FY2023 ANNUAL EVALUATION REPORT

PREPARED FOR THE

Office of Tobacco Control
Mississippi State Department of Health

REPORT BY

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Introduction

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), three systems change partners, two cessation intervention programs, and two 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 (MSU) Social Science Research Center (SSRC). The fiscal year (FY) 2023 marks the eighth year that evaluation services have been provided. Evaluation services aim to determine efficacy and contribute to the improvement of tobacco control initiatives in the state.

In this annual evaluation report, the evaluation team provides information about tobacco-control-related interventions and programs. Each section of the report includes a rationale for each intervention or program, stakeholders involved, targeted audience, and activities. Assorted maps provide context about the geographic coverage of programs.

TRAPS 2.0

In addition to regular maintenance, several new features were added to the Tobacco Reporting and Progress System (TRAPS) in the second half of FY2023. Between January and July 2023, the following system upgrades were implemented:

- Included tooltips for all activities to help grantees feed in their activities.
- Updated the User Interface of Coalition Registries.
- Included announcements feature for each program listed in the portal.
- Optimized the performance of data maps and yearly trend charts. Due to the increase in the amount of data collected in TRAPS, the analytics section was optimized for better performance.
- Developed the User Interface for the TRAPS administrator to access all files related to the STARS Assessment and Merchant Training folder.
- Rolled the data portal from the 2023 to 2024 fiscal year.

Methodology (all programs)

Data used to evaluate grantees' progress towards completing SOW requirements was pulled from TRAPS, the web-based platform designed to capture program activities, on July 5, 2023. 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 toward 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.

The report highlights the work of 34 Mississippi Tobacco-Free Coalitions (albeit 6 coalitions were considered vacant this year), 3 systems change partners, 2 cessation programs, and 2 youth programs. Evaluations of the systems change, youth, and cessation programs were completed exclusively by the MSU evaluation team, while the coalitions were jointly completed by the program coordinators and the MSU evaluation team. After conducting an initial evaluation, Webex interviews were scheduled with the program/coalition directors to discuss SOW deliverables before finalizing the data populated into the weighted measurement tool. OTC Regional Project Coordinators 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.

Detailed information is provided for the coalitions on community outreach, youth policy, COVID-19 health equity, advocacy, coalition activities, cessation, and communication. Metrics tracked include events, reach, training sessions, presentations, and distribution of educational resources and incentives. In addition, assessments were conducted on multi-unit housing and retail settings using standardized tools MUH and STARS surveys); approximately 80% of coalitions participated. Youth programming is provided by Caffee, Caffee & Associates (YES! program) and the Partnership for a Healthy Mississippi (PHM). Cessation services are offered by the University of Mississippi Medical Center (UMMC) ACT Center and the Mississippi Tobacco Quitline (RVO Health). Systems Change partners include the Community Health Center Association, the Mississippi Academy of Family Physicians (MAFP), and the Mississippi Public Health Institute (MSPHI). Activities focus on training, education, TAR WARS presentations, and surveys. Finally, datasets analyzed for outcome evaluation include the Behavioral Risk Factor Surveillance System (BRFSS), the Mississippi Youth Tobacco Survey (MSYTS), the National Substance Use and Mental Health Services Survey (N-SUMHSS), the Mississippi Student Tobacco Survey, and the Mississippi Tobacco Quitline. These measures include indicators related to tobacco screening, advice to quit, and impact on individual behaviors.

Program Evaluation

Process Evaluation

The focus of the process, or implementation, evaluation 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 verbal presentations and training; while "distribution" is a count of the items, brochures, incentives, and fact sheets distributed at events or shared through email.

The events and activities of all tobacco-free programs are shown on the map[1] below for FY2023.

[1] There may be very minor differences between data tables and data maps for the following reasons: (1) Due to missing geographic data (zip codes or city), not all activities that are counted in tables or overall analyses will be displayed on a map; (2) Some activities (such as Webex meetings, online distribution, and training) may not require an address.

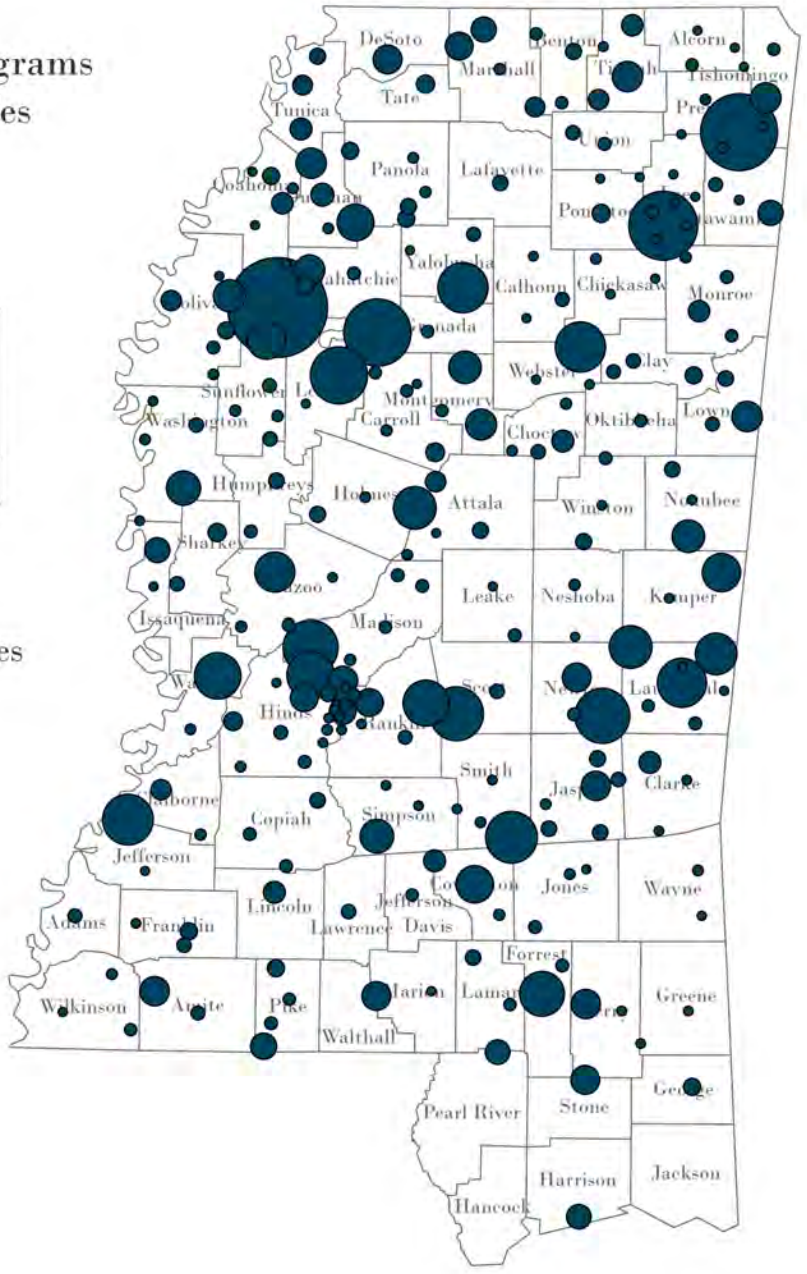
Tobacco-Free Programs Events & Activities

Coalitions	3,093
Systems	275
Youth	161
Total	3,529

Total* events/activities

1
5
10
50
100

by Zip Code



* Totals exclude communication, distributions of TIPS, Posters & Social Media

Coalitions and Systems Change programs generated the most events, reach, and distribution across the state, followed by Youth programs.

Statewide Reach FY23			
Programs	**Events**	**Reach**	**Distribution**
Coalitions	3,149	69,568	428,738
Systems Change	275	6,508	35,546
Youth	166	24,551	29,120
Total	**3,590**	**100,627**	**493,404**

The media reach of OTC programs was also measured. Traditional publications, radio, podcasts, television events, and social media posts all contributed to media reach. Social media were prominent in Youth programming, but Coalitions reached the greatest number of prospective viewers through radio and podcast events.

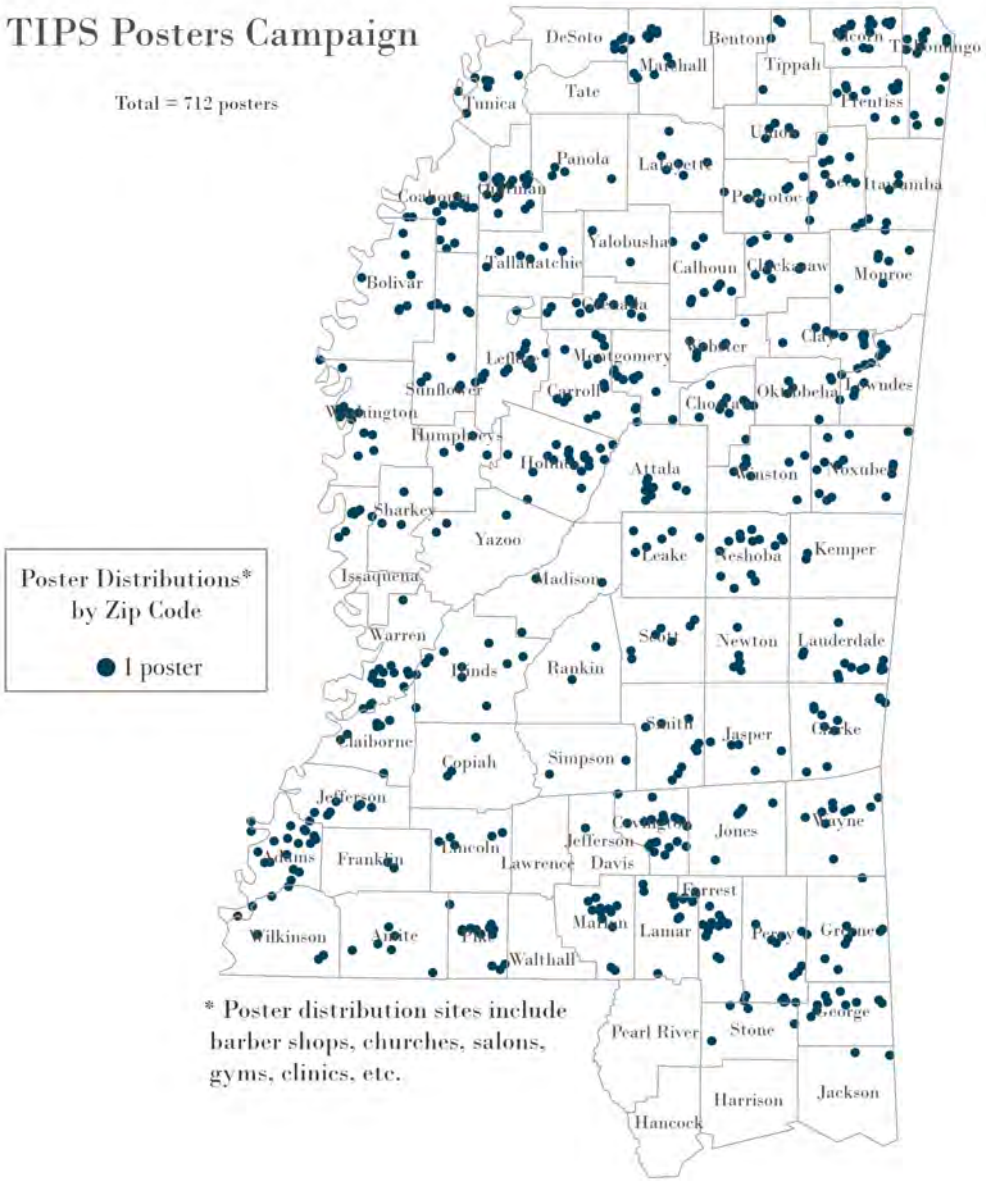
Media Reach			
Program	**Type**	**Events/Posts**	**Potential Views**
Coalitions	Published*(traditional)	38	204,520
	Radio & Podcasts*	9	17,038,835
	Television*	3	61,281
Systems Change	Social Media	116	21,658
Youth	Social Media	770	154,994
Total		**936**	**17,481,288**

*Unduplicated potential audience circulation numbers

The Tips From Former Smokers (TIPS) campaign, a federally funded national educational poster campaign that launched in 2012, builds public awareness by highlighting 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 cessation resources (Quitline) among adults. The TIPS campaign posters are distributed by the MTFC and Family Physician directors throughout the state in locations such as healthcare clinics, barbershops, gyms, hair salons, and faith-based organizations.

TIPS Reach by Program		
Programs	**Distribution**	**Potential Views**
Coalitions	717	194,135
Family Physicians	13	2,294
Total	**730**	**196,429**

*18 poster distributions did not have the zip code information for mapping.



In FY2023, 11 municipalities implemented smoke-free ordinance passages with the assistance of the MTFC directors in those locations. Out of those, eight municipalities adopted comprehensive smoke-free laws, two amended previously passed laws to add e-cigarette regulations, and one adopted a partial ordinance. These additional smoke-free ordinance passages protected more than 35,000 Mississippi residents in total (1.2% impact on the entire MS population this year).

FY 2023 Smoke-Free Ordinance Passages				
Place	Pop	Director	Date	Type
Shelby	2,021	LaKenya Evans	7/9/2022	C
Mound Bayou	1,543	LaKenya Evans	12/1/2022	C
Mantee	237	Kathryn Allman	1/4/2023	C
West	153	Linda Jordan-Jefferson	2/2/2023	C
Beauregard	289	Falana McDaniel	3/4/2023	C
Flowood	10,202	Justin Lofton	3/8/2023	A
Gluckstadt	3,208	Linda Jordan-Jefferson	3/16/2023	C
North Carrollton	405	Earlean Anderson	4/9/2023	C
Crosby	242	Shanna Barrett	6/1/2023	C
Ruleville	2,642	LaKenya Evans	6/8/2023	P
Clarksdale	14,903	Concetta Thompson	6/21/2023	A
People Protected	35,845		Total	11
Comprehensive Smoke-Free (C = 8)				
Amendments to include E-Cigarettes (A = 2)				
Partial Passage (P = 1)				

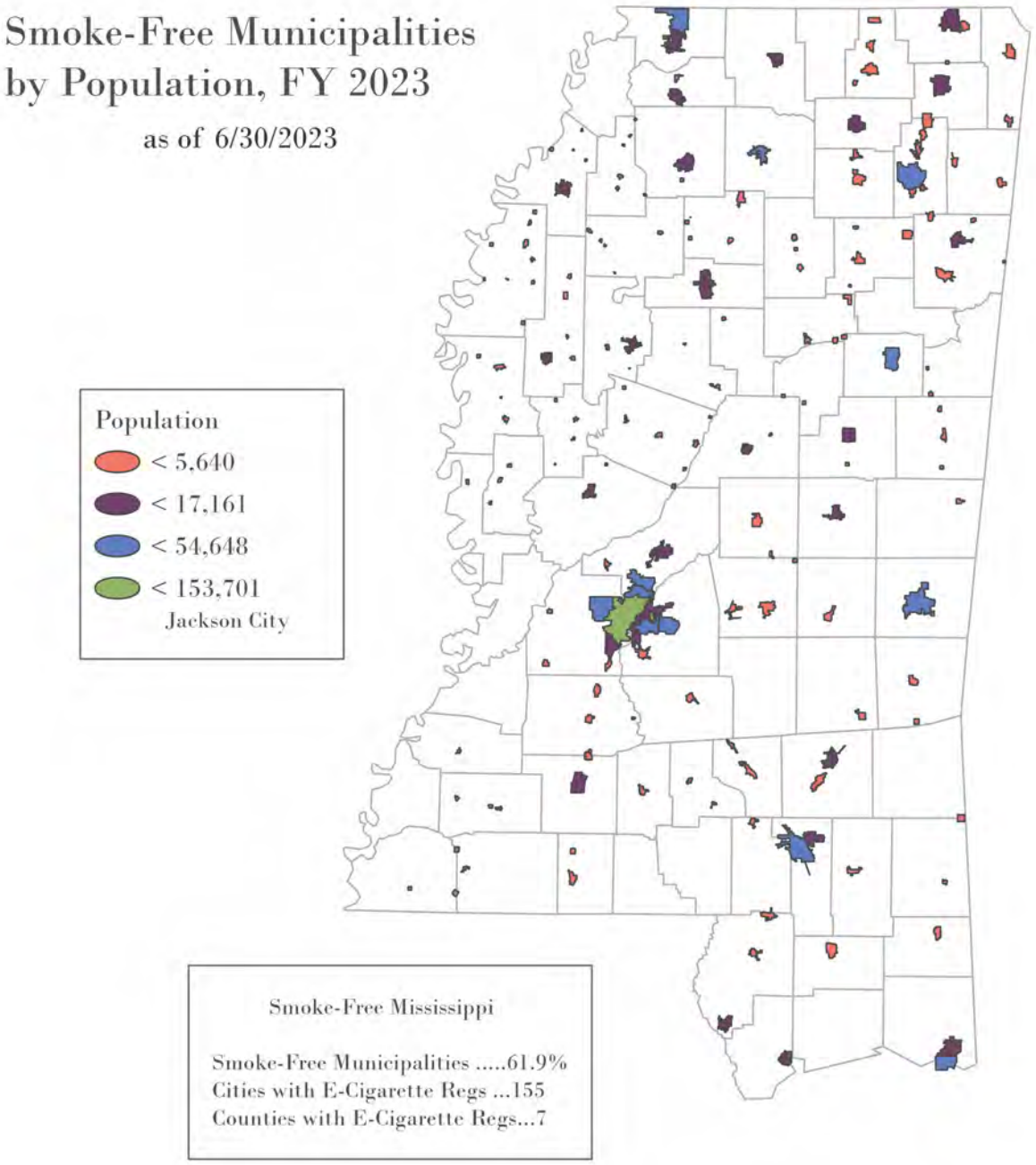
The tables below display smoke-free counties as well as all comprehensive smoke-free municipalities, which account for almost 62% of the state's total coverage.

