentation up to speed with where we are now with tobacco use in all of its forms including JUUL-ing.”

While they appreciated the inclusion of JUUL-ing, they hoped that the content could become better integrated in the future, “I think more of the e-cigarettes would be helpful. I know that she is updating that as she can with new data and what’s allowed to be put in there because that’s going to be more and more what the younger generation is combating. More information geared toward that I think could be helpful.” Other suggestions included the addition of e-cigarette materials in the student packets and the inclusion of information about cannabidiol (CBD oil) use. One medical student, who also went through the Tar Wars training as an undergraduate student, highlighted the importance of keeping up with current trends,

So, just kind of seeing that transition where what 4th-grade students knew five years ago vs now, I feel like they’re exposed more. Maybe that’s due to marketing and advertisement, but the questions I was asked this time were much more shocking to me. And even just hearing personal stories when they would say, well my big brother does x, y, and z they’re 10 and their big brother’s 13. So, I just think that within the last five years, with vaping becoming more popular and now CBD oil, those are some changes I’ve seen.

Another suggestion offered was to increase the emphasis on the short-term consequences of tobacco use to deter youth. After learning about decision-making in young children and adolescents, one medical student thought increasing the emphasis on the short-term consequences of tobacco use would serve as a good deterrent:

A big motivator for children and adolescents is selfish things like “will you be able to do the things you want to do if you actually smoke or use tobacco?” ... Something I emphasized when I talked to the kids was like, “Hey, if you do this, you won’t be able to ride your bikes with your friends. You won’t be able to go out and do this on the playground or do this with your friends.” So, I explained repercussions for them and how it would not necessarily cause cancer and all those other things that everybody else knows about, but sooner things when they are kids and younger that they wouldn’t look forward to happening.

Each medical student presented to two classes, taking approximately 40-60 minutes to present the material and 20-30 minutes to field questions from students. The medical students described the children as incredibly engaged: “Absolutely. I was actually pleasantly surprised with how engaged they were...The students were very much engaging and had very good questions to ask through the activity as well as during



my initial presentation whenever I was going through the PowerPoint.” In one instance, the classroom teacher expanded learning beyond the scope of the presentation by offering opportunities to gain bonus points by answering a tobacco-related on an upcoming test and using the crossword puzzle included in the packet as a chance to drop their lowest quiz grade. Much to the surprise of the medical students, the students asked many questions during the Q&A session: “They had a lot of questions at the end. I usually feel like it’s crickets at the end of a lot of these where they don’t have a lot of questions, but it was as if everyone’s hands went up and they were very interested and engaged.” Some students even asked for autographs, “One thing that the kids have done which is adorable, I did not expect this, is a lot of kids want autographs from people who come and speak to them. I remember one of them. I signed a lot of textbooks in the front and I put ‘don’t smoke’.”

When asked what they felt was the most important thing to share with students during these presentations, the medical students shared the following:

- I think being active and participation and stuff, and not just lecturing to kids.
- Just to let them know that it’s never too late for their family members to get the help that they need. Even if their parents, grandparents have been smoking for 20, 30, 40 years it’s never too late to ask for help to quit.
- I think just kind of planting the seed as far as the affects effects that this can have on them and then maybe 7th or 8th grade, sometime later, coming back and having the discussion again and seeing if you could water that seed. So, I don’t think necessarily scaring the students but at least kind of giving them some sort of foundation that they can build upon later about the negative effects of tobacco.

To close out the interview, the medical students were asked whether they planned to incorporate the information they learned from Tar Wars once they become practicing physicians. Each stated they planned to continue sharing information and carrying the message of the importance of a tobacco-free lifestyle in their individual practice.

Oh yeah! A lot of the statistics and having to come up with a way to present this information to people that is understandable, especially since we live in such an illiterate state, honestly. We have not the highest educational levels. We are taught to present information to patients at a fourth-grade level, ten-year-old level. Really a middle school level... Doing this, honestly, forced me to come up with how to present this information to adult patients as well in a very simple, basic way. I thought that’s helpful. That’s something that I realized after I did it because I’ve done ambulatory medicine since then as well and using that presentation I gave, I am able to take little jewels from it and tell patients that when I am trying to motivate them to change their habits.

#### The University of Southern Mississippi’s Institute for Disability Studies

Details regarding wellness events, chit chat videos, and website analytics are presented in the following table.

IDS by the Numbers			
Activity Type	Events	Reach	Distribution
Annual Wellness Events	4	151	151
PSA & Poster	2		206
Other Activities	6		180
Newsletters	4		506
<b>Total</b>	<b>16</b>	<b>151</b>	<b>1,043</b>

IDS: Communication			
Activity Type	Events	Reach	Audience
Leadership /TCS Websites			703
You Tube Ads*	1		907
Facebook	136		
Facebook Impressions**		658,803	
<b>You Tube</b>			
Chit Chat	2		26
Previous Videos	4		33
PSA	1		870
<b>Total</b>	<b>144</b>	<b>658,803</b>	<b>2,539</b>

\*Discontinued due to targeting difficulty

\*\*Impressions are news feed appearances of our ads;

658,803 impressions appeared to 221,353 viewers

## Cessation Intervention

OTC supports two cessation intervention programs: the ACT Center for Tobacco Treatment, Education, and Research and the Mississippi Tobacco Quitline (IQH: Information and Quality Healthcare). 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. The Mississippi Tobacco Quitline 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.

### ACT Center

Presentations, communications, training, and educational activities are combined in the following tables.