Mississippi Ordinance Statistics[2]	
Cities with E-Cig Regulations	155
Counties with E-Cig Regulations	6
Smoke-Free Counties	7
Smoke-Free Municipalities	185
Number of Municipalities	299
Municipalities with Smoke-Free Ordinances	61.87%

[2] Source: https://docs.google.com/spreadsheets/d/1EsCyp0L6KZNH8jFNAV4Y5fMmiTM_BNqdeuQ4yiV_R-Q/edit#gid=906246358

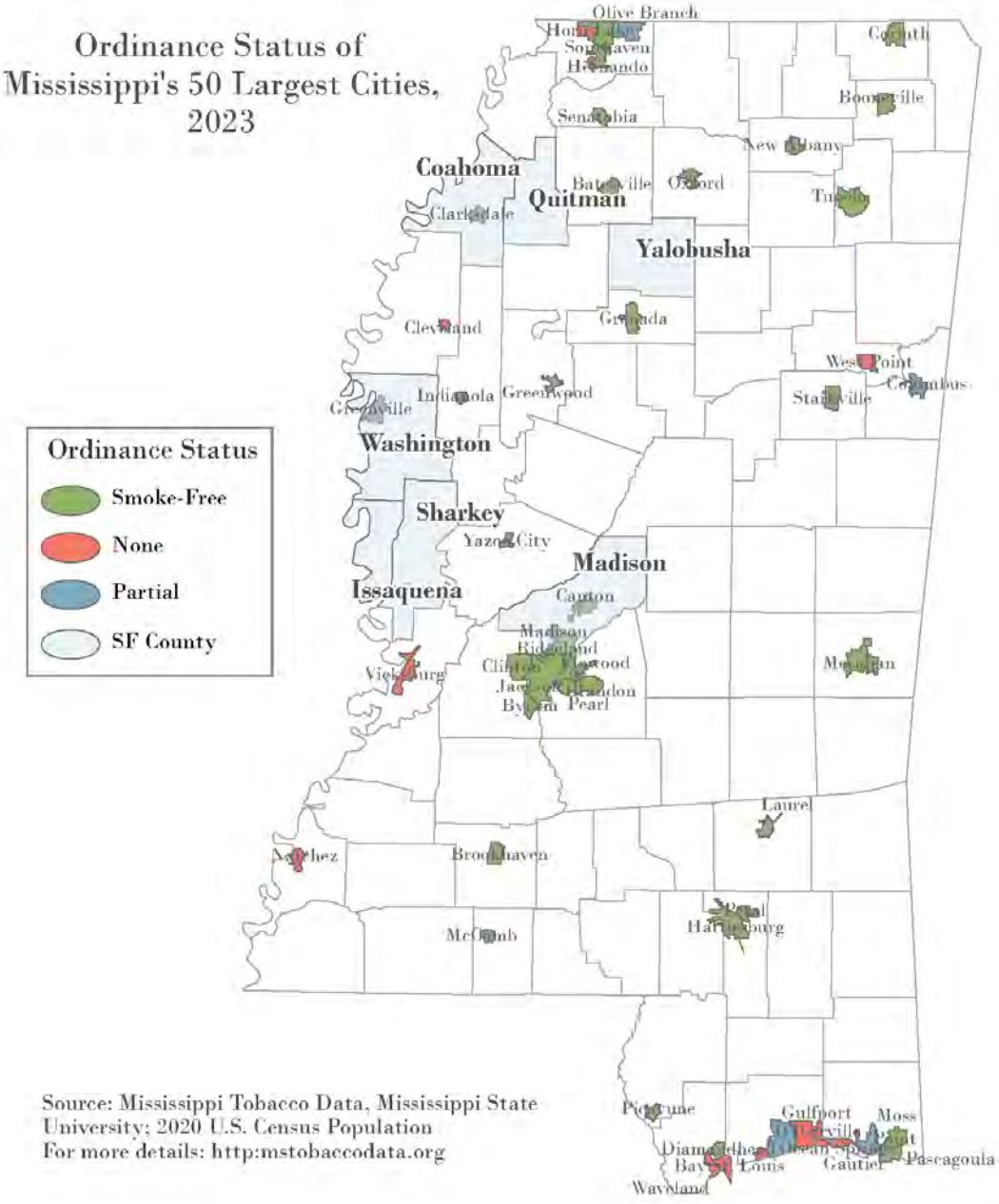
Comprehensive Smoke-Free Municipalities as of June 30, 2023			
Aberdeen	Eden	Lucedale	Richland
Alligator	Edwards	Lula	Ridgeland
Amory	Ellisville	Lumberton	Rienzi
Anguilla	Ethel	Lyon	Ripley
Arcola	Eupora	Maben	Rolling Fork
Artesia	Falcon	Macon	Roxie
Baldwyn	Falkner	Madison	Ruleville
Bassfield	Farmington	Magnolia	Saltillo
Batesville	Fayette	Mantachie	Scooba
Beauregard	Flora	Mantee	Sebastopol
Belmont	Florence	Marks	Senatobia
Belzoni	Flowood	Mathiston	Shaw
Beulah	Forest	Mayersville	Shelby
Blue Mountain	French Camp	Meadville	Shubuta
Booneville	Friars Point	Mendenhall	Shuqualak
Brandon	Gattman	Meridian	Sidon
Brookhaven	Georgetown	Metcalfe	Silver City
Brooksville	Glendora	Monticello	Sledge
Bruce	Gloster	Moorhead	Smithville
Bude	Gluckstadt	Morton	Southaven
Byram	Goodman	Moss Point	Starkville
Calhoun City	Greenwood	Mound Bayou	State Line
Canton	Grenada	Mount Olive	Summit
Carthage	Gunnison	Nettleton	Sumner
Cary	Guntown	New Albany	Sumrall
Centreville	Hatley	New Augusta	Sunflower
Charleston	Hattiesburg	New Houlka	Tchula
Clarksdale	Hazlehurst	Newton	Terry
Clinton	Heidelberg	North Carrollton	Tremont
Coahoma	Hernando	Noxapater	Tupelo
Coffeeville	Hollandale	Oakland	Tutwiler
Coldwater	Holly Springs	Okolona	Utica
Collins	Houston	Oxford	Vaiden
Corinth	Indianola	Pace	Verona
Courtland	Isola	Pascagoula	Walnut
Crawford	Itta Bena	Pearl	Walnut Grove
Crenshaw	Iuka	Petal	Water Valley
Crosby	Jackson	Philadelphia	Webb
Crowder	Jonestown	Picayune	Weir
Cruger	Kosciusko	Pickens	Wesson
Crystal Springs	Lambert	Pittsboro	West
Diamondhead	Laurel	Plantersville	Wiggins
Drew	Leakesville	Pontotoc	Woodland
Duck Hill	Leland	Poplarville	Woodville
Duncan	Lexington	Prentiss	Yazoo City
Durant	Louise	Quitman	Total: 185/299
Ecru	Louisville	Renova	

The following map shows the smoke-free municipalities by population as of June 2023.



Source: Mississippi Tobacco Data, Mississippi State University, 2020 U.S. Census Population
For more details: http:mstobaccodata.org

The following map shows the ordinance status of Mississippi's 50 largest cities as of June 2023



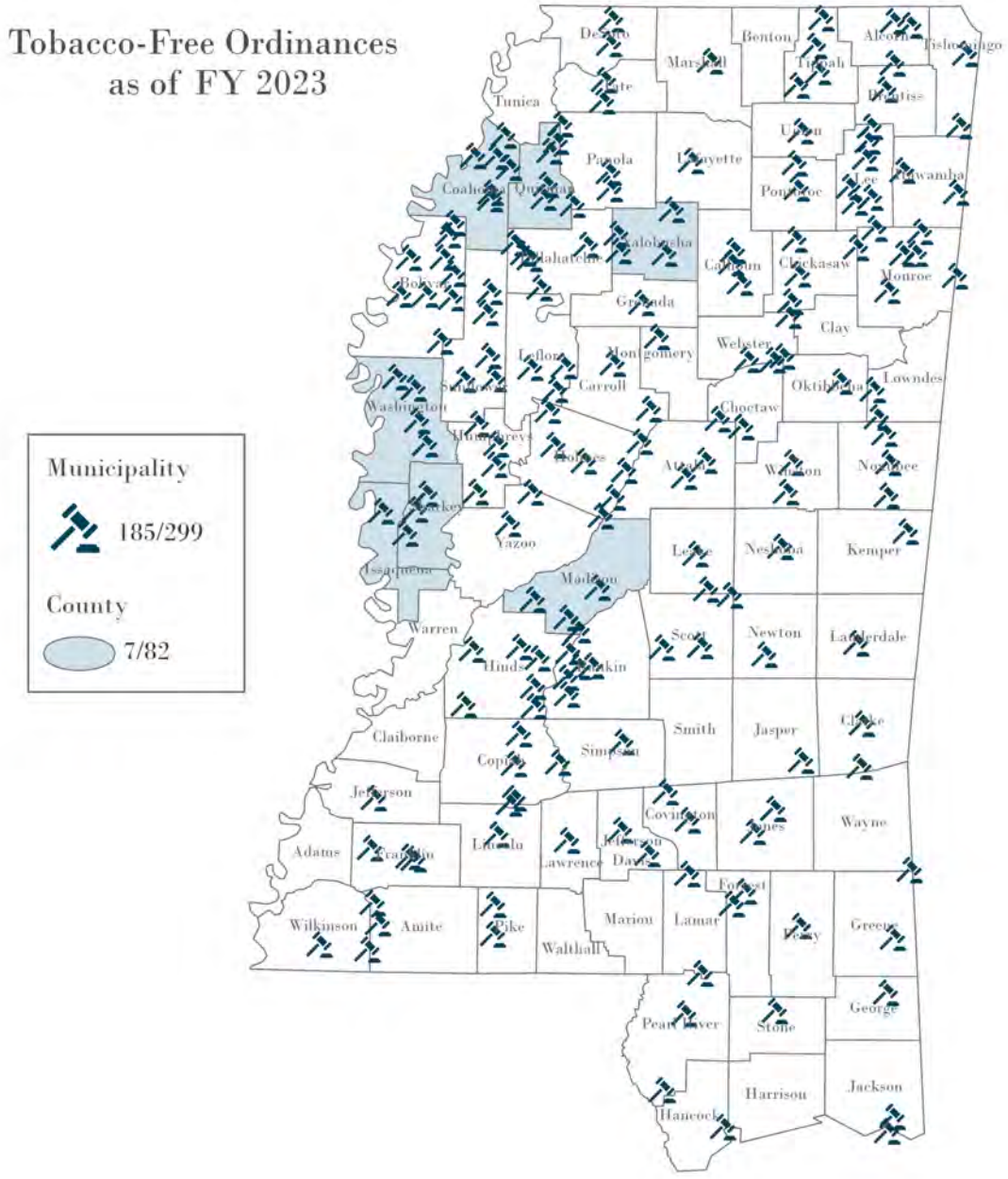
Between 2016 and 2023, 118 smoke-free ordinances have been passed.

Passage of Smoke-Free Ordinances									
Type	2016	2017	2018	2019	2020	2021	2022	2023	Total
Smoke-Free Counties	0	0	0	1	5	2	0	0	8
Smoke-Free Municipalities	19	15	17	11	12	2	3	8	87
Smoke-Free Amendments	9	2	1	4	2	0	2	3*	23
Total	**28**	**17**	**18**	**16**	**19**	**4**	**5**	**11**	**118**

* One is a partial ordinance (Ruleville).

Seven counties and 185 municipalities with smoke-free ordinances are currently in effect as shown in the map and table below.

County	Population	Population w/o Municipalities
Sharkey County	3,800	1,205
Washington County	44,922	7,786
Yalobusha County	12,481	7,884
Issaquena County	1,338	923
Madison County	109,145	40,884
Quitman County	6,176	2,521
Coahoma County	21,390	3,945



Source: Mississippi Tobacco Data, Mississippi State University; 2020 U.S. Census Population
For more details: http:mstobaccodata.org

MISSISSIPPI TOBACCO-FREE COALITIONS (MTFCS)

MTFCs are community-based coalitions that implement tobacco control programs that work to prevent tobacco initiation among youth and adults, 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 the program coordinator and the MTFC directors, see the map and table below.

Region	County(ies)	Director
NORTHERN **Courtney Johnson**	Alcorn & Tippah	Tonya McAnally
	Benton, Marshall & Union	Lora Austin
	Bolivar & Sunflower	LaKenya Evans
	Chickasaw & Lee	Shatara Agnew
	Coahoma & Tunica	Concetta Thompson
	Desoto & Tate	Vacant
	Itawamba & Monroe	Jonathon Swain*
	Prentiss & Tishomingo	Sonya Sanderson
	Quitman & Tallahatchie	Pearl Watts
NORTH CENTRAL **Timberlyn Roby***	Attala, Leake & Winston	Lynn McCafferty
	Calhoun, Grenada, & Yalobusha	Sue Mashburne
	Carroll, Humphreys & Leflore	Earlean Anderson
	Choctaw, Montgomery & Webster	Kathryn Allman
	Clay, Lowndes & Oktibbeha	Janet Turman
	Issaquena, Sharkey & Washington	Tasha Bailey
	Kemper, Neshoba & Noxubee	Lacey Williams
	Lafayette, Panola & Pontotoc	Logan Johnson*
CENTRAL **Kenneth Judie***	Adams, Franklin & Jefferson	Shirley Brown
	Amite, Pike & Wilkinson	Shanna Barrett
	Claiborne & Warren	Kimberly Dawson
	Copiah & Lincoln	Falana McDaniel*
	Hinds County	Andre Nathaniel
	Holmes, Madison & Yazoo	Linda Jordon-Jefferson
	Lauderdale & Newton	Shardae McAfee*
	Rankin, Scott & Simpson	LaWanda Shepeard*
SOUTHERN **Ashley McKenzie**	Clarke, Jasper & Wayne	Pamela Lang-Prestage
	Covington & Smith	Nicole Banks*
	Forrest, Jones & Perry	Patricia Taylor*
	George, Greene & Stone	Guarnette Arrington
	Hancock & Pearl River	Vacant
	Harrison County	Vacant
	Jackson County	Vacant
	Jeff Davis, Lawrence & Walthall	Rhonda James*
	Lamar & Marion	Jasmine Johnson

*New staff in FY23

Overall, there were six coalitions (Hancock & Pearl River; Harrison; Jackson; Desoto & Tate; Lafayette, Panola & Pontotoc; and Jefferson Davis, Lawrence, & Walthall) that were considered vacant for the year (one had a director for one month, and another for five months). Seven other coalitions had changes "in the guard" which did cause an interruption in deliverables being completed.

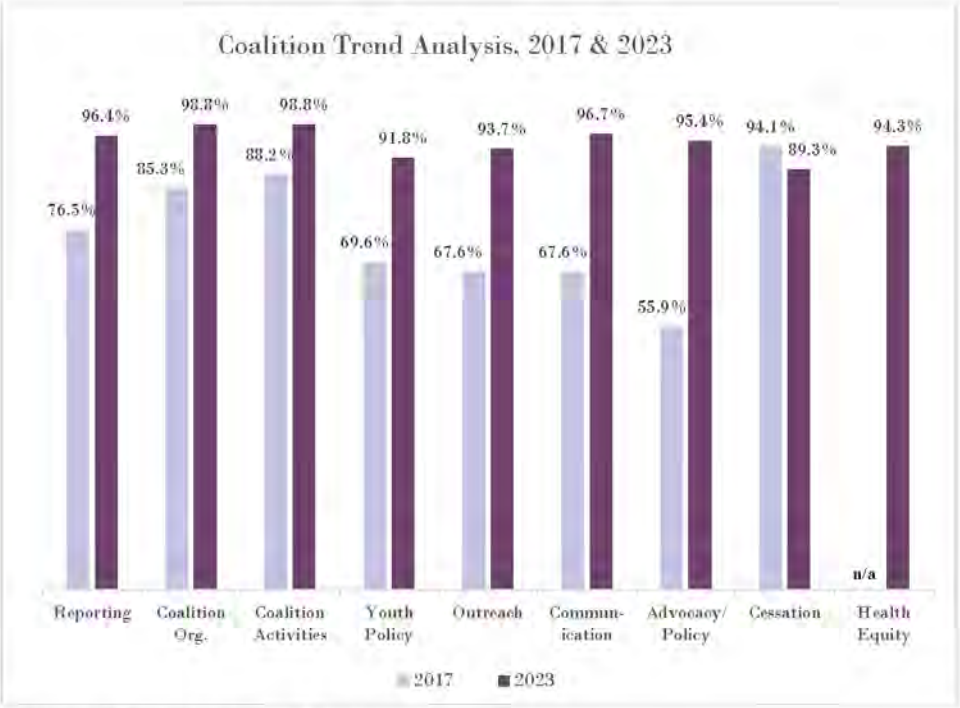
MTFC FY23 Staff Changes				
Coalition	Old Director	Departure Date	New Director	Hire Date
Harrison	Brian Creal	6/30/2022	Vacant	
Hancock & Pearl River	Elizabeth Ozene	6/30/2022	Vacant	
Jackson	Rasheeda Whitfield	6/30/2022	Vacant	
Jefferson Davis, Lawrence, & Walthall	Peggie Jones	6/30/2022	Rhonda James	5/1/2023
Lafayette, Panola & Pontotoc	Trakendria Barnes	6/30/2022	Logan Johnson	12/16/2022
Copiah & Lincoln	Mieshia Smith	10/21/2022	Falana McDaniel	1/16/2023
Itawamba & Monroe	Michael Farrar	10/31/2022	Jonathon Swain	12/1/2022
DeSoto & Tate	Rebekah Sudduth	12/6/2022	Vacant	
Covington & Smith	Melissa Collier	1/31/2023	Nicole Banks	2/1/2023
Rankin, Scott & Simpson	Antoinette Harris	10/2/2023	Justin Lofton	10/3/2023
Rankin, Scott & Simpson	Justin Lofton	3/31/2023	LaWanda Shepeard	4/3/2023
Lauderdale & Newton	Pamela Edwards	4/14/2023	Shardae McAfee	4/17/2023
Forrest, Jones & Perry	Chinnika Hughes	5/5/2023	Patricia Taylor	5/15/2023

The table below displays a summary of activities conducted by 28 of the 34 MTFC directors who were active during FY2023 (internal and canceled activities were not included in these totals).

Even though Community Outreach activities (like Merchant Training and Follow-up) accounted for the majority of events, Programmatic activities (like Catch My Breath) had the biggest reach and Mass-Reach Communication had the highest number of distribution of resources.

MTFC: Program Summary			
Activity Type	Events	Reach	Distribution
Advocacy/Policy	490	4,952	10,930
Cessation	163	1,089	1,861
Coalition Org./Operational	192	3,868	5,678
Community Outreach	899	20,261	27,965
Covid-19 - Health Equity	701	3,580	112,346
Mass-Reach Communication	-	14,981	245,757
Programmatic	704	20,837	24,201
Total	**3,149**	**69,568**	**428,738**

MTFCs have met a greater portion of their SOW requirements this year compared to 2017. Only cessation activities are an exception, where there is a decrease of 5.1 percent (see chart below).



2017 include 31/34 coalitions; 2023 includes 28/34 coalitions.

Nine directors completed 100% of their SOW requirements.

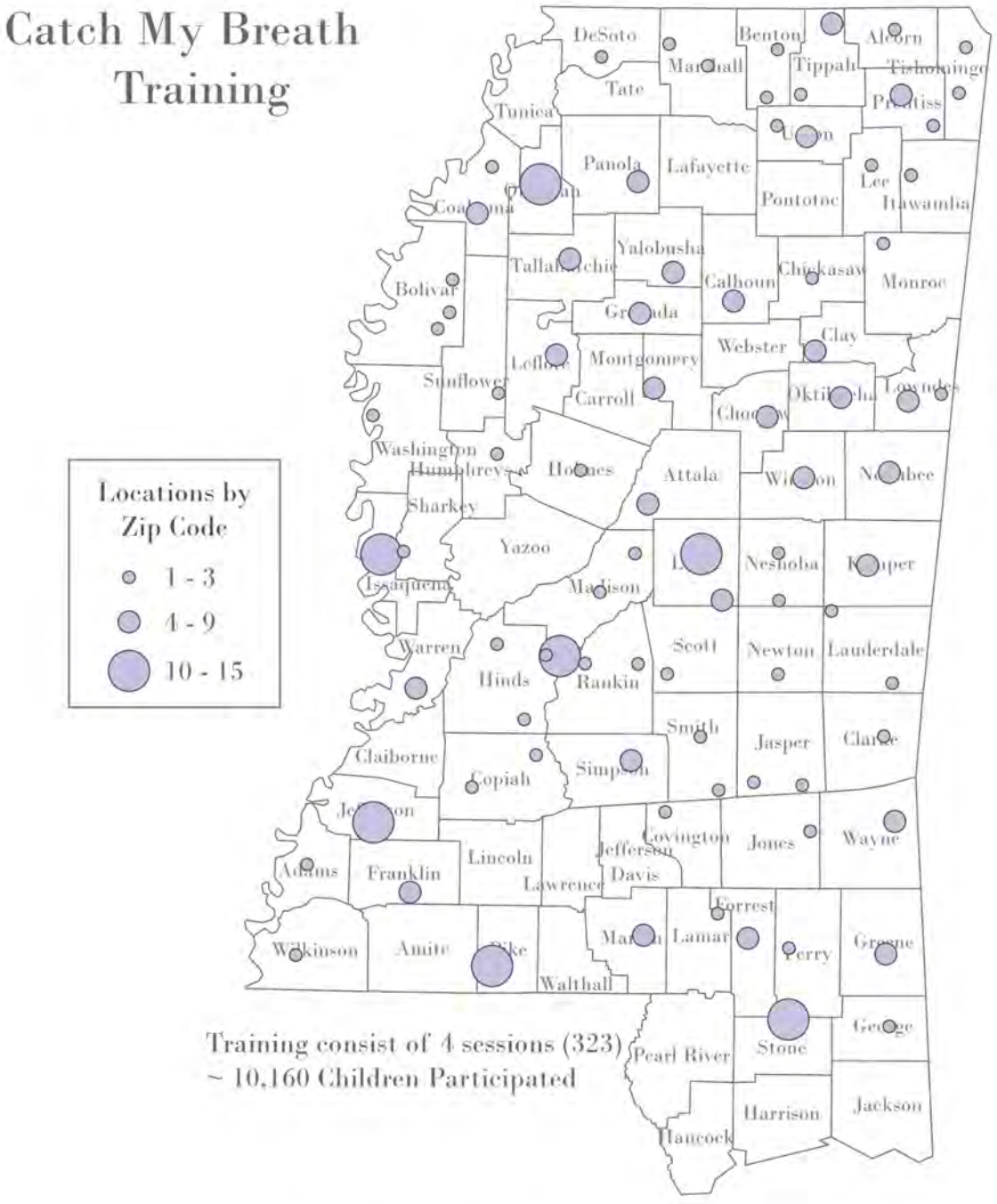
Director	SOW Met
Shanna Barrett	100%
Sonya Sanderson	100%
Tonya McAnally	100%
Shirley Brown	100%
Guarnette Arrington	100%
Jasmine Johnson	100%
Earlean Anderson	100%
Lynn McCafferty	100%
Tasha Bailey	100%

In each of the tables that follow, detailed information about the community outreach, programmatic activities (youth policy), COVID-19 health equity, advocacy/policy, coalition organization/meetings, cessation, and communication activities are 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 verbal presentations and training sessions while "distribution" is a count of the items, brochures, and fact sheets distributed at events or shared through email.

MTFC: Coalition Organization/Operational			
Activity Type	Events	Reach	Distribution
Coalition Members	-	1,064	-
Coalition Quarterly Meetings	112	1,857	5,678
MPC3 Meeting Par	49	-	-
Success Stories	31	947	-
Total	**192**	**3,868**	**5,678**

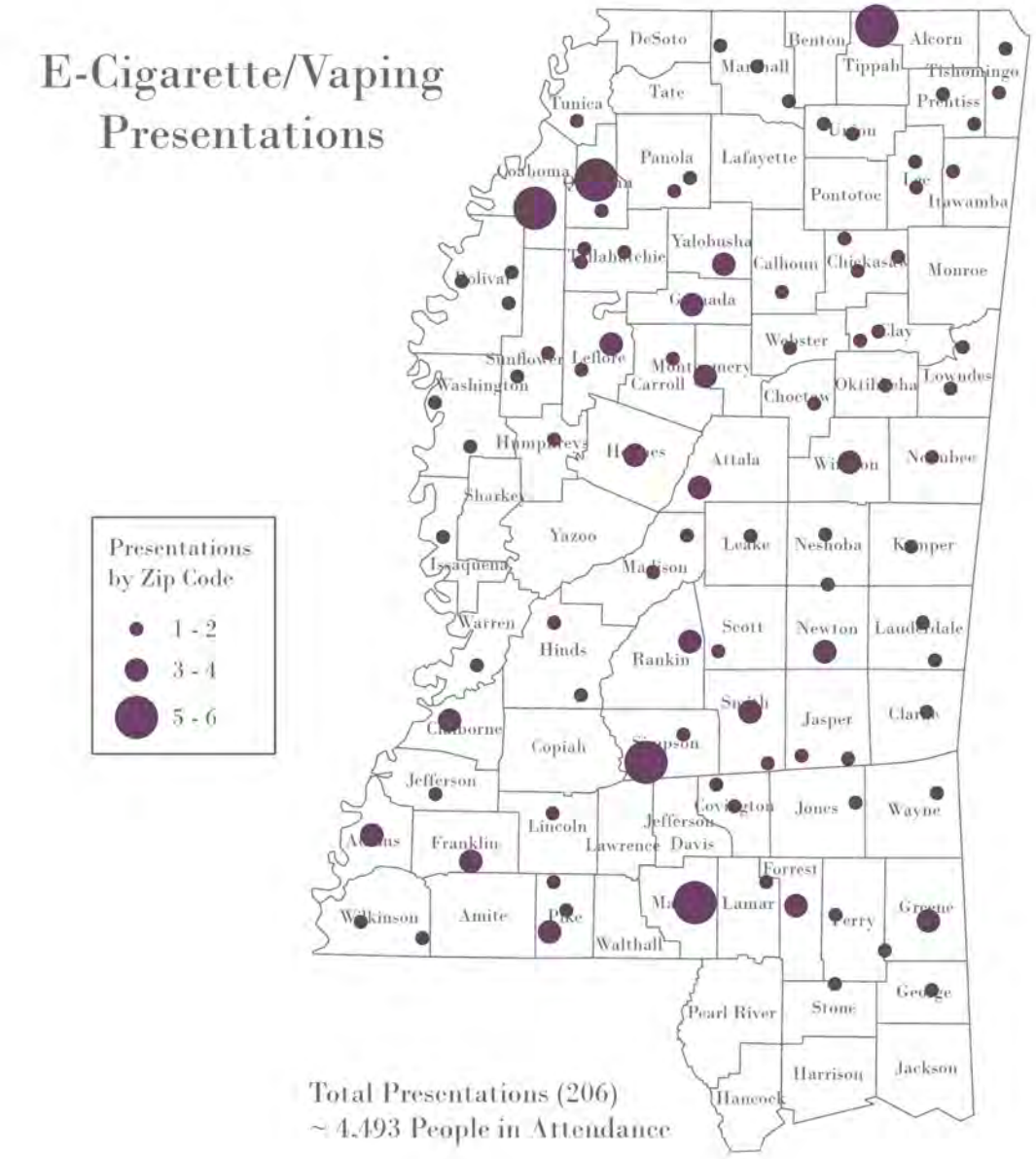
MTFC: Programmatic			
Activity Type	Events	Reach	Distribution
Catch My Breath (officials)	96	269	368
Catch My Breath (students)	245	12,419	11,011
E-Cig/Vaping Presentations	123	4,238	7,548
Identify Schools & Assess	87	-	177
Tobacco/Vape Policy Model	82	249	391
Youth Awareness Activity	71	3,662	4,706
Total	**704**	**20,837**	**24,201**

The following map shows the training sessions across the state for the program "Catch My Breath."



Source: The program is owned by CATCH Global Foundation (CATCH®)

In addition, this map shows all e-cigarette/vaping presentations across the state.

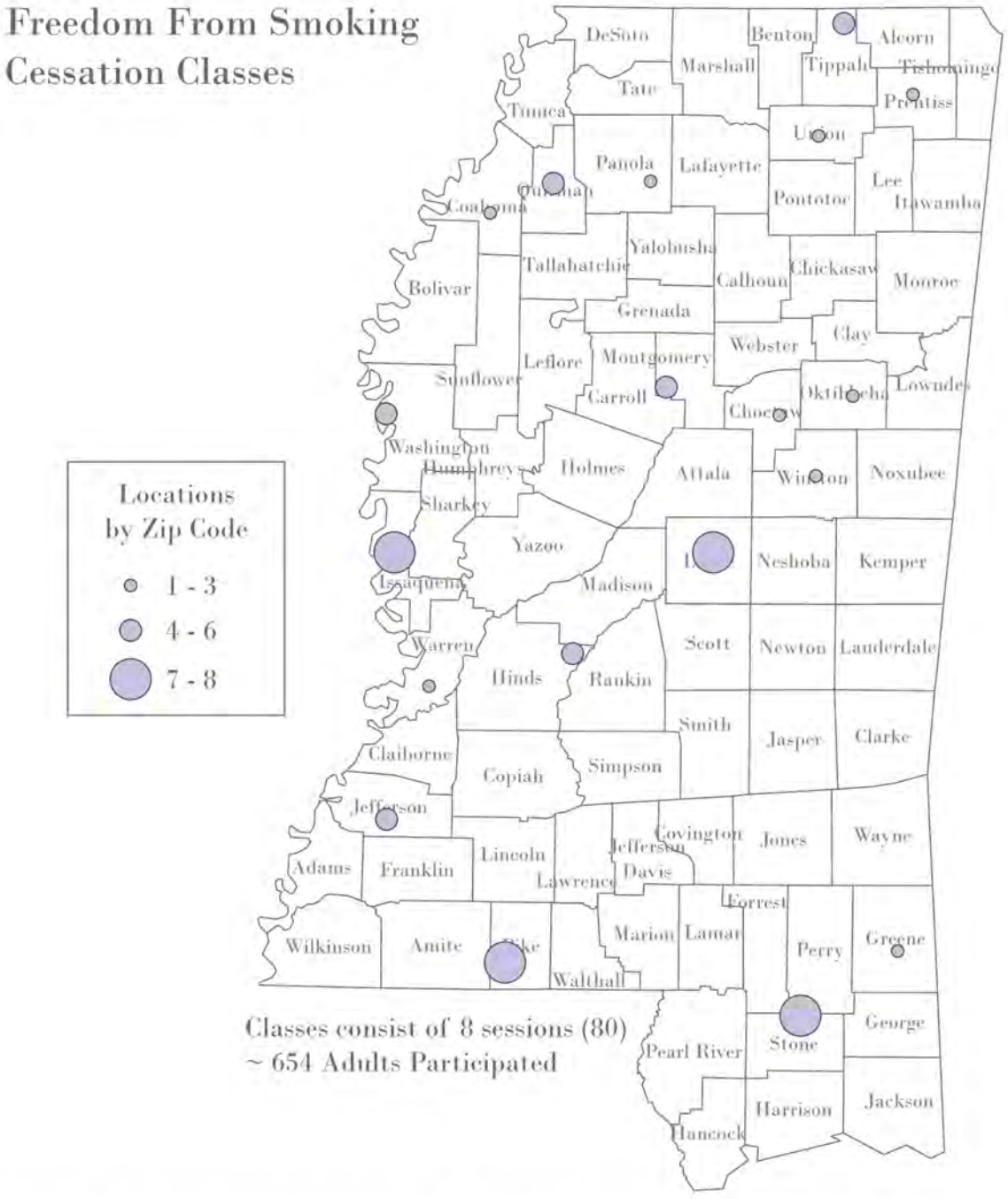


MTFC: Community Outreach			
Activity Type	Events	Reach	Distribution
Great American Smoke-out	34	1,458	4,198
Merchant Training	258	365	607
Merchant Follow-up	246	308	212
Multi-Unit Housing - Managers	31	54	445
Multi-Unit Housing - Occupants	89	1,092	4,830
No Menthol Sunday	101	7,587	7,077
Other Activities (Red Ribbon+)	95	4,512	6,833
Take Down Tobacco Day	45	4,885	3,763
Total	**899**	**20,261**	**27,965**

MTFC: Advocacy/Policy			
Activity Type	Events	Reach	Distribution
City Council Attendance	77	205	181
Educate a Business on Policy	129	1,870	4,851
Engage Stakeholders/Leaders	154	1,844	2,849
Ord. Packet/RFP to Councils	43	228	1,331
Present ANR Model @ Council	39	461	498
Stakeholder/Partners Materials	48	344	1,220
Total	**490**	**4,952**	**10,930**

MTFC: Cessation			
Activity Type	Sessions	Reach	Distribution
Freedom from Smoking (8 sessions per class)	163	1,089	1,861
Total	**163**	**1,089**	**1,861**

Cessation classes for the program "Freedom from Smoking" are shown in the following map.



Source: The program is owned and operated by the American Lung Association (Lung.org)

MTFC: Covid-19 - Health Equity			
Activity Type	Events	Reach	Distribution
Covid-19 Vaccination Event	74	2,763	9,137
Covid-19 Related Distributions	562	8,666*	102,245
Conduct Health Equity Training	34	817	964
Enroll in Health Equity Training	31	-	-
Total	**701**	**3,580**	**112,346**

*Presentations during distribution

The following map shows all COVID-19-related distributions across the state.