ACT Center by the Numbers			
Activity Type	Events	Reach	Distribution
Presentations & Trainings	20	1,159	461

ACT Center: Communication		
Activity Type	Events	Audience
Radio*	4	5,900
Print	1	1,321,075
Total	5	1,326,975

\*unduplicated audience

The following tables detail participant demographics, program enrollment, and satisfaction survey results for the Tobacco Treatment Specialist (TTS) Training Program. Compared to FY17, there is an increased proportion of males (+16.0%) and Black participants (+41.1%). Relative to FY17, the average age of participants (+3.3%) and the reported number of years spent smoking (+3.3%) has increased but have used smokeless tobacco for a shorter amount of time (-26.1%).

Demographic Characteristics of TTS Participants				
TTS Program	FY 17	FY 18	FY 19	FY 20
<b>Characteristics (totals)</b>				
<b>Gender</b>				
Male	31.8%	41.5%	43.7%	44.2%
Female	61.90%	58.5%	56.3%	55.8%
<b>Race</b>				
Black	42.6%	53.4%	58.8%	60.1%
White	56.3%	45.3%	40.6%	38.7%
Other	0.7%	1.3%	0.6%	1.5%
<b>Hispanic Ethnicity</b>	0.6%	0.0%	0.5%	0.1%
<b>Averages</b>				
Age	52.2	52.0	53.5	54.0
Years Smoked	30.7	29.3	31.0	31.0
Yes Smokeless Tobacco	17.6	20.7	21.2	13.0
FTND Score	5.3	5.0	5.2	5.0
CESD Score	23.4	22.8	22.8	24.0
PSS Score	6.7	6.5	6.2	6.0

Source: Annual Reports

Relative to all participants, a larger proportion of individuals who completed the TTS program have quit by the end of the treatment program and also report higher quit rates at subsequent follow-up contacts.

Annual Report - TTS Program				
	FY 17	FY 18	FY 19	FY 20
<b>End of Treatment</b>				
<b>All Treatment Participants</b>				
Number and Percent Quit (#quit / #contacted)	28.8%	27.9%	25.9%	21.8%
Contacted Rate (#contacted / #eligible for contact)	66.9%	65.4%	65.5%	65.4%
<b>Treatment Completers</b>				
Number and Percent Quit (#quit / #contacted)	33.6%	36.4%	29.1%	28.2%
Contacted Rate (#contacted/total)	66.4%	63.6%	57.4%	53.2%
<b>Follow-Up: 1-Month</b>				
<b>All Treatment Participants</b>				
Number and Percent Quit (#quit / #contacted)	35.4%	36.7%	32.5%	29.0%
Contacted Rate (#contacted / #eligible for contact)	54.8%	56.1%	64.1%	59.5%
<b>Treatment Completers</b>				
Number and Percent Quit (#quit / #contacted)	43.1%	43.5%	36.4%	37.3%
Contacted Rate (#contacted / #eligible for contact)	68.4%	62.5%	84.2%	75.6%
<b>Follow-Up: 3-Month</b>				
<b>All Treatment Participants</b>				
Number and Percent Quit (#quit / #contacted)	35.1%	33.1%	30.4%	28.4%
Contacted Rate (#contacted / #eligible for contact)	62.5%	66.6%	81.8%	79.0%
<b>Treatment Completers</b>				
Number and Percent Quit (#quit / #contacted)	46.9%	42.9%	35.0%	37.1%
Contacted Rate (#contacted / #eligible for contact)	59.9%	63.0%	92.3%	86.7%
<b>Follow-Up: 6-Month</b>				
<b>All Treatment Participants</b>				
Number and Percent Quit (#quit / #contacted)	34.1%	29.6%	35.3%	33.6%
Contacted Rate (#contacted / #eligible for contact)	71.6%	65.7%	75.6%	76.0%
<b>Treatment Completers</b>				
Number and Percent Quit (#quit / #contacted)	41.4%	31.7%	28.4%	36.4%
Contacted Rate (#contacted / #eligible for contact)	73.7%	64.3%	80.7%	90.9%
<b>Follow-Up: 12-Month</b>				
<b>All Treatment Participants</b>				
Number and Percent Quit (#quit / #contacted)	36.5%	33.4%	34.1%	35.7%
Contacted Rate (#contacted / #eligible for contact)	62.8%	58.3%	66.1%	65.9%
<b>Treatment Completers</b>				
Number and Percent Quit (#quit / #contacted)	39.6%	36.1%	37.4%	31.2%
Contacted Rate (#contacted / #eligible for contact)	61.7%	54.0%	73.1%	77.2%

With the exception of the item measuring the overall effectiveness of the program, patient satisfaction has remained relatively stable.

TTS Program Evaluations				
	FY 17	FY 18	FY 19	FY 20
<b>Patient Satisfaction (1 = Very Low, 5 = Very High)</b>				
Survey Count	209	61	N/A	34
<b>Average Totals</b>				
General Organization of the Program	4.8	4.8	4.9	4.8
Quality of the Facilities (meeting rooms, etc)	4.8	4.7	4.8	5.0
Appointment & Scheduling Services	4.9	4.8	4.9	5.0
General Clinic Features (on time, smooth operation)	4.9	4.9	4.9	4.8
Quality of the Workbook and other Materials	4.8	4.6	4.8	4.5
Staff Helpfulness, Friendliness & Flexibility	5.0	4.9	4.9	4.8
Staff Skillfulness in Providing Treatment	4.9	5.0	4.9	5.0
Overall Quality of the Program	4.9	4.9	5.0	5.0
Overall Effectiveness of the Program	4.9	4.9	4.9	3.7

Source: Annual Reports

### Mississippi Tobacco Quitline

Presentations, communications, training events, and educational activities are detailed in the next table.