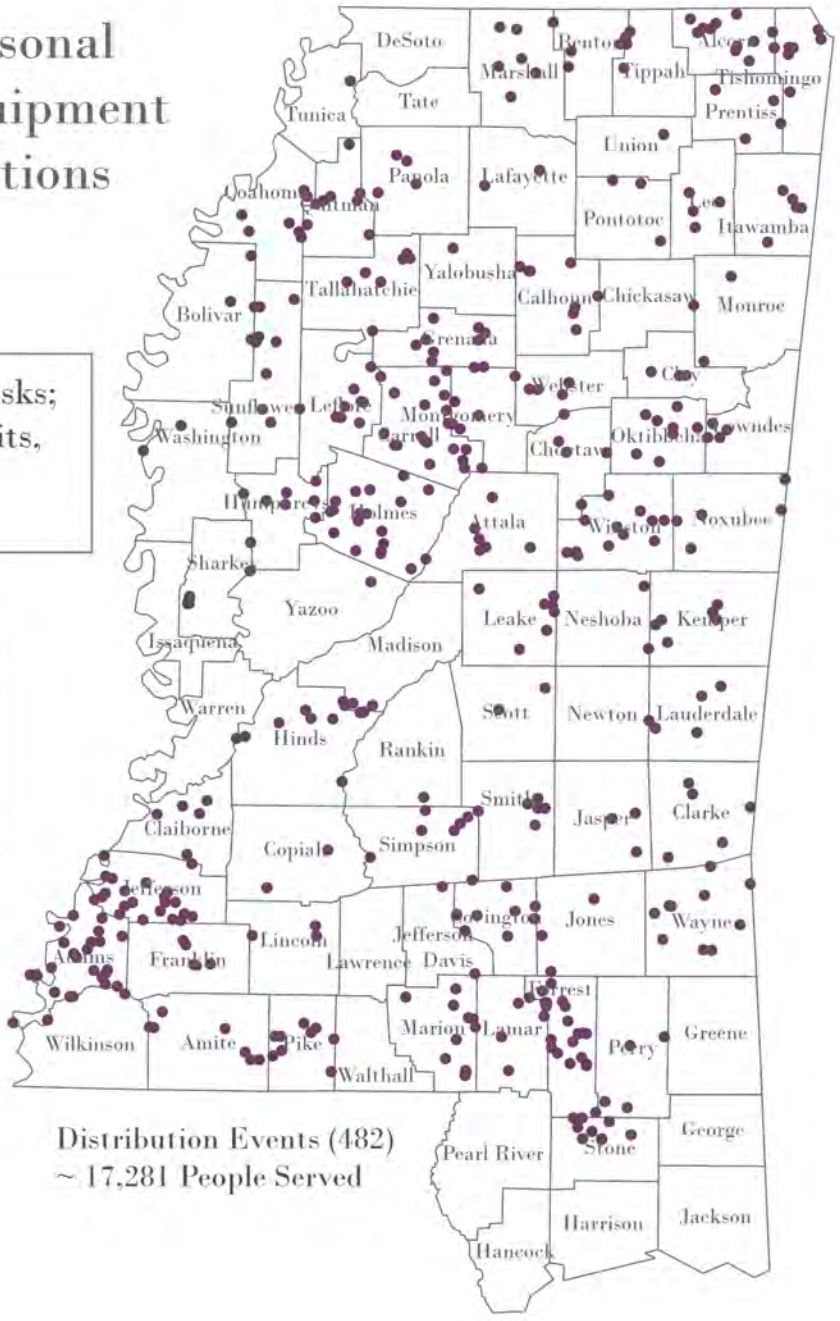
COVID-19 Personal Protective Equipment (PPE)Distributions

PPE items include masks; sanitizer, wipes, test kits, disinfectants, etc.

Locations by Zip Code

● = 1 Event

Total = 92,787 PPE



Distribution Events (482)
~ 17,281 People Served

MTFC: Mass-Reach Communication			
Activity Type	Events	Distribution	Potential Views
Edu. Materials to Venues	-	13,545	-
VAPEFREE Posters	-	719	51,622
TIPS Poster Campaigns*	-	717	194,135
Total		**14,981**	**245,757**

* Hard copy & electronic poster distribution

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

Despite the fact that traditional publications shared more events, radio, and podcasts represent the two forms of communication with the largest potential views.

Coalition: Communication Activities		
Activity Type	Events	Potential Views
Submitted (unpublished)*	(652)	-
Published*	(111)	(973,550)
Published Unduplicated **	38	204,520
Radio & Podcasts*	(18)	(82,842,635)
Radio/Pods Unduplicated**	9	17,038,835
Television Coverage*	(5)	(117,717)
Television Unduplicated**	3	61,281
Total	**50**	**17,304,636**

* Not counted in Total

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

YOUTH PROGRAMMING

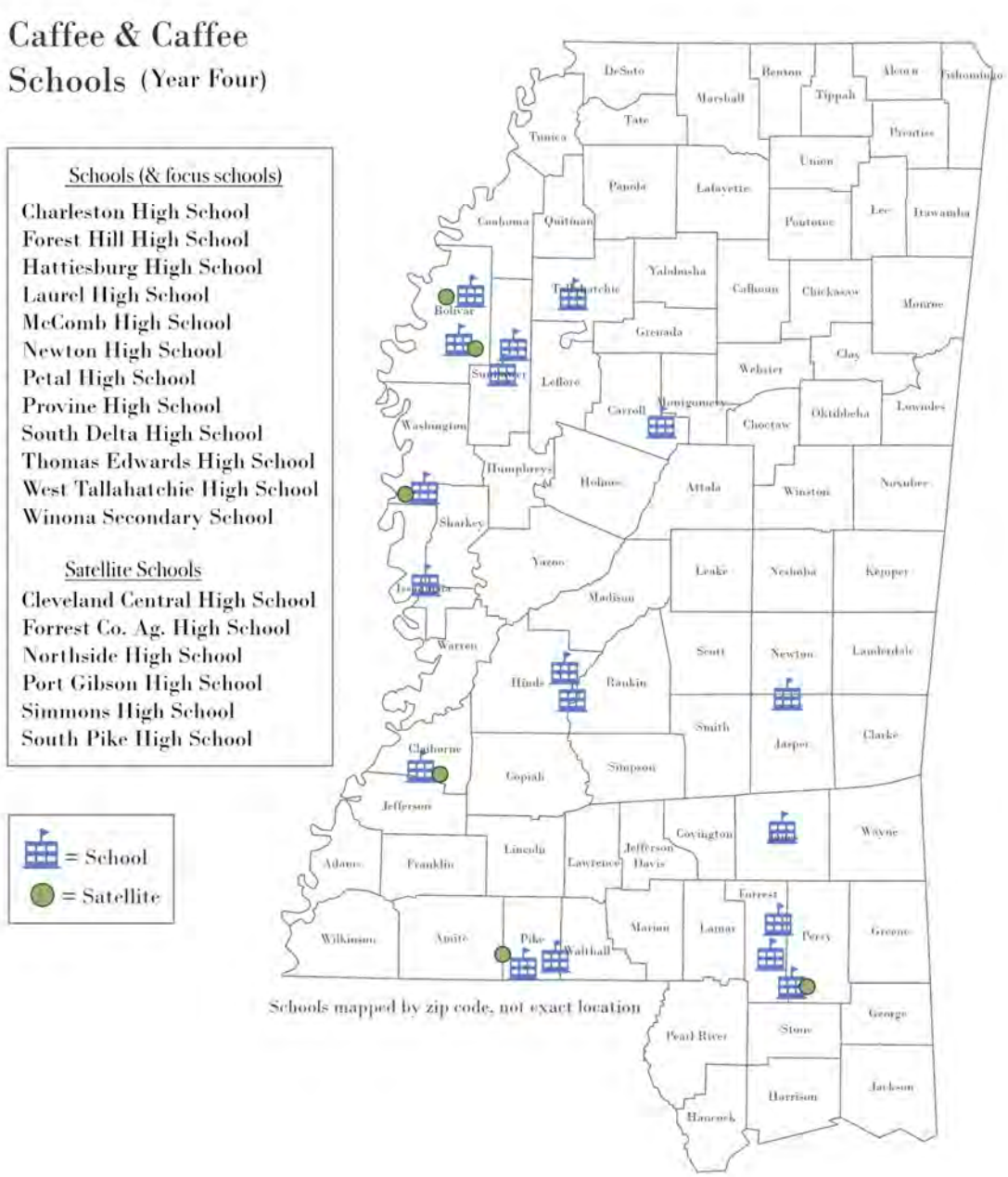
Caffee, Caffee, & Associates Public Health Foundation (C&C) and the Partnership for a Healthy Mississippi (PHM) provide youth programming for OTC. The tables below display a summary of activities conducted during FY2023.

Youth Programs by the Numbers				
Program	**Events**	**Adults**	**Youth**	**Distribution**
C & C	152	951	22,194	21,370
PHM	11	35	1,371	7,750
Total	**166**	**986**	**23,565**	**29,120**

Youth Programs: Social Media		
Social Media	**Posts**	**Potential Views**
C & C	447	26,612
PHM	323	128,382
Total	**770**	**154,994**

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 FY2023 was 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. Other events outside those connected to school programs included general meetings, webinars, and training sessions (for regional coordinators, youth leaders, etc.) (See the 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.

National holiday presentations had the greatest impact on youth, while Facebook social media posts received the most potential views. Per the SOW, the goal for reaching youth during national observation days was 3,500. The C&C program, led by director LaTasha Rice, conducted 37 presentations at their target schools reaching 10,064 youth this fiscal year during various national days.

C & C by the Numbers				
Activity Type	**Events**	**Adults**	**Youth**	**Distribution**
Advocacy Workshops	11	44	1,222	1,222
Campaigns & Presentations	16	140	4,433	4,434
Display/Disseminate Materials	8	56	16	56
Environment Change Training	1	23	24	24
Merchant Training & Follow-up	10	25	22	-
Policy & School Meetings	22	69	33	58
National Holiday Presentations	37	287	10,064	9,194
School Announcements	4	49	2,215	2,215
Training	7	66	124	126
Vaping/Tobacco Presentations	36	192	4,041	4,041
Total	**152**	**951**	**22,194**	**21,370**

C&C and PHM collaborated on a tobacco-free video with the various sharing platforms listed below. Youth worked together creating YouTube videos about the retailers near the schools they attend.

C & C: Social Media		
Activity Type	**Posts**	**Potential Views**
Newsletters	4	967
Retailer YouTube Videos	3	2,662
Social Media Posts		
~Facebook	86	13,271
~Instagram	23	4,017
~Twitter	92	4,110
~YouTube	228	1,297
~ Website	11	288
Total	**447**	**26,612**

Partnership for a Healthy Mississippi (PHM)

The primary goals of PHM are to use social media 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. Each school also received a vape-free campaign toolkit by email. It is not understood how that was shared with students by school staff. PHM and C&C collaborated on a tobacco-free YouTube video project, but the distribution and potential views of the video were not captured in the reporting system.

School presentations had the highest impact on youth, while digital ads on Facebook and Instagram had the most potential views.

Partnership (PHM) by the Numbers				
Activity Type	Events	Adults	Youth	Distribution
E-Cigarette Brief (via email)	1	-	-	4,179
School Presentations	9	17	1,362	3,388
Training	3	18	5	182
Vaping Video Collaboration	1	-	4	n/a
Total	**14**	**35**	**1,371**	**7,750**

PHM: Social Media		
Activity Type	Posts	Potential Views
Digital Ads via ~Facebook	26	98,462
Newsletters	4	5,879
Social Media Posts		
~Facebook	69	1,730
~Instagram	130	14,427
~TikTok	3	65
Vaping Behavior Videos	11	131
Vape-Free Dissemination		
~Instagram/Facebook	35	3,456
~Toolkit	1	4,232
~Posters	44	n/a
Total	**323**	**128,382**

For FY2023, PHM was required to work with up to 10 schools to increase awareness of tobacco dangers and to share educational information with Mississippi's youth. The program reported a single presentation in nine out of the 10 schools and uploaded documentation for each one of the events.

CESSATION INTERVENTION

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

ACT Center

To promote quitting among adults and young people, the UMMC ACT Center promoted and facilitated training sessions for Tobacco Treatment Specialists statewide (virtual format), provided support regarding the implementation of a comprehensive Tobacco-Free Campus at UMMC, worked to incorporate tobacco-dependence treatment practices into curricula for medical residents, and promoted the availability of cessation treatment services. The tables below show the activities of the ACT Center for Tobacco Treatment, Education, and Research and the associated staff changes for FY2023.

ACT Center by the Numbers			
Activity Type	**Events**	**Reach**	**Distribution**
Other Activities	12	1,097	1,321
Presentations & Trainings	28	725	799
Total	**40**	**1,822**	**2,120**

FY23 Staff Changes				
Position	**Old Director**	**Departure Date**	**New Director**	**Hire Date**
Project Director	Debra Hunter	12/30/2022	Kelli Olive	9/19/2022

Mississippi Tobacco Quitline (RVO Health)

The Mississippi Tobacco Quitline (RVO Health) offers evidence-based cessation treatment via telephone or web support to Mississippi residents. Both services provide participants with nicotine replacement therapy at no cost to participants. The following tables provide comparisons of the individuals contacting the Mississippi Tobacco Quitline between FY2022 and FY2023. These include caller demographics, tobacco behavior, chronic conditions, method of registration, and services provided[3].

The MS Tobacco Quitline, with a live answer rate of nearly 95% and more than 14,000 website visitors, served more female than male callers, generally between the ages of 31 and 70, and callers that predominantly identified as white.

[3] There may be data differences in tables due to software change mid-year. Data changes included age re-classification, website hits reporting, data collection methodology. The two software sources used to extract data were: Apollo (July 2022-January 2023) and Rally (February 2023-June 2023).

SOW Item	2023*	2023**
Live Answer Rate	94.6%	
Call Volume	8,992	
Enrollment	2,644	1,745
Enrollment (Beh. Health)	383	497
Website hits	13,495	970
Enroll. via Web*/Digital**	220	206

*Data represent July 2022 - January 2023 (Source: Apollo)

**Data represent February 2023 - June 2023 (Source: Rally)

Caller Demographics	2022		2023*		2023**	
Female	2,716	65.3%	1,647	65.7%	1,136	67.2%
Male	1,349	32.4%	816	32.5%	511	30.2%
Other	4	0.1%	3	0.1%	0	0.0%
Unknown/Refused	91	2.2%	41	1.6%	43	2.5%
18-24	19	1.0%	57	2.3%	-	-
25-30	91	4.7%	111	4.4%	-	-
31-40	268	13.9%	321	12.8%	-	-
41-50	334	17.3%	447	17.8%	-	-
51-60	562	29.1%	681	27.2%	-	-
61-70	499	25.8%	653	26.1%	-	-
71+	121	6.3%	195	7.8%	-	-
Unknown/Refused	39	2.0%	41	1.6%	-	-
American Indian/Alaskan Native	21	0.5%	18	0.7%	33	1.7%
Arab American	0	0.0%	0	0.0%	0	0.0%
Asian or Asian American	4	0.1%	0	0.0%	10	0.5%
Black or African American	1,022	24.6%	526	21.0%	679	35.8%
White	1,538	37.0%	914	36.5%	1,119	59.0%
Native Hawaiian or Pacific Islander	0	0.0%	0	0.0%	1	0.1%
Not Collected/Refused/Don't Know	1,529	36.8%	1,001	39.9%	24	1.3%
Other*/Not Listed**	46	1.1%	47	1.9%	30	1.6%
Hispanic/Latino	57	1.4%	49	2.0%	20	1.2%

*Data represent July 2022 - January 2023 (Source: Apollo)

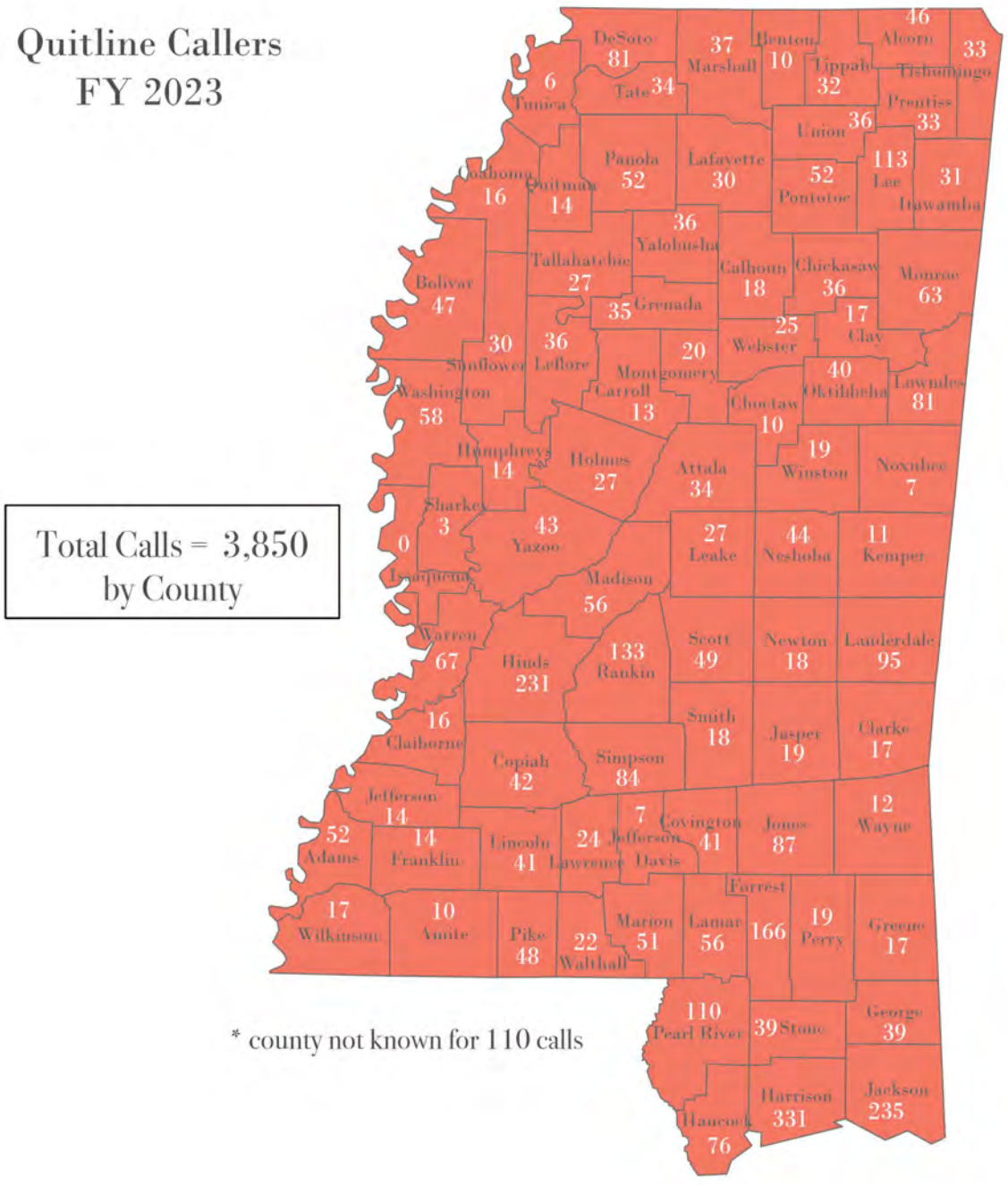
**Data represent February 2023 - June 2023 (Source: Rally)

Caller Demographics	2023**	
18-24	38	2.2%
25-34	158	9.1%
35-44	262	15.0%
45-54	336	19.3%
55-64	493	28.3%
65+	454	26.1%

**Data represent February 2023 - June 2023 (Source: Rally)

The following map[4] shows the distribution of Quitline Callers who called and registered for cessation services in FY2023.