IQH by the Numbers			
Activity Type	Events	Reach	Distribution
Clinical & Provider Activities	99	103	4,820
Promote Cessation	80	124	9,732
Education/Collaboration	12	22	321
Training/Conferences	13	82	132
<b>Total</b>	<b>204</b>	<b>331</b>	<b>15,005</b>

IQH: Online & Website	
Activity Type	Audience
Website Traffic	16,588
Online Counseling	696
Online Chats	13,775
Online Enrollments	974
<b>Total</b>	<b>32,033</b>



Referral Sources	
Website	95
Newspaper	2
Billboard	12
Employer	21
Community Organization	25
Unknown TV Source	31
Radio	4
Flyer/Brochure	74
Health Insurance	508
Hospital/clinic	155
Family/friends	461
Healthcare Professional	746
TV 1-800-QUITNOW	1,195
<b>Total</b>	<b>3,329</b>

Tobacco Type	
Cigarettes	3,586
Smokeless tobacco	111
Cigars	74
Pipe	4
E-cigarette/vape	351
Other	18
<b>Total</b>	<b>4,144</b>

Statewide Services	
Phone Counseling	4,035
Online Counseling	696
Information Only	63
Referred to a Local Resource	7
<b>Total Services Provided</b>	<b>6,315</b>
Total Quit Plans Completed	3,527
Completed Intake	4,218
Incomplete/Declined Intake	621
Counseling Sessions Completed	5,104
Fax Referrals	982
EHR Referrals	1,194
Other + Self Referrals	3,899
Referrals Unable to Reach	1,272
Quit Kit Materials	3,988
Flyer/Brochure Sent	791

Source: Annual Reports

Call volume, call rate, service delivery, tobacco behaviors, and counseling services for FY20 are presented in the following tables.

Mississippi	2016	2017	2018	2019	2020
Live answer rate	85%	84.3%	93%	95%	94%

Quitline Key Measures	
Incoming Calls	12,802
# Referrals (fax + online + EHR)	2,450
# Registered (phone + web)	4,731
# Materials Provided	4,779
# NRT Provided	7,710
Quit Rate	36%
Satisfaction Rate	96%

Source: Annual Reports

Call Volume/Status	
Calls received	12,802
Calls accepted	11,631
Calls answered	10,528
Calls abandoned	919
Calls sent to voicemail	1,357
Calls handled by provider line	277
Calls handled by Spanish QL	14
Calls handled by TIP line	884
(Outgoing + Calls Received + TIP Line)	30,966
<b>Total</b>	<b>69,378</b>
Outgoing Calls	17,280

Quit History	
Recent Quitters / Previous Quit Attempts	6,427
Average Uses per Day	19
Avg. Motivation to Quit (1=low, 10=high)	9
Avg. Level of Nicotine Dependency	3
Average Number of Previous Quit Attempts	1

Source: Annual Reports

Chronic & Acute Medical Conditions		
	FY19	FY20
<b>Completed Intake</b>	5,881	4,218
Children exposed to SHS	49.8%	50.2%
High Blood Pressure	27.2%	29.9%
Mental Health Conditions	20.7%	24.2%
COPD/Asthma	15.7%	18.3%
Emotional Challenges	12.4%	12.8%
Heart Conditions	10.8%	10.1%
Diabetes	9.7%	11.1%
Cancer	2.5%	2.8%
Pregnant/Breast Feeding	0.6%	0.5%
Recent Heart Attack	0.3%	0.1%
Recent Stroke	0.3%	0.2%

Source: Annual Reports

Disparate Populations	Events	Reach
Pregnant Women	3	70
Hispanic/Latino	2	85
Mental Health	3	155
LGBTQ	3	175
HIV AIDS	4	160
Substance Abuse	3	90
<b>Totals</b>	<b>18</b>	<b>735</b>

Counseling Services	
Participants	4,139
Phone Completions	1,121
US Veteran Referrals	106
<b>Totals</b>	<b>5,366</b>

Caller Demographics	
Characteristics (totals)	
<b>Gender</b>	
Male	1,426
Female	2,564
<b>Total</b>	<b>3,990</b>
Pregnant Participants	21
Unknown/Refused	811
12-17	1
18-24	104
25-34	502
35-44	864
45-54	1,033
55-64	1,445
65+	690
<b>Average Age</b>	<b>50</b>
<b>Race</b>	
Black or African American	1,325
White	2,503
Asian	8
Native American or Alaskan Native	28
Other	56
Hispanic/Latino	72

# Trend Analysis

As described previously, a key recommendation provided by the Rede Group was to provide trend data. Both primary and secondary tobacco-related data sets were used to address five evaluation questions identified by OTC:

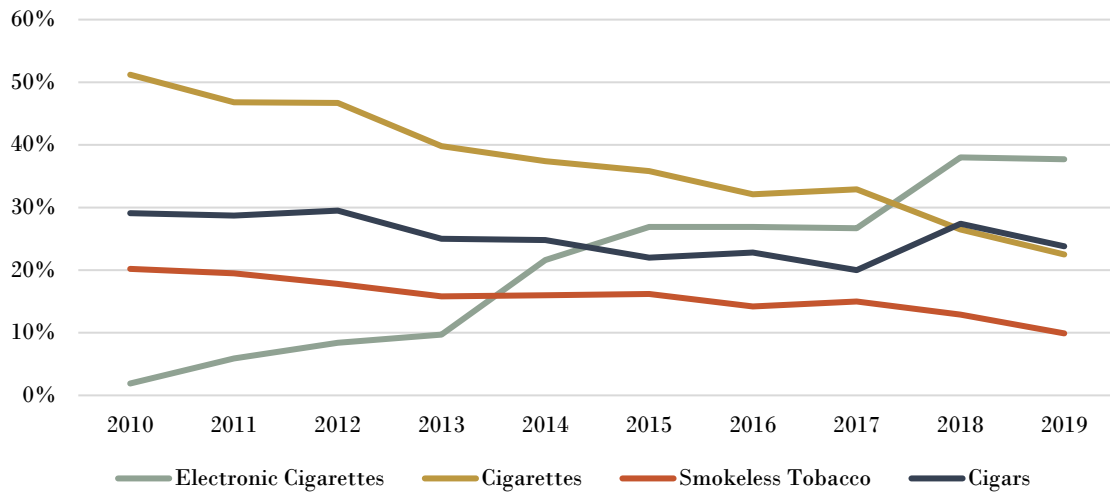
1. Will dissemination of evidence-based, mass-reach communications interventions supported by media engagement reduce youth initiation of tobacco/nicotine products?
2. Will the implementation of education, information, advocacy, and peer-led activities regarding tobacco and nicotine (vaping) with youth in grades 9-12 reduce the prevalence of tobacco use and Juuling/vaping?
3. Will implementation of community-oriented awareness, education, and technical assistance with local government officials increase the passage of (city or county) smoke-free ordinances?
4. Will implementation of evidence-based mass, reach-health communications supported by media engagement to promote Quitline services increase the number of calls received by the Quitline?
5. Will efforts by the Quitline Outreach Coordinator (to employers and insurers [private and public]) increase reimbursement for tobacco cessation treatment services?

Because interventions were not implemented in a manner that allows evaluators to determine causality (i.e. quasi-experimental or experimental design) findings from trend analyses merely indicate that interventions are correlated with a particular outcome.

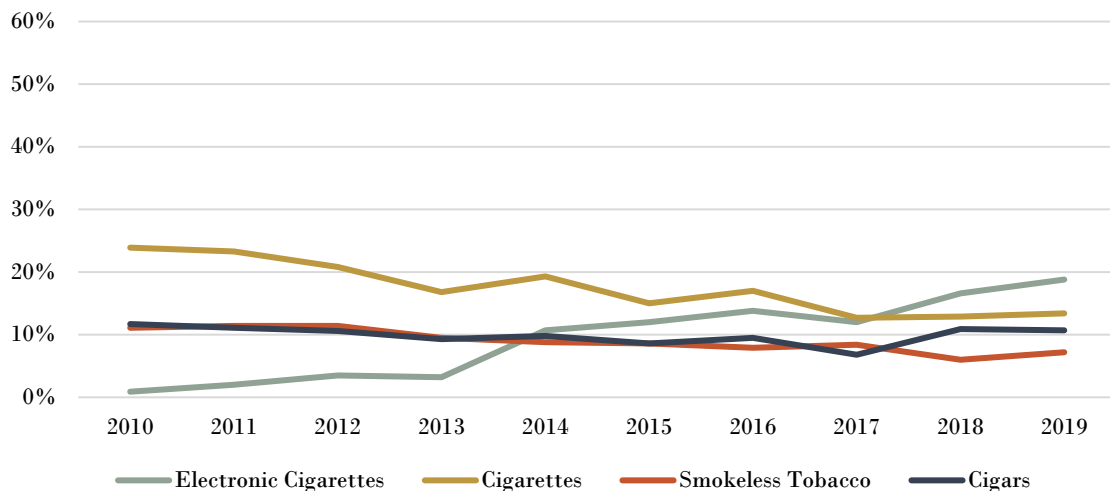
### Youth Initiation Rates

Youth initiation of tobacco/nicotine products – specifically e-cigarettes, cigarettes, smokeless tobacco, and cigars – was measured using items from the Youth Tobacco Survey (YTS). While reported rates of initiation with cigarettes, smokeless tobacco, and cigars have decreased between 2010 and 2019, the proportion of youth reporting they ever tried e-cigarettes increased among middle and high school students by 1884.2% and 1988.9%, respectively.