[4] The Quitline Callers map combines callers from two software sources: Apollo (July 2022-January 2023) and Rally (February 2023-June 2023). The data in the map represent those who called and registered for the Quitline via phone. Callers who have no recorded county are also shown in the map.


Quitline Callers
FY 2023
Total Calls = 3,850
by County
* county not known for 110 calls
DeSoto 81
Tunica 6
Tate 34
Marshall 37
Benton 10
Tippah 32
Alcorn 46
Tishomingo 33
Prentiss 33
Union 36
Panola 52
Lafayette 30
Pontotoc 52
Lee 113
Itawamba 31
Quitman 14
Yalobusha 36
Tallahatchie 27
Calhoun 18
Chickasaw 36
Monroe 63
Bolivar 47
Grenada 35
Webster 25
Clay 17
Sunflower 30
Leflore 36
Montgomery 20
Carroll 13
Choctaw 10
Oktibbeha 40
Lowndes 81
Washington 58
Humphreys 14
Holmes 27
Attala 34
Winston 19
Noxubee 7
Sharkey 3
Yazoo 43
Leake 27
Neshoba 44
Kemper 11
Issaquena 0
Madison 56
Warren 67
Hinds 231
Rankin 133
Scott 49
Newton 18
Lauderdale 95
Claiborne 16
Copiah 42
Simpson 84
Smith 18
Jasper 19
Clarke 17
Jefferson 14
Adams 52
Franklin 14
Lincoln 41
Lawrence 24
Jefferson Davis 7
Covington 41
Jones 87
Wayne 12
Forrest
Wilkinson 17
Amite 10
Pike 48
Walthall 22
Marion 51
Lamar 56
166
Perry 19
Greene 17
Pearl River 110
Stone 39
George 39
Harrison 331
Hancock 76
Jackson 235

The phone continues to be the most popular method of registration, but web registrations did increase in FY2023. The Quitline's major service was answering incoming calls, which were answered live in English by MS QuitNow and Spanish by MS Dejeloya.

Method of Registration	2022		2023*		2023**	
Phone	3,974	92.9%	2,424	91.7%	1,539	88.2%
Web*/Digital**	305	7.1%	220	8.3%	206	11.8%
	4,279	100%	2,644	100%	1,745	100%

*Data represent July 2022 - January 2023 (Source: Apollo)

**Data represent February 2023 - June 2023 (Source: Rally)

Services Provided	2022		2023*		2023**	
Phone Calls	10,716	54.9%	6,234	54.4%	2,750	51.4%
Pharmacotherapy Shipments	5,359	27.5%	3,152	27.5%	1,850	34.6%
Email Subscription	1,349	6.9%	849	7.4%	-	-
Text2Quit Enrollment	2,090	10.7%	1,229	10.7%	753	14.1%
	19,514	100%	11,464	100%	5,353	100%

*Data represent July 2022 - January 2023 (Source: Apollo)

**Data represent February 2023 - June 2023 (Source: Rally)

Call Volume Status	2022		2023*	
Total Inbound Calls	8,478		8,992	
Early Abandoned Calls	125		141	
Direct to Quit Coach Calls	3,531		3,878	
MS QuitNow English				
Incoming Calls	4,919		5,078	
Calls During Business Hours	4,908		5,066	
Calls Answered Within 30 Sec.	4,058	82.5%	4,295	84.6%
Calls Answered Live	4,661	94.8%	4,803	94.6%
MS Dejeloya/QuitNow Spanish				
Incoming Calls	28		36	
Calls During Business Hours	28		36	
Calls Answered Within 30 Sec.	21	75.0%	29	80.6%
Calls Answered Live	25	89.3%	30	83.3%

*Data include entire FY2023

Callers primarily used cigarettes, but some also reported e-cigarettes/vaping. Chronic conditions such as Chronic Obstructive Pulmonary Disease (COPD), Type II Diabetes, and Asthma were also prevalent among callers.

Tobacco Behavior	2022		2023*		2023**	
Cigarettes	3,847	89.9%	2,321	87.8%	1,461	83.7%
Smokeless tobacco	157	3.7%	104	3.9%	68	3.9%
Cigars	18	0.4%	14	0.5%	106	6.1%
Pipe	9	0.2%	6	0.2%	3	0.2%
Water Pipe	-	-	-	-	1	0.1%
E-cigarette/Vaping	608	14.2%	434	16.4%	205	11.7%
Other	584	13.6%	414	15.7%	0	0.0%
No Recent Use	-	-	-	-	10	0.6%
Not Collected	4	0.1%	0	0.0%	-	-

*Data represent July 2022 - January 2023 (Source: Apollo)

**Data represent February 2023 - June 2023 (Source: Rally)

Chronic Conditions	2022		2023*		2023**	
Angina or Heart pain	-	-	-	-	62	3.6%
Asthma	418	9.8%	245	9.3%	202	11.6%
Coronary Artery Disease	194	4.5%	127	4.8%	112	6.4%
Cancer	221	5.2%	123	4.7%	103	5.9%
COPD	786	18.4%	462	17.5%	422	24.2%
Does Not Know	7	0.2%	10	0.4%	-	-
Heart Attack	-	-	-	-	114	6.5%
Heartbeat	-	-	-	-	190	10.9%
Heart Failure	185	4.3%	105	4.0%	106	6.1%
Pre-Diabetes	-	-	-	-	104	6.0%
Stroke	-	-	-	-	136	7.8%
Type 1 Diabetes	86	2.0%	44	1.7%	43	2.5%
Type 2 Diabetes	457	10.7%	233	8.8%	230	13.2%
None	1,248	29.2%	683	25.8%	820	47.0%
Not Collected	1,497	35.0%	1,009	38.2%	-	-
Refused	25	0.6%	10	0.4%	-	-

*Data represent July 2022 - January 2023 (Source: Apollo)

**Data represent February 2023 - June 2023 (Source: Rally)

SYSTEMS CHANGE PARTNERS

OTC partners with three organizations to provide tobacco cessation, awareness presentations, and education to a range of stakeholders in medical fields such as healthcare providers and medical residents. 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 (MAFP) Foundation trains staff located in family physician clinics to refer tobacco users to appropriate treatment. Among the three partners, MAFP delivers the most events and has the most reach and distribution. TAR WARS is one of their most notable programs (detailed in a later portion of this report). 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 systems change grantees during FY2023. The associated staff changes for the fiscal year are also shown.

Systems Change Programs			
Program	Events	Reach	Distribution
Community Health Center	31	1,076	11,047
Family Physicians	197	4,828	22,237
MSPHI Behavioral Health	47	604	2,262
Total	**275**	**6,508**	**35,546**

Systems Changes: Communication		
Social Media	Posts	Potential Views
Community Health Center	75	12,175
Family Physicians	39	9,410
MSPHI Behavioral Health	2	73
Total	**116**	**21,658**

FY23 Systems Change Staff Changes				
Position	Old Director	Departure Date	New Director	Hire Date
Project Director, CHCAM	Wayne Miley*	4/1/2022	Shermaile Williams	7/1/2022
Project Director, MAFPF)	Jewell Buckley	9/30/2022	DeAnna Dillard	10/1/2022

The Community Health Center Association of Mississippi primarily handled promotion activities, Quitline referrals, and technical assistance (TA). Most social media posts were made on Instagram and Twitter, but Facebook was the platform with the most impressions.

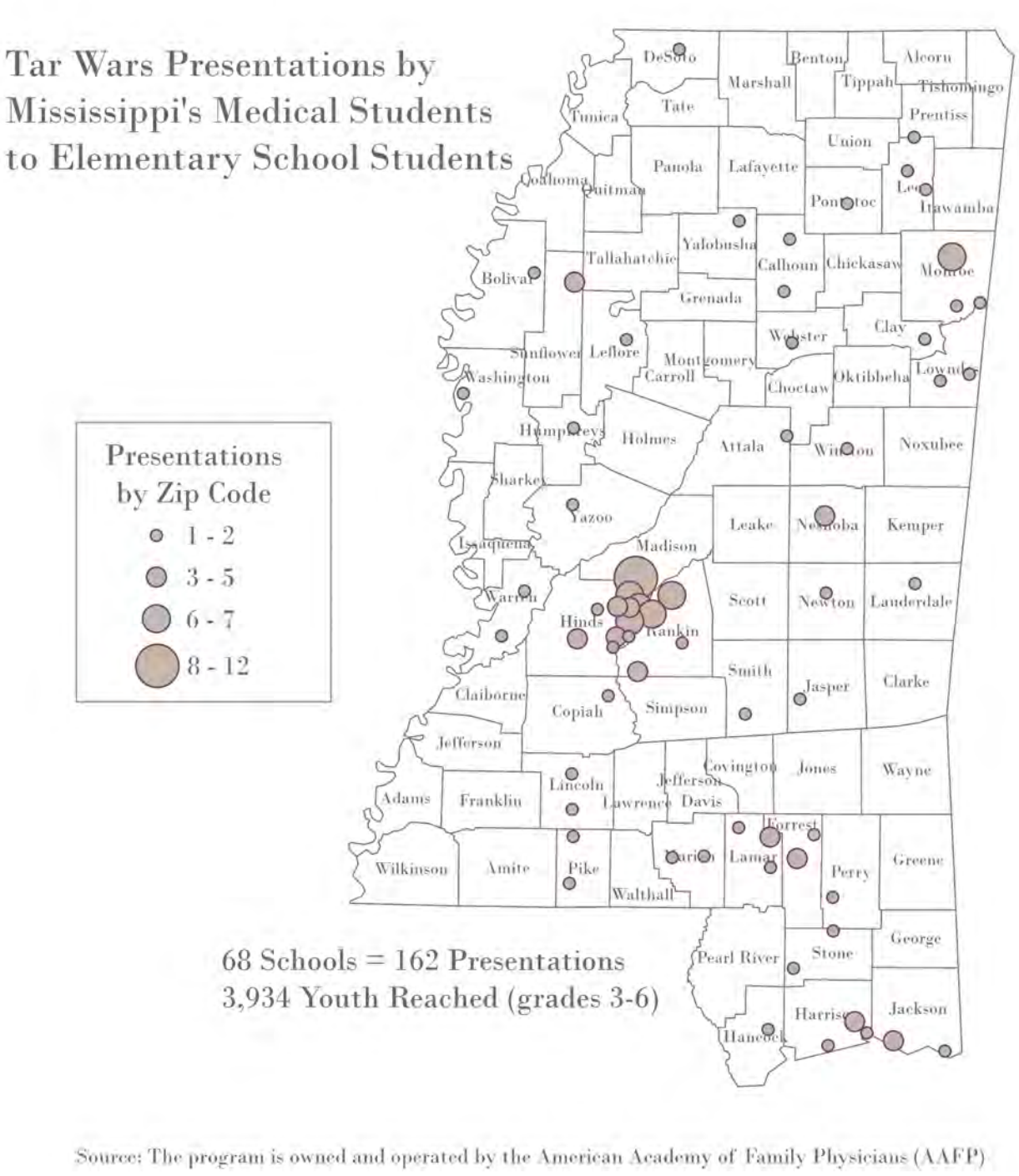
Community Health Center			
Activity Type	Events	Reach	Distribution
Conference	1	55	50
Cessation Integration Training	3	101	900
Quitline Referral & TA	10	133	8,077
Promotion Activities	17	787	2,020
Total	**31**	**1,076**	**11,047**

Community Health Center: Communication		
Social Media	Posts	Impressions
Facebook	8	6,953
Instagram/Twitter	60	4,151
Newsletter	7	1,071
Total	**75**	**12,175**

The MAFP Foundation provided TAR WARS training to medical students, who then presented the program to elementary school students. Program staff also shared educational information at various conferences around the state. The greatest number of social media posts and potential views was posted on Facebook.

Family Physicians by the Numbers			
Activity Type	Events	Reach	Distribution
Conference Exhibits	10	385	242
Cessation Materials	-	-	2,010
Tar Wars Training to Med Stud.	12	367	1,843
Tar Wars by Med Students	162	3,934	15,827
T2T & USPHS Training + TA	13	142	2,315
Total	**197**	**4,828**	**22,237**

The map below shows the geographic distribution of Tar War presentations to students in grades 3-6 across the state.



Source: The program is owned and operated by the American Academy of Family Physicians (AAFP)

Family Physicians: Communication		
Social Media	Posts	Potential Views
Facebook	19	5,142
Instagram/Twitter	3	544
Newsletters	4	1,430
TIPS Campaign	13	2,294
Total	**39**	**9,410**

The TAR WARS program conducted by medical students to elementary school children has increased 15 times in terms of teaching sessions and 22 times in terms of student outreach since 2018. The only decline (10%) was in educational material distribution.

Trend Table - Tar Wars by Medical Students to Grade School Children							
Type	2018	2019	2020	2021	2022	2023	Total
Teaching Sessions	10	141	8	4	19	162	344
Student Outreach	173	3,122	201	78	101	3,934	7,609
Educational Materials	17,544	6,872	10,575	5,272	303	15,827	56,393
Total	**17,727**	**10,135**	**10,784**	**5,354**	**423**	**19,923**	**64,346**

The MSPHI provided a wide range of events, with conferences having the most reach.

MSPHI Disparity Behavioral Health by the Numbers			
Activity Type	Events	Reach	Distribution
Conferences	5	553	886
Pilot Study Support	9	13	924
Other Activities	19	15	2
Readiness Workshops	2	10	400
Technical Assistance	12	13	50
Total	**47**	**604**	**2,262**

MSPHI Disparity Behavioral Health: Communication		
Social Media	Posts	Potential Views
Promotion of TTS	2	73
Total	**2**	**73**

Behavioral Health Mental Health Centers Assessments

The Mississippi Public Health Institute (MSPHI) Subject Matter Expert (SME) engaged the behavioral health community and healthcare systems to provide comprehensive tobacco cessation training and resources. The project objective is to reduce smoking-related deaths, diseases, and disabilities among persons receiving behavioral health and substance use disorder services, as well as the staff providing these services. This is conducted through the introduction of strategies to influence policy, systems, and environmental change to improve health equity in this population. The pilot program encountered several roadblocks in working with the facilities and sharing the toolkit. As such, the program was not active in all of the target facilities in FY2023.

The MSPHI SME assessed 13 Community Mental Health Centers (CMHC) utilizing the following five focus areas: (1) Policy implementation of a tobacco-free campus; (2) Current tobacco-use practice among staff; (3) Knowledge, barriers, and support for policy change; (4) Need for policy-adoption training; and (5) Need for updated staff training.

Results are grouped and presented by focus area. The largest number of responses to a statement is indicated by counts in parentheses.

Question 1. Interest in policy status on implementing a tobacco-free campus

Participants in CMHCs reported some interest in participating in the tobacco-free campus initiative, but only after receiving further training and preparedness.

- Moderate interest in a long-term project; Not prepared for implementation
- Has participated as a pilot site for the project since last grant year. While they have not yet set a date to go tobacco-free, the pilot has allowed increased availability of cessation services for clients and staff and encouraged the idea of limiting tobacco use
- Admin staff has requested to be notified of training, but no other participation
- Implemented a smoke-free policy during the pandemic and made changes to the Policies & Procedures (P&P). The facility is an outpatient mental health facility. While there were a few issues, overall it has been successful
- Moderate interest at this time (2)
- Excellent - the second pilot site
- High level of interest in maintaining current restrictions
- Declined offer to participate as a pilot site (5)
- Unknown due to lack of response to efforts to contact (4)

Question 2. Current practice of tobacco use (staff and patients) since staff training

Following staff training, participants in CMHCs expressed support for the policy change, although funding constraints may hamper implementation.

- Basic knowledge from those who have participated in the training, barriers related to finances (4)
- The main contacts of the admin staff are supportive of the reduction of areas to smoke. A barrier is that there is no funding related to tobacco cessation
- The staff is not sure how it would be enforced (3)
- Staff and admin have above-average levels of knowledge and maintain support for the policy change
- Leadership is supportive and behind the changes (2)
- The administrative staff has participated in the training
- Have completed the Tool Kit Training to be part of the pilot program

- Interested in Tool Kit training once additional staff has been hired
- Barriers - loss of revenue continues to be an issue (3)
- Unknown (2)

Question 3. Level of knowledge, barriers, and support for policy change among leadership staff
Participants in CMHCs received training to improve their foundational understanding of the tobacco-free campus initiative, but it was unclear how the policy would be funded and enforced.

- Basic knowledge from training, continue to refer staff to training (7)
- Interested in Tool Kit training once additional staff has been hired, possible loss of revenue continues to be an issue
- Have completed the Tool Kit Training to be part of the pilot
- Staff and admin have above-average levels of knowledge and maintain support for the policy change, barriers are with continued and consistent enforcement
- admin staff has participated in the training
- Main contacts of the admin staff are supportive of the reduction of areas to smoke. A barrier is that there is no funding related to tobacco cessation, and not sure how it would be enforced by the staff
- Unknown

Question 4. Need for training focusing on policy adoption
Participants in CMHCs emphasized the importance of continuing efforts for more training.