#### Initiation among High School Students



#### Initiation among Middle School Students

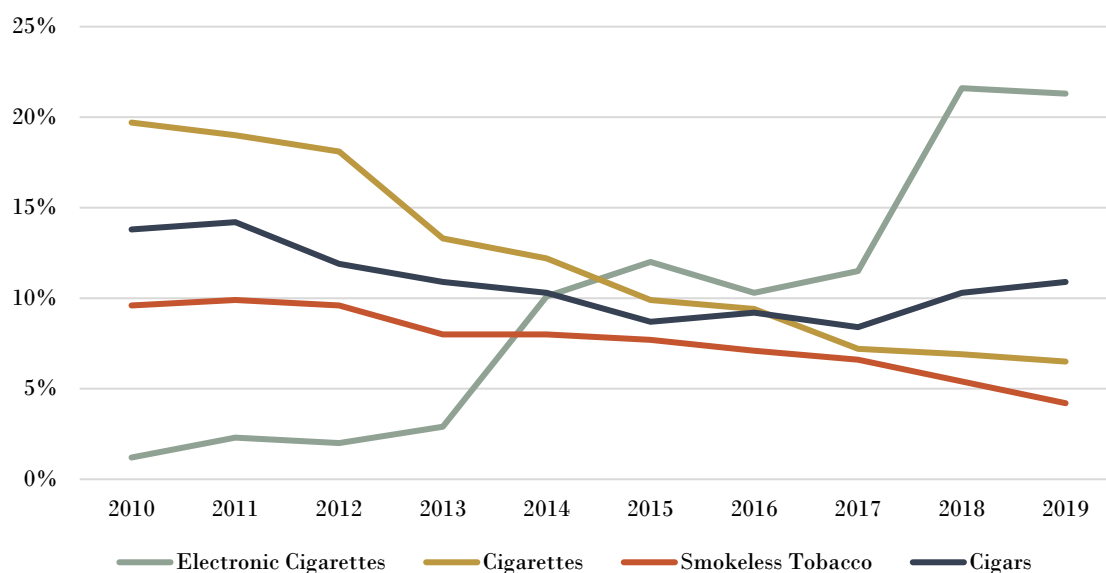




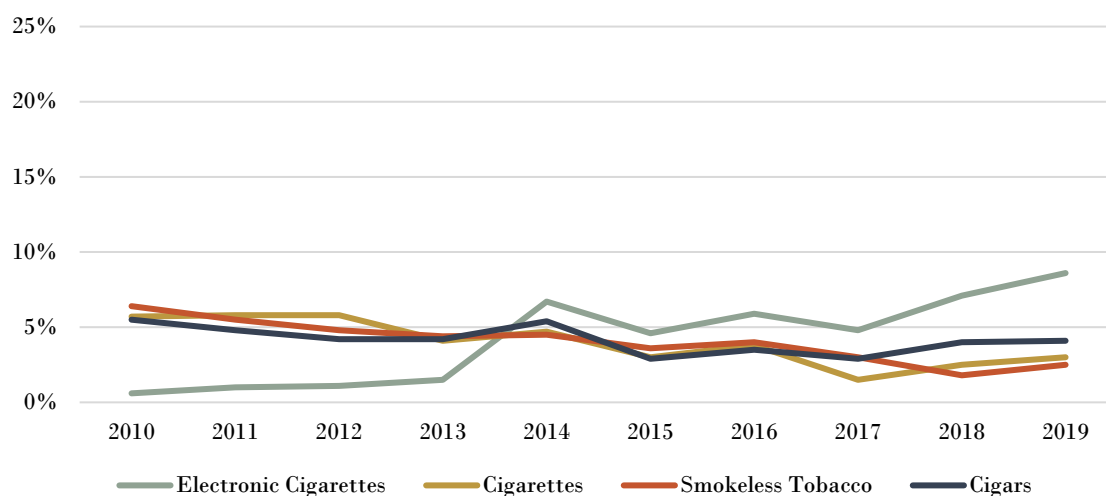
## Youth Prevalence Rates

As with youth initiation rates, prevalence rates for e-cigarette, cigarette, smokeless tobacco, and cigar use was measured with items from YTS. Analyses show a rise in the proportion of youth reporting current e-cigarette use among both high school (+1675.9%) and middle school (+1333.3%) students between 2010 and 2019. Over this period, the reported use of cigarettes, smokeless tobacco, and cigars has decreased among both groups.

### Prevalence Rates among High School Students



### Prevalence Rates among Middle School Students



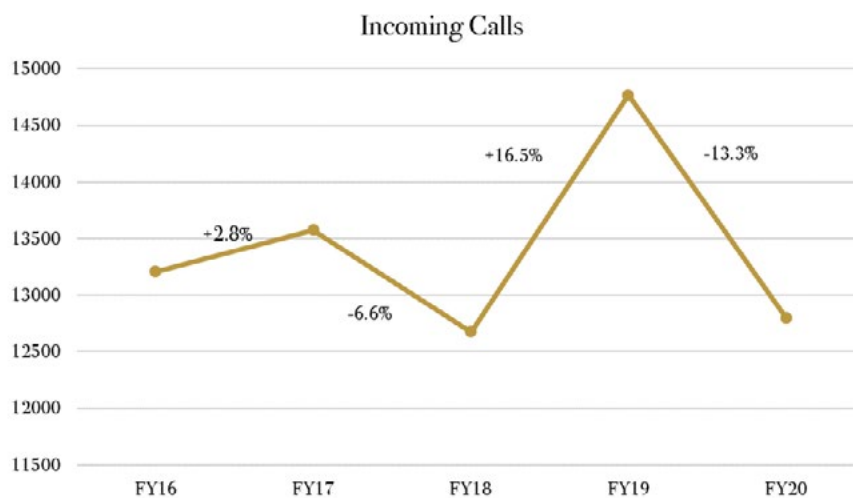
### Passage of Smoke-Free Ordinances

As part of their reporting requirements, MTFCs document ordinance-related activities in TRAPS, noting which local government officials were contacted regarding the passage of a smoke-free ordinance in their community. To determine whether a correlation between the implementation of community-oriented awareness, education, and technical assistance and the passage a smoke-free ordinance existed, a passage rate was calculated by dividing the number of ordinances passed by the number of communities in which MTFCs engaged in discussions about the passage of a smoke-free ordinance. Relative to 2016, a smaller proportion of communities approached have adopted a smoke-free ordinance. This is likely due to MTFC directors targeting communities interested in adopting smoke-free policies with initial efforts. The adoption rate is particularly low for FY20; however, this can be attributed to the disruption caused by the emergence of COVID-19. Eleven of the twelve comprehensive smoke-free ordinances were adopted before the governor issuing a Shelter-In-Place order on April 1, 2020<sup>7</sup>.

Passage of Smoke-Free Ordinances					
	2016	2017	2018	2019	2020
Communities Approached	105	87	89	77	97
Smoke-Free Ordinances*	19	15	17	11	12
Amendments	9	2	1	4	2
Rate	26.7%	19.5%	20.2%	19.5%	14.4%

### Calls to Quitline

Over the last five fiscal years, the number of calls received by the Quitline has varied widely. At its highest peak in FY19, the Quitline received 14,769 calls. The lowest number of calls occurred in FY18 (N=12,675). The widely fluctuating figures and lack of a clear upward or downward trend indicate the need to gather additional information to determine whether varying contextual factors (e.g. changes in outreach strategies, employee turnover, etc.) may be correlated.



<sup>7</sup> Mississippi Emergency Management Agency. April 1, 2020. Governor Reeves Issues a Statewide Shelter-In-Place Order. <https://www.msema.org/news/governor-reeves-issues-a-statewide-shelter-in-place-order/>

## Tobacco Cessation Treatment Reimbursement

Data regarding the status of reimbursement for tobacco cessation treatment services among private and public insurers were not available when this report was written. Evaluators conducted a review of publicly available data and found reports published in CDC's *Morbidity and Mortality Weekly Report* (MMWR) about state Medicaid coverage for tobacco dependence treatments and barriers to treatment for enrollees.

Medicaid Coverage of Tobacco Cessation Services						
	2006	2007	2008	2015	2017	2018
<b>Medication Coverage</b>						
gum	Yes	Yes	Yes	Yes	Yes	Yes
patch	Yes	Yes	Yes	Yes	Yes	Yes
nasal spray	Yes	Yes	Yes	V	Yes	Yes
inhaler	Yes	Yes	Yes	V	Yes	Yes
lozenge	Yes	Yes	Yes	Yes	Yes	Yes
varenicline	No	Yes	Yes	Yes	Yes	Yes
bupropion hydrochloride	Yes	Yes	Yes	Yes	Yes	Yes
<b>Counseling Coverage</b>						
group	Yes (P)	Yes (P)	Yes (P)	No	V	V
individual	Yes (P)	Yes (P)	Yes (P)	V	V	Yes (P)
telephone (Quitline)	No	No	-	-	-	-
<b>Barriers to Treatment</b>						
required copayments	Yes	-	Yes	V	V	V
required prior authorization (PT)	No	-	No	No	No	Yes
required limits on duration (PT)	No	-	No	Yes	Yes	No
required stepped-care therapy (PT)	No	-	No	No	Yes	No
required counseling PT coverage	No	-	No	No	No	No
covered one tobacco-dependence treatment at a time	No	-	No	-	-	No
annual limit on quit attempts	-	-	No	No	No	yes
lifetime limit on quit attempts	-	-	No	No	No	No

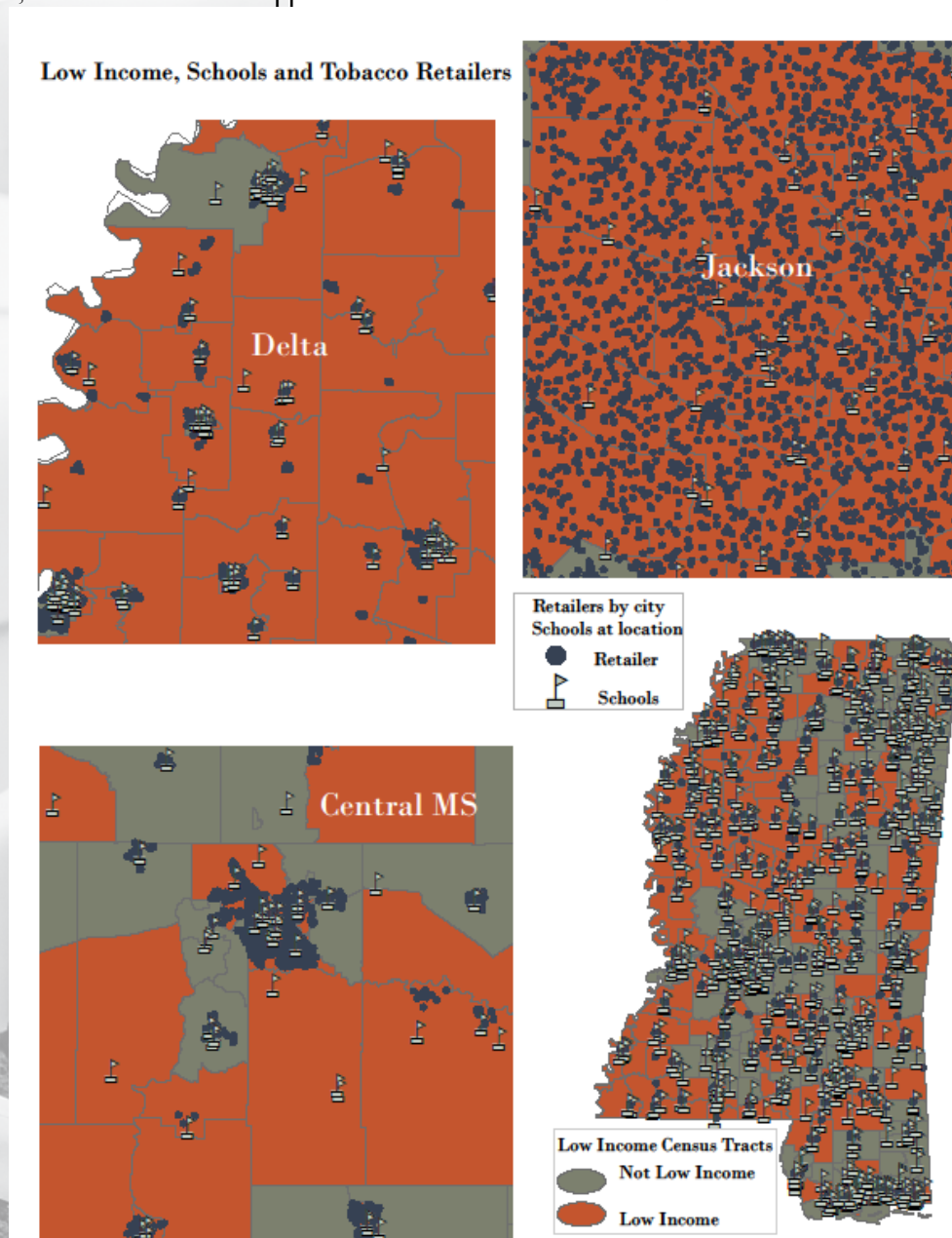
V (coverage varies, with treatment covered for some, but not all, Medicaid enrollees)