- Need for training focusing on policy adoption
- Additional Tool Kit training to be discussed as the second year of the pilot gets underway
- Efforts have been made to reach out to the main office regarding interest
- Interested in continuing to be contacted about any training (2)
- Wants to maintain changes made during the pilot project
- No additional Tool Kit training has been discussed
- Unknown or n/a (4)

Question 5. Need for updated staff training for implementation of tobacco cessation language in intake and assessment
Staff in CMHCs were informed about upcoming trainings, and the implementation of tobacco cessation language had been added to referral and intake forms.

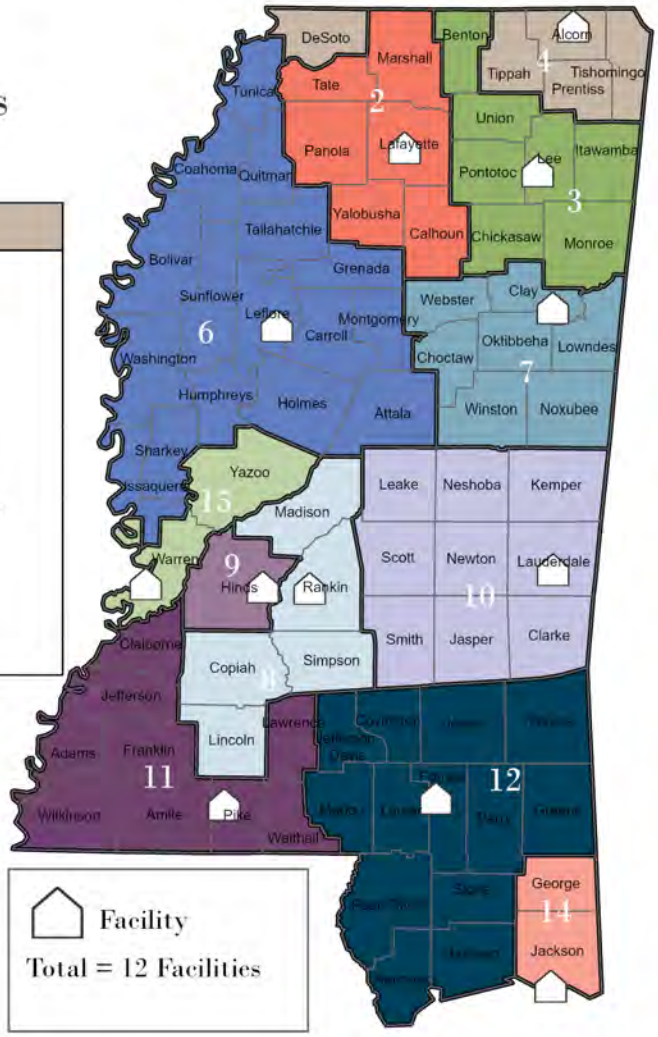
- Contacts are sent information regarding upcoming training for referral and enrollment of staff (10)
- This facility has sent 30 staff to the training over the last two grant years. Information regarding upcoming training is sent to admin for registration of staff not yet trained.
- Tobacco language has been added to the intake and assessment and use of the enrollment forms for the pilot to allow for tracking
- Admin was sent information on the training for referrals for enrollment

The following map shows the geographic locations of the behavioral health facilities across public health regions. The director for the program, Pamela Luckett, has attempted to train, educate, offer technical assistance, and distribute cessation materials and medicinal products to each facility this year; however, not all of them have accepted the proposed interventions.

Public Health Regions and Behavioral Health Facilities

Region	Facility
2	Communicare Health Services
3	LIFECORE Health Group
4	Timber Hills Mental Health Services
6	Life Help Mental Health Center
7	Community Counseling Services
8	Mental Health Services
9	Hinds Behavioral Health Services
10	Weems Community Mental Health Center
11	A ClearPath: Southwest
12	Pine Belt Mental
14	Singing River Services
15	Warren-Yazoo Mental Health Services

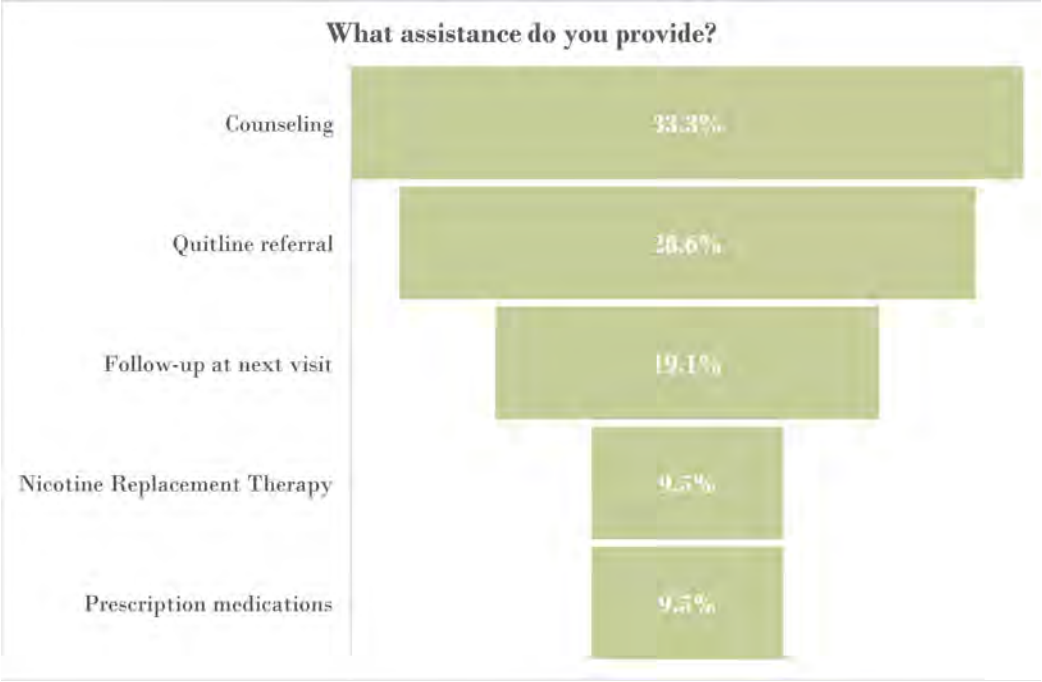
Locations mapped by City



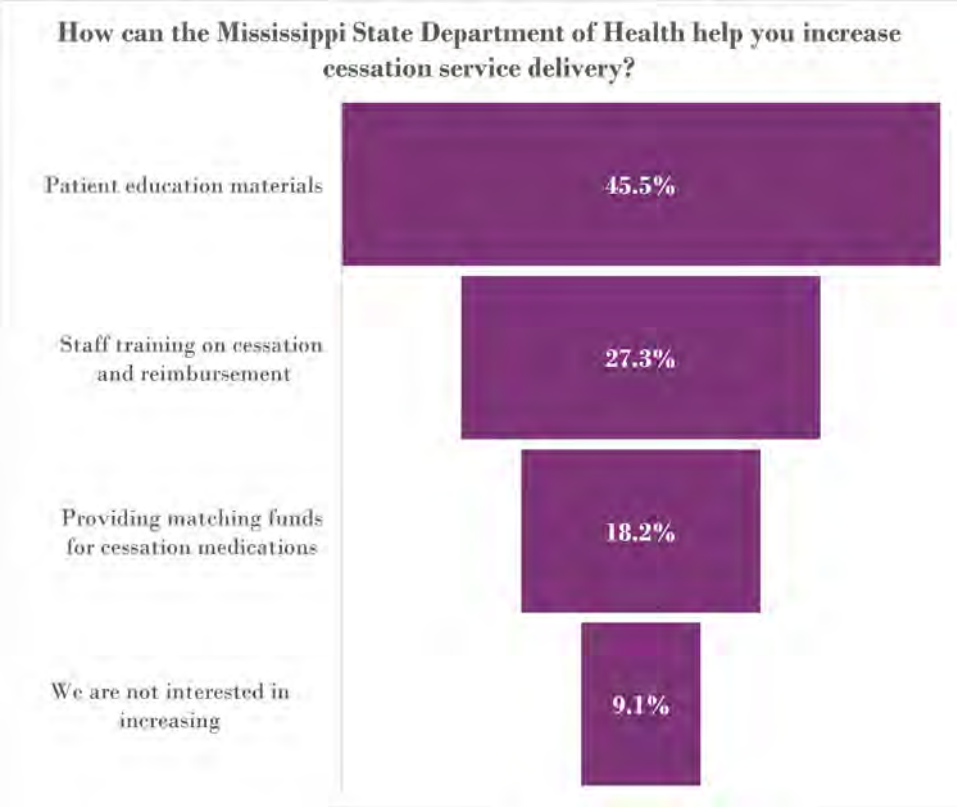
Mental Health Facility Survey

OTC in collaboration with UMMC fielded a survey to assess tobacco-related policies and practices in mental health facilities across the state from July 12 - August 7, 2022. The survey was sent to 68 providers and responses were received from 18 providers. Below the key results are presented, as the full stakeholder survey report can be obtained by request from OTC.

The survey asked 20 questions about issues including tobacco usage, smoking cessation programs, prescription types, barriers to expanding the provision of cessation services, and other relevant topics. Participating mental health facilities had the chance to offer their contact information at the end of the survey to obtain free support from MSDH. Most of the participating mental health facilities served patients with substance use disorders (80.0%). Barriers included insufficient training of staff, limited time, lack of funding, deficient reimbursement for services, and lack of referral systems for the Quitline. More than half of the facilities that participated (60.0%) said they helped their patients quit through counseling (33.3%), Quitline referrals (28.6%), a follow-up at the next visit (19.1%), or some other method (nicotine replacement therapy or prescription drugs, 19.0% combined).



Participating mental health facilities noted that MSDH may support them in improving the delivery of cessation services by offering patient education materials (45.5%), staff training (27.3%), or matching funding for cessation medications (18.2%). Only a small percentage of facilities (9.1%) were not interested in extending the delivery of cessation services, primarily due to staffing issues or a lack of funds.



The following table includes the contact details for the mental health facilities that requested free assistance from MSDH:

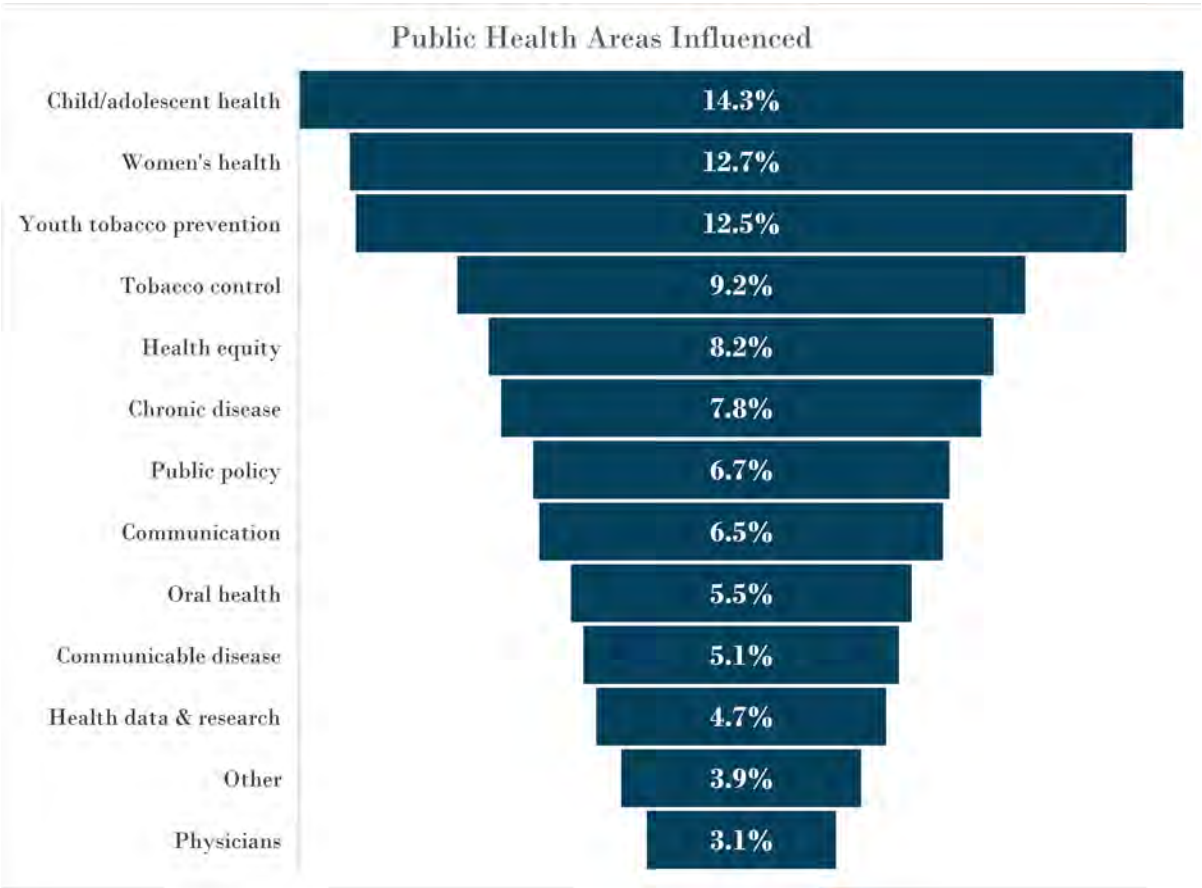
Facility	Name	Email	Phone
Fair Park Counseling	Chip Peterson LPC	cpeterson@fairparkcounseling.com	662.769.2331
Born Free/New Beginnings	Kelli Leo	kelli.leo@ccjackson.org	601.922.0026
Pines and Cady Hill Recovery	Shlanda Ball	sball@ccsms.org	662.327.7916
Home of Grace	Ronnie Arant	Rarant@homeofgrace.org	228.382.4547

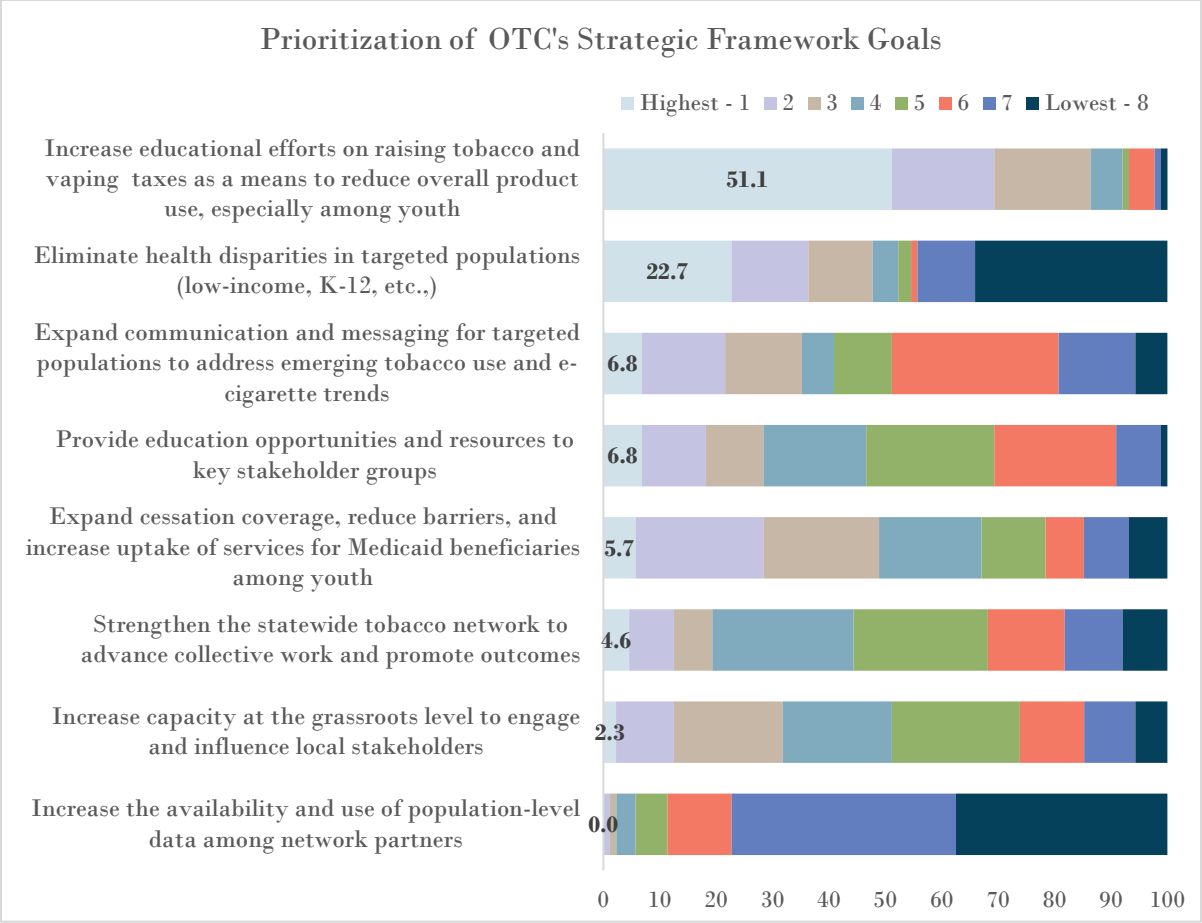
Stakeholder Survey

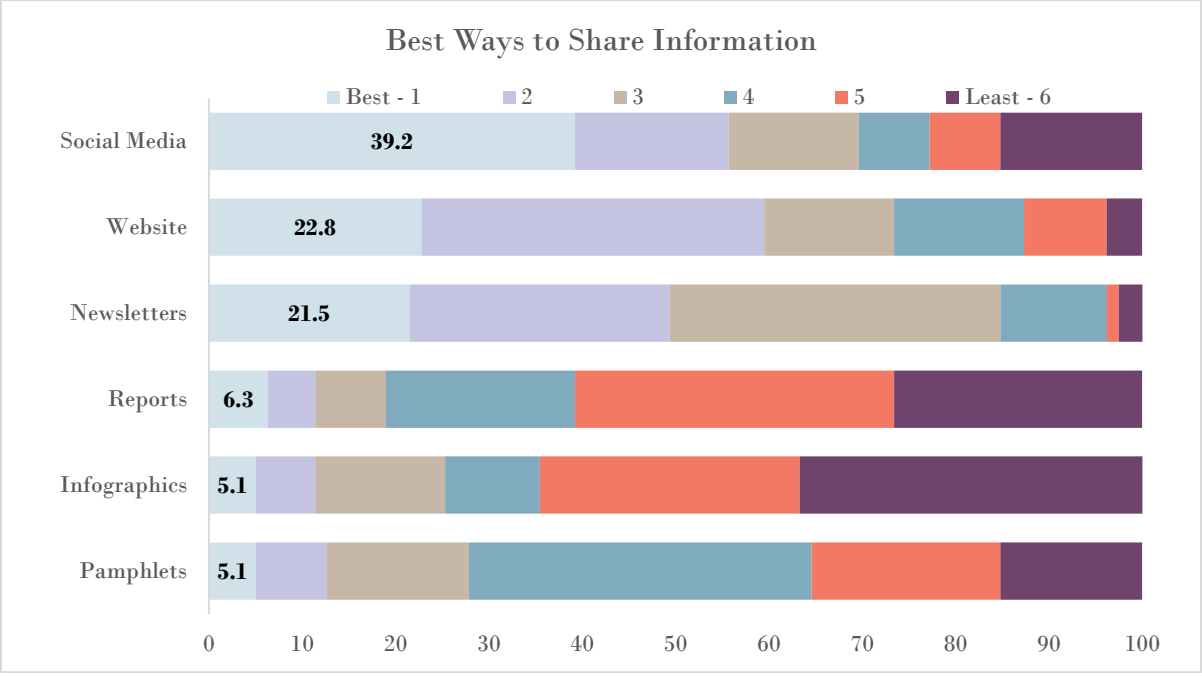
An online survey generated responses from 149 stakeholders who primarily represented the MS Tobacco Free Coalition, as well as other mental health, educational, and state organizations. More than two-thirds of the stakeholders belonged to the MS Tobacco-Free Coalition Community Board.