P (partial coverage)

PT (pharmacotherapy)

# Maps

Research has long recognized tobacco products are marketed towards youth (Carpenter, Wayne, Pauly, Koh, & Connolly<sup>8</sup>) and strategically placed in lower income neighborhoods (Lee, Henriksen, Rose, Moreland-Russell and Ribisl, 2015<sup>9</sup>). A 2007 study found that the likelihood of underage smokers to purchase cigarettes increased as the number of retailers in close proximity to their school increased (Leatherdale & Strath, 2007<sup>10</sup>). The next map overlays the location of low income census tracts, tobacco retailers, and schools in Mississippi. Several areas of interest are shown in more detail in a zoomed in mode.

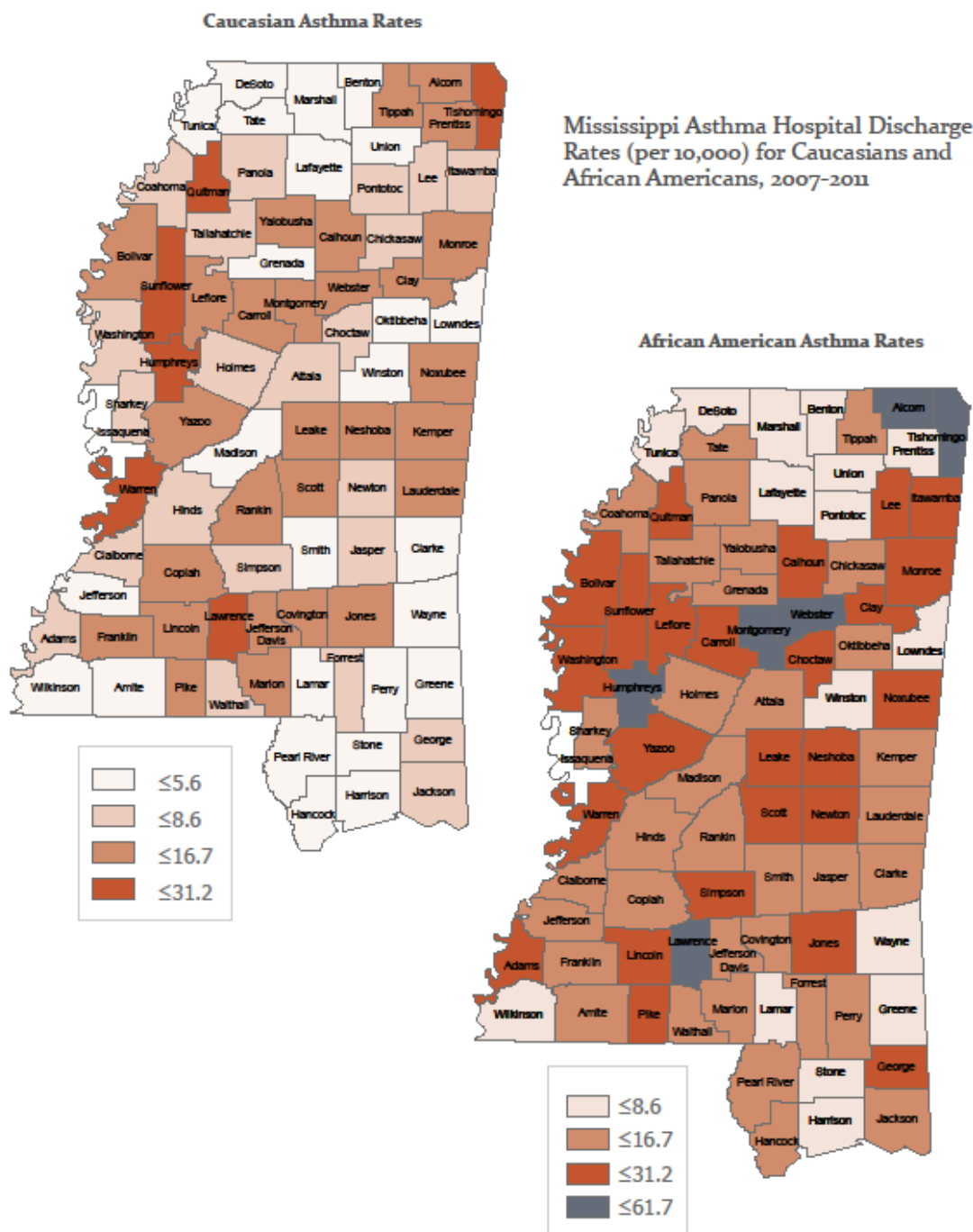


<sup>8</sup> Carpenter C.M., Wayne G.F., Pauly J.L., Koh, H.K., & Connolly, G.N. (2005). New cigarette brands with flavors that appeal to youth: Tobacco marketing strategies. *Health Affairs (Millwood)*, 24, 1601–10.