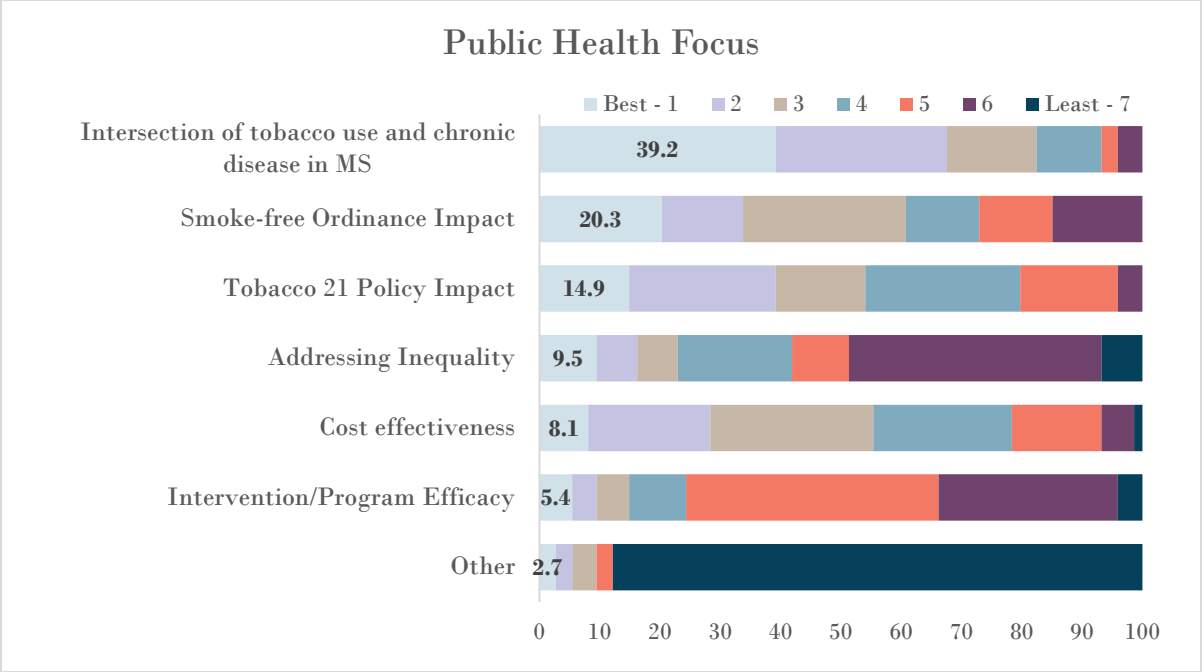
Below the key results are presented, as the full stakeholder survey report can be obtained by request from OTC.

The top three public health areas of influence were child/adolescent health, women's health, and youth tobacco prevention. In ranking MSDH OTC's goals, stakeholders prioritized the increase in educational efforts on raising tobacco and vaping taxes to reduce use, especially among youth. Most perceived social media as the best outlet for MSDH OTC to share information. Lastly, the intersection of tobacco use and chronic disease in MS emerged as a public focus area on which more than one-third of stakeholders would like emphasized by MSDH OTC.




Prioritization of OTC's Strategic Framework Goals
Highest - 1
2
3
4
5
6
7
Lowest - 8
Increase educational efforts on raising tobacco and vaping taxes as a means to reduce overall product use, especially among youth
51.1
Eliminate health disparities in targeted populations (low-income, K-12, etc.,)
22.7
Expand communication and messaging for targeted populations to address emerging tobacco use and e-cigarette trends
6.8
Provide education opportunities and resources to key stakeholder groups
6.8
Expand cessation coverage, reduce barriers, and increase uptake of services for Medicaid beneficiaries among youth
5.7
Strengthen the statewide tobacco network to advance collective work and promote outcomes
4.6
Increase capacity at the grassroots level to engage and influence local stakeholders
2.3
Increase the availability and use of population-level data among network partners
0.0
0
10
20
30
40
50
60
70
80
90
100


Best Ways to Share Information
Best - 1
2
3
4
5
Least - 6
Social Media
39.2
Website
22.8
Newsletters
21.5
Reports
6.3
Infographics
5.1
Pamphlets
5.1
0
10
20
30
40
50
60
70
80
90
100


Public Health Focus
Best - 1
2
3
4
5
6
Least - 7
Intersection of tobacco use and chronic disease in MS
39.2
Smoke-free Ordinance Impact
20.3
Tobacco 21 Policy Impact
14.9
Addressing Inequality
9.5
Cost effectiveness
8.1
Intervention/Program Efficacy
5.4
Other
2.7
0
10
20
30
40
50
60
70
80
90
100

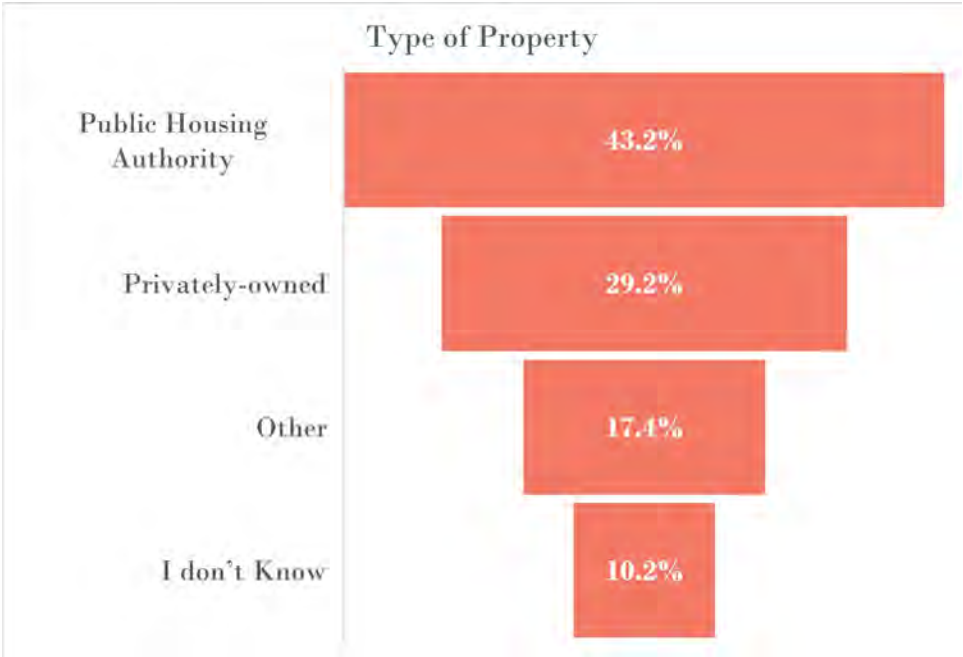
Multi-Unit Housing (MUH) Assessment

Multi-Unit Housing (MUH) is defined as any residential property with more than one housing unit. These properties can be townhouses, condos, duplexes, public housing (low-income), or Housing and Urban Development (HUD) buildings. The MUH tobacco-free or smoke-free assessment used in this analysis was created by outside sources and then modified for the state of Mississippi. This assessment enables researchers to evaluate the status of MUH as smoke-free, tobacco-free, partial, or no restrictions, for some MUH housing facilities in Mississippi. The assessment gathers policy information, designated smoking conditions, signage data, enforcement, and other tobacco information.

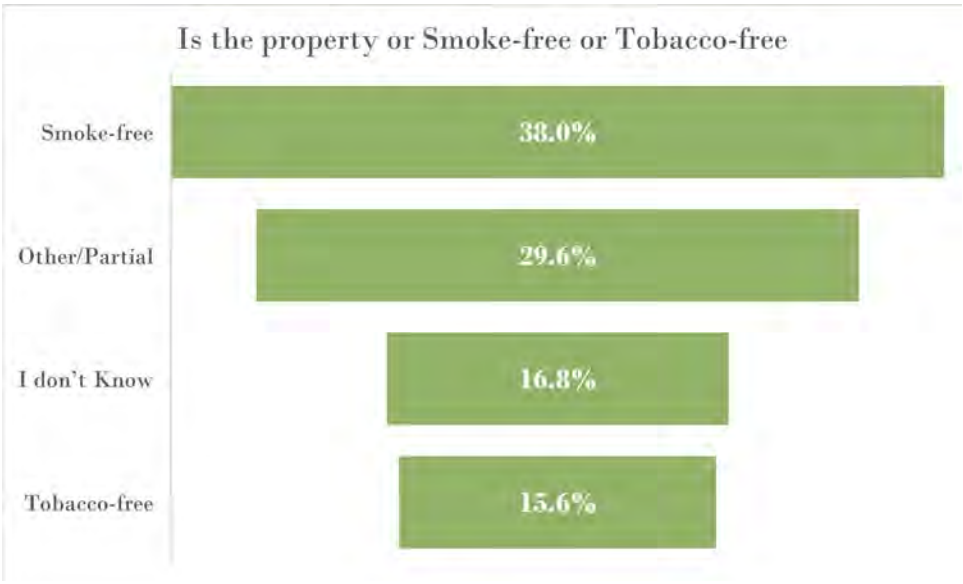
The MUH assessment was conducted by 27 coalition directors between the months of July-April 2023 (FY2023). The following counties are not included in this analysis: three vacant coalitions (Hancock & Pearl River, Harrison County, and Jackson County), three new directors (Jefferson Davis, Lawrence & Walthall, Desoto & Tate, and Copiah & Lincoln), and one director that did not conduct the assessment (Clarke, Jasper & Wayne counties). The analysis below is representative of 80% of the coalitions (27/34) in 449 multi-unit and HUD housing properties around the state. Results for the observation questions may not have all been seen, but rather told, as some of these assessments were done by phone (third-party information) and not by personal observation.

Tobacco-free policies target the health of both smokers and non-smokers, while a smoke-free policy primarily focuses on the health of non-smokers by reducing secondhand smoke (SHS) exposure. Families and children living in MUH are susceptible to SHS exposure when sharing walls and yard space where there are no tobacco-free policies in place or enforced. A secondary benefit of both tobacco-free and smoke-free policies is the reduction of tobacco consumption.

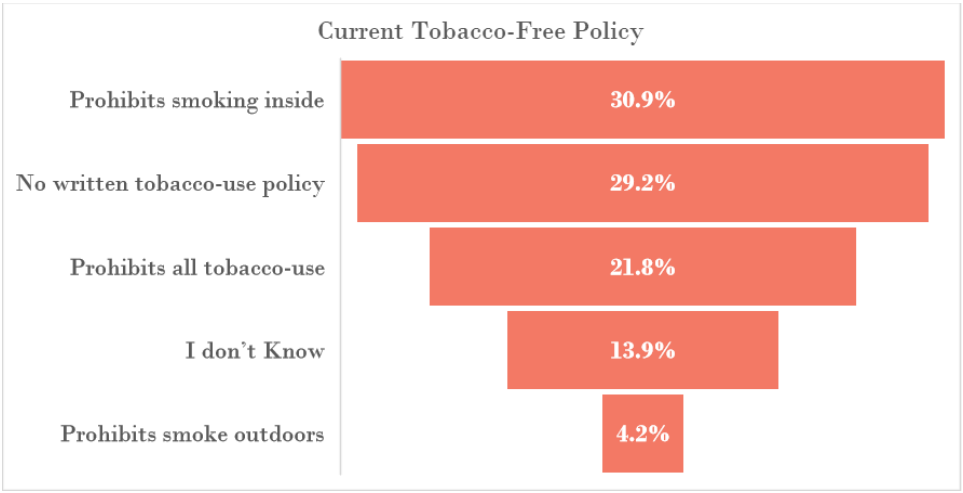
Of the 449 residential properties in this assessment, 43.2% were HUD housing, 29.2% were privately owned, 17.4% were other types, and 10.2% were not known.



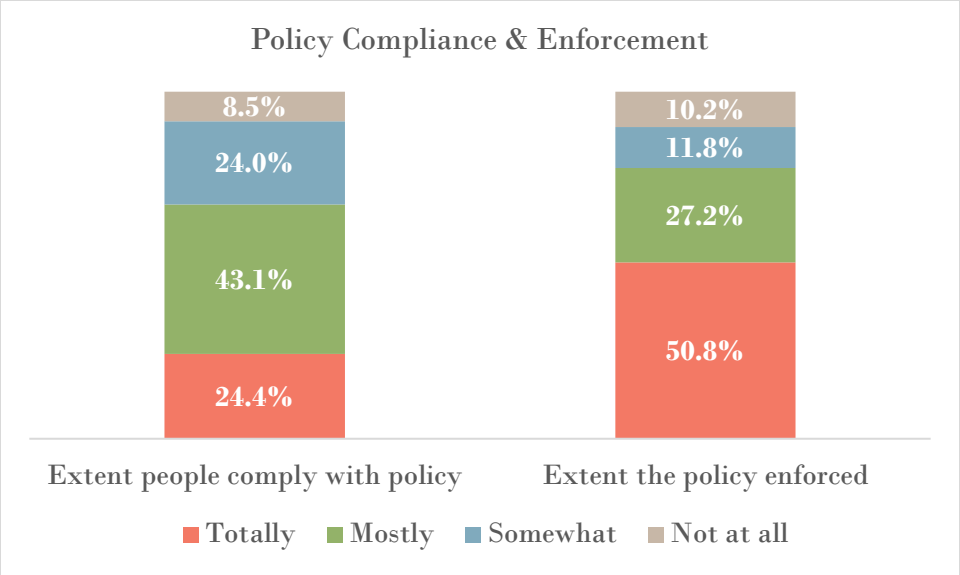
When asked about the status of the MUH properties regarding smoke-free and/or tobacco-free policies, slightly more than one third had a smoke-free (38.0%), or a tobacco-free (15.6%) policy in place.



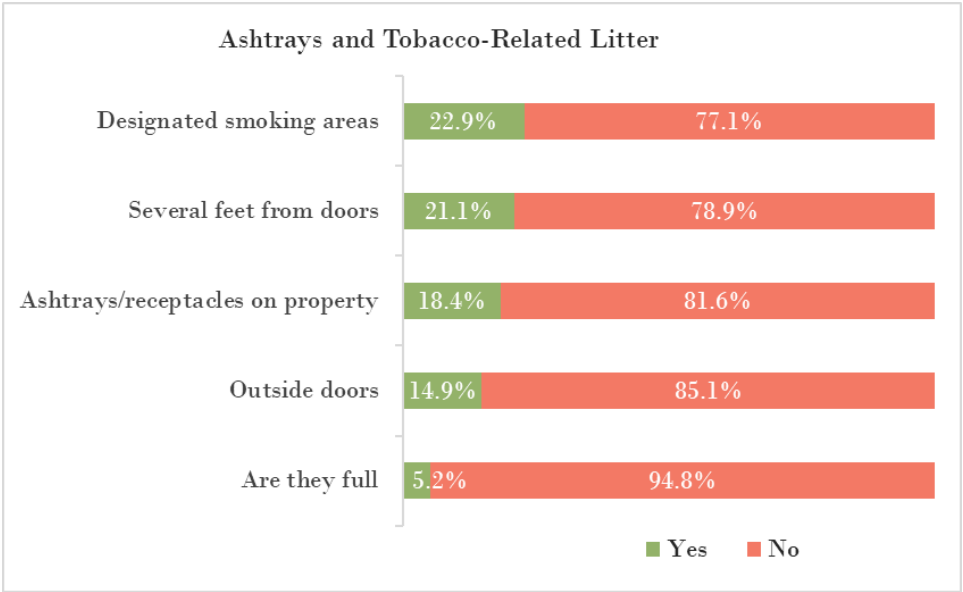
When asked about current written policies on tobacco use, 30.9% of the MUH properties prohibited smoking inside the buildings, while 29.2% had no written tobacco-use policy in place; over one fifth (21.8%) of the properties assessed had a tobacco-free policy in place.