<sup>9</sup> Lee, J. G. L., Henriksen, L., Rose, S. W., Moreland-Russell, S., & Ribisl, K. M. (2015). A systematic review of neighborhood disparities in point-of-sale tobacco marketing. *American Public Health Association*, 105(9): e8–e18. doi: <https://doi.org/10.2105/AJPH.2015.302777>

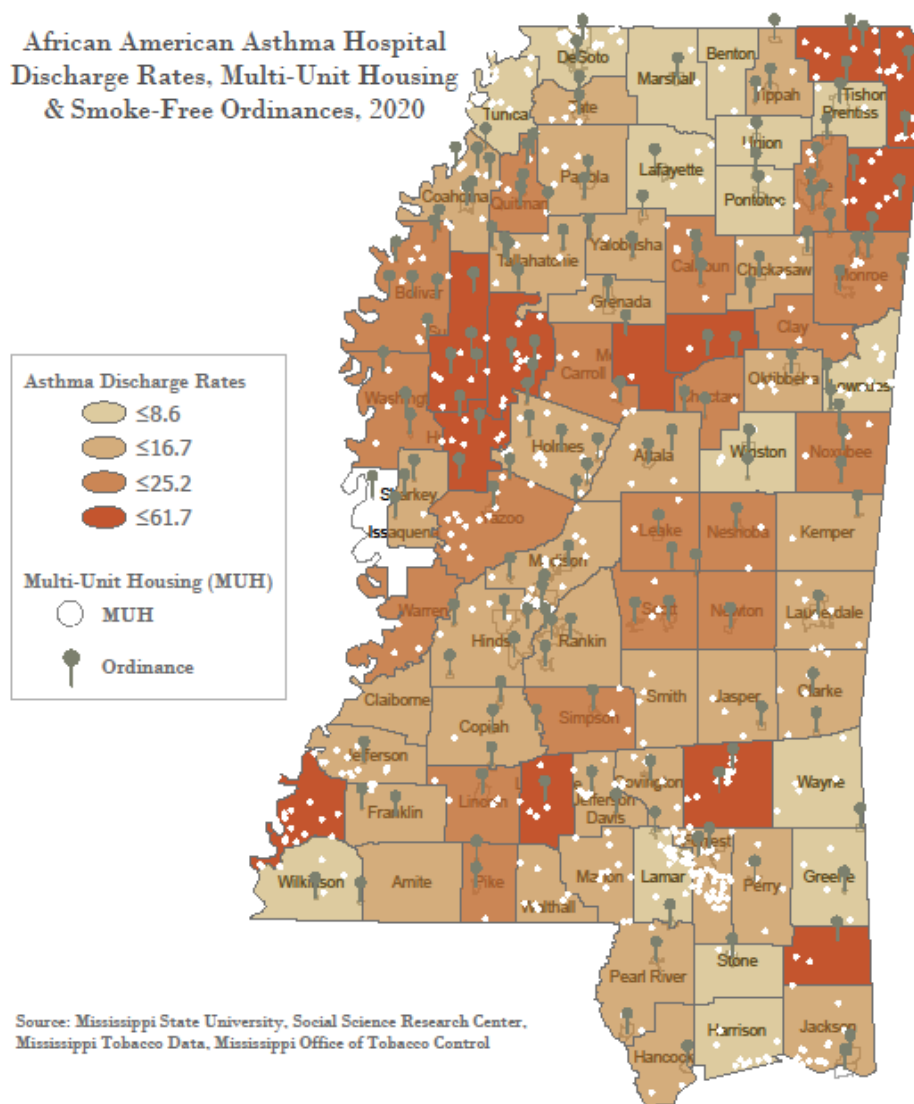
<sup>10</sup> Leatherdale, T. S. & Strath, M.J. (2007). Tobacco retailer density surrounding schools and cigarette access behaviors among underage smoking students. *Annals of Behavioral Medicine*, 33(1), 105–111. doi: [https://doi.org/10.1207/s15324796abm3301\\_12](https://doi.org/10.1207/s15324796abm3301_12)

The following map displays the disparities in asthma by race per 100,000 over a five-year period (2007-2011).



Source: Mississippi State Department of Health. The Burden of Asthma in Mississippi: Asthma Surveillance Summary Report, 2007-2011

Researchers have connected higher rates of secondhand smoke health risks to multi-unit housing facilities, finding that about half of those surveyed reported smelling secondhand smoke (Ortega & Mata, 2020<sup>11</sup>). Although Mississippi HUD housing has smoke-free policies, not all multiunit housing in the state is funded through HUD. The next map overlays county-level hospital discharge rates among African Americans with asthma with the locations of multi-unit housing and smoke-free ordinances.



<sup>11</sup> Ortega, E. K.; Mata, H. 2020. Health Promotion Practitioner. Our Homes, Our Health: Strategies, Insight, and Resources to Support Smoke-Free Multiunit Housing. *Health Promotion Practice*, 21(1\_suppl), 110S-117S. doi: <https://doi.org/10.1177/1524839919881144>



# Recommendations

- Currently, evaluators are only able to draw correlations between OTC program activities and population-level tobacco-use outcomes. Should OTC desire the ability to determine a causal relationship between program activities and outcomes, they should work with evaluators to develop appropriate research questions and design to collect data for analyses.
- Despite relatively stable scores among most items of the satisfaction survey since FY 2017, there was a large drop in satisfaction concerning the overall effectiveness of the program TTS Program. If ACT is not currently providing an open-ended response option for this item, they should include it on evaluation forms moving forward to determine why patients are finding the program less satisfactory.
- Provide at least two training session per year to grantees on reporting best practices
- Data are not available for evaluators to correlate efforts made by the Quitline Outreach Coordinator to the desired outcome of increased reimbursement for tobacco cessation treatment services.
- Based on research, focus intervention and education in low income communities where retailer education and ordinance work is most needed
- Continue or increase the presence in multi-unit residence communities to educate on the danger of secondhand smoke and asthma risks
- Additional training on TA for the RFP grant
- Encourage directors to
  - send communication pieces to each of their outlets in each county/city
  - document ordinance work at least a couple of times per month
- Remind directors to add total distribution numbers for each event
- For canceled activities, begin the description with “CANCELED” for easier sorting



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