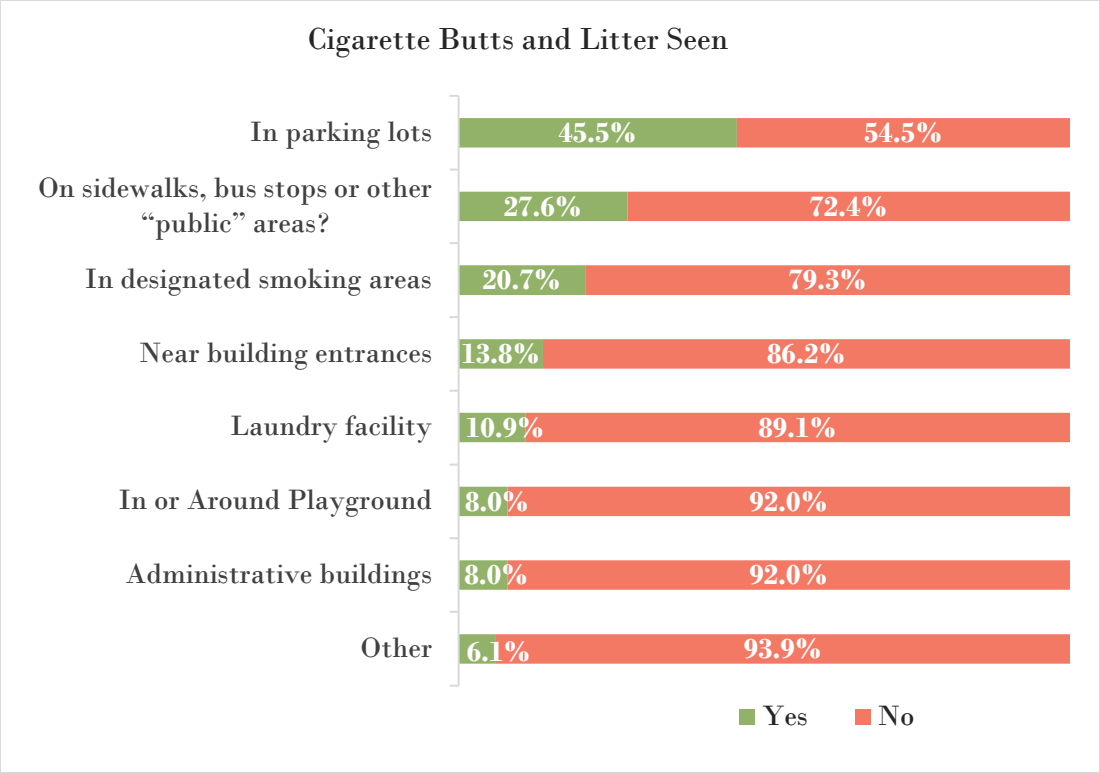
Of the MUH properties where there were either smoke-free or tobacco-free policies in place, directors asked the housing managers "Do people comply with the policy in place?" and "To what extent is the policy enforced?" It was reported that almost one in four (24.4%) "totally" complied with an existing policy, while 43.1% said the policy was "mostly" complied with. Over half (50.8%) of the respondents "totally" agreed that the policy was enforced, while 27.2% "mostly" agreed.



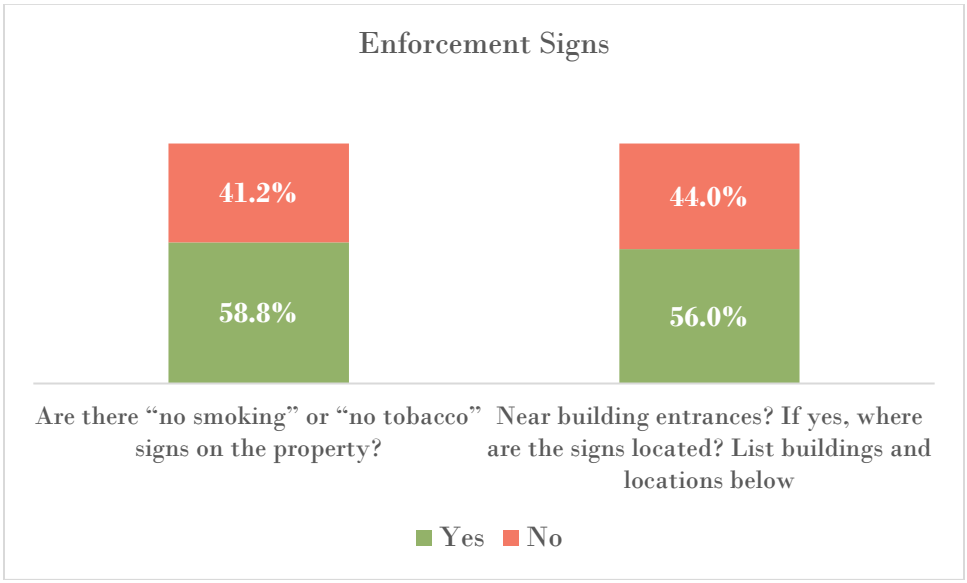
The directors were asked to observe if ashtrays and tobacco-related litter were observed in and around the MUH properties as shown in the graph below. 22.9% of receptacles or ashtrays were visible in the designated smoking areas in this assessment, and 21.1% of those were several feet from the door.



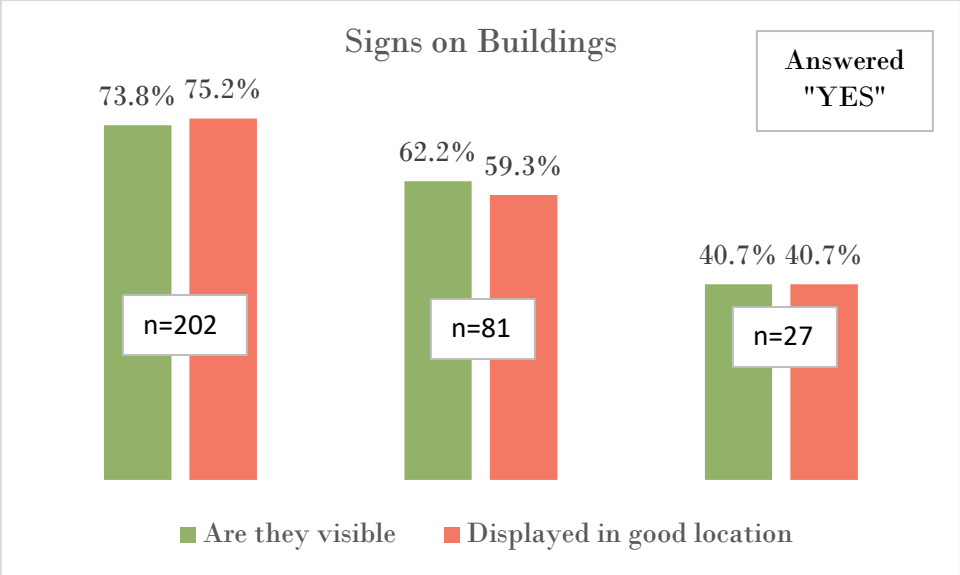
During the assessment, the directors were asked to observe any cigarette butts or tobacco-related litter in particular areas as noted in the graph below. Almost half have observed cigarette butts in the parking lots (45.5%) and in other public walking areas (27.6%).



Lastly, the directors observed if any enforcement signs were in place. More than half of the multi-unit housing buildings had either "no smoking" or "no tobacco" signs (58.8%). More than half of the signs observed were near the building entrances (56%).



Some multi-unit housing facilities have multiple buildings on the property. The figure below shows buildings that had signs and the visibility of each of them. In building one (1), 73.8% of the signs were visible, and in a good location (75.2%). For the facilities that had a second building, the signs were less visible (62.2%), with a decrease in those in a good location (59.3%). The lowest percentage of signage visibility was in facilities with more than two units. In units with three (3) buildings, less than half (40.7%) of the signs were visible, or in a good location (40.7%).

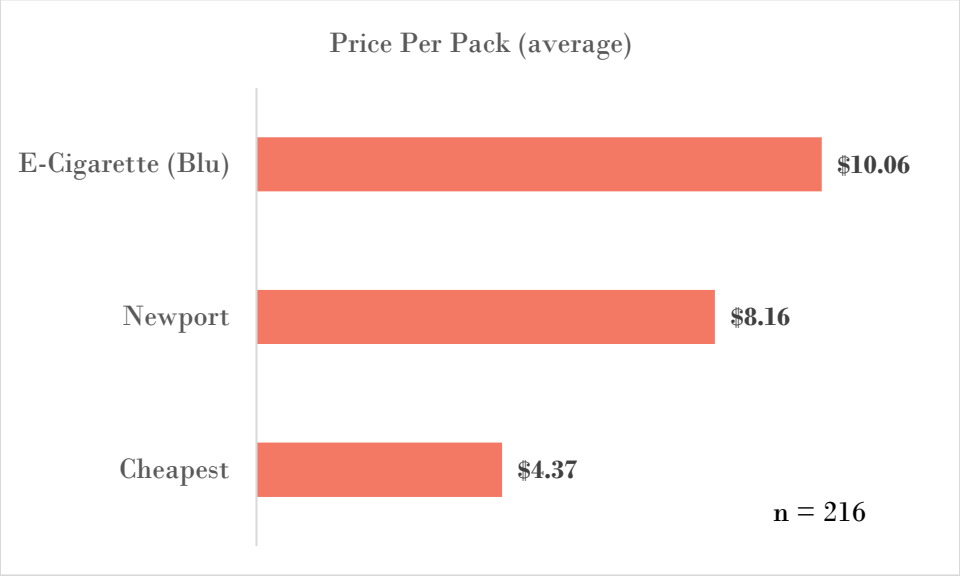


The Standardized Tobacco Assessment for Retail Settings (STARS) Assessment

The Standardized Tobacco Assessment for Retail Settings (STARS) assessment was created in collaboration with five state health departments, the CDC, and the Public Health Law Center (countertobacco.org). STARS is a surveillance tool designed to monitor and measure tobacco practices such as advertising, accessibility, taxes, and infractions in local communities. Many states engage youth within their communities with the collection of this data, which gives buy-in and credibility in changing views and the culture of tobacco acceptance within this age group. This assessment enables researchers to evaluate price point disparities, youth targeting, and policy implications. While the assessment has not been updated since its creation in 2014, the tool is still applicable today.

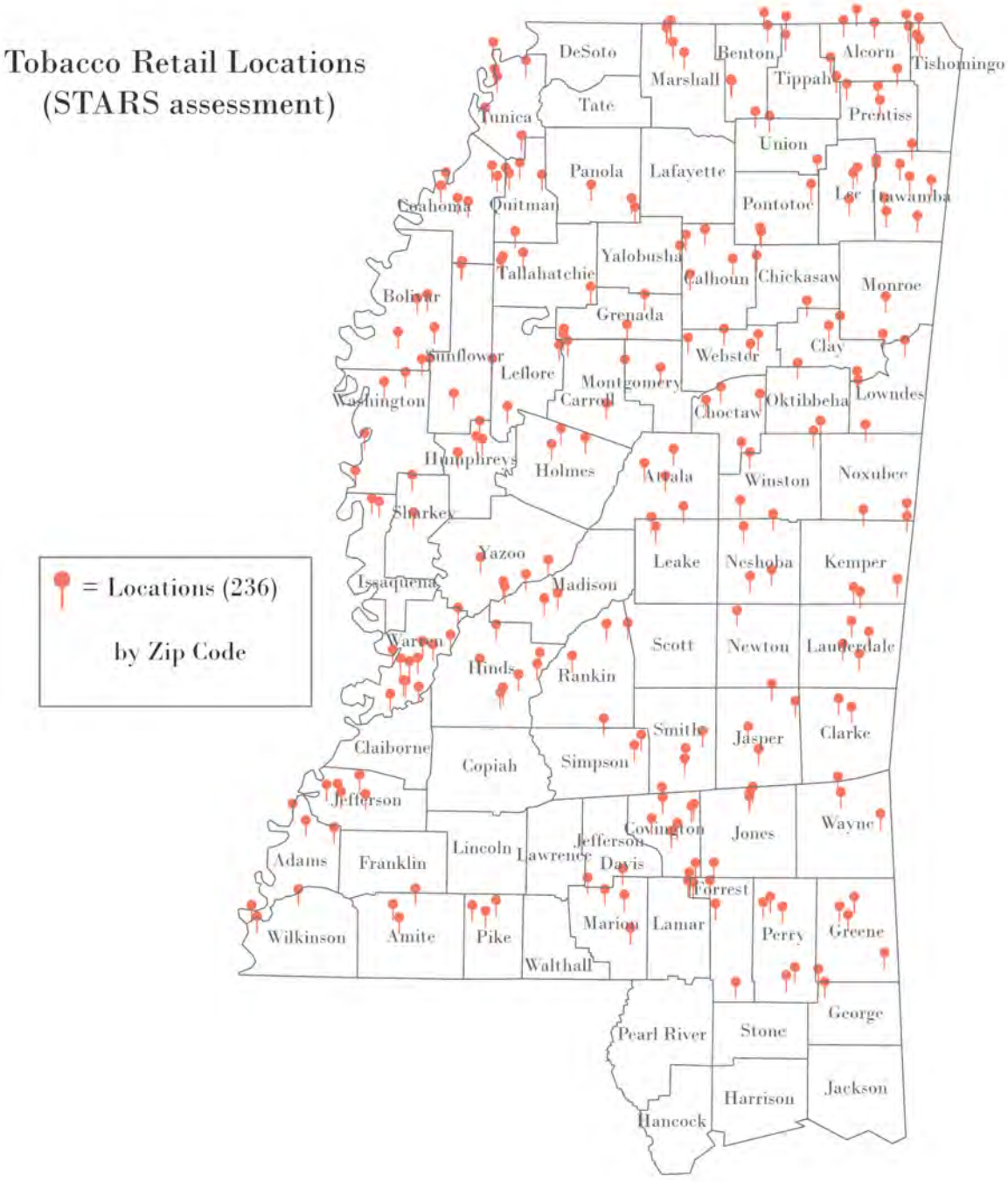
The STARS assessment was conducted by the coalition directors between the months of July - December 2022 (FY2023). The following counties are not included in this analysis: three vacant coalitions (Hancock & Pearl River, Harrison County, and Jackson County), four new directors (Jefferson Davis, Lawrence & Walthall, Lauderdale & Newton, Desoto & Tate, and Copiah & Lincoln), and one director that did not conduct the assessment (Covington & Smith counties). There was a 77% representation of the 34 coalitions in 236 retail stores selling tobacco or tobacco products in the analysis below.

The chart below shows the average prices in the 236 retail stores that sell the Blu disposable e-cigarettes with the average price at $10.06, the menthol brand Newport ($8.16), and the cheapest pack of cigarettes ($4.37). Further review of price points, tobacco targeting, and location is recommended to detect any disparities in low-income areas.

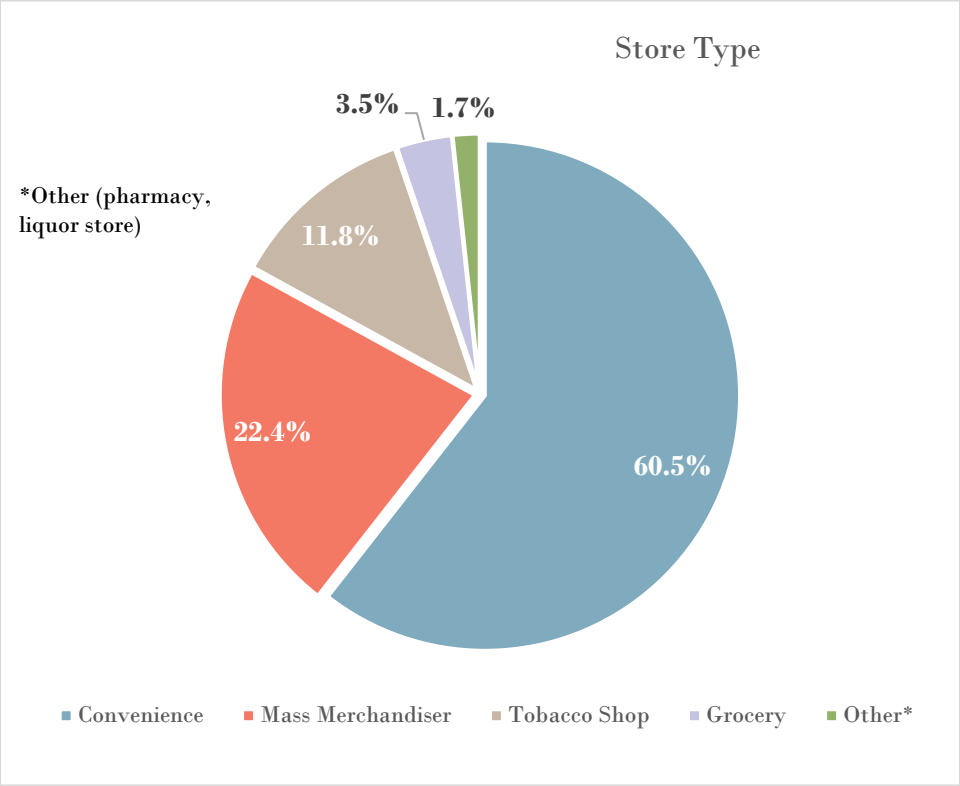


The following map[5] shows the retail store locations represented in this analysis.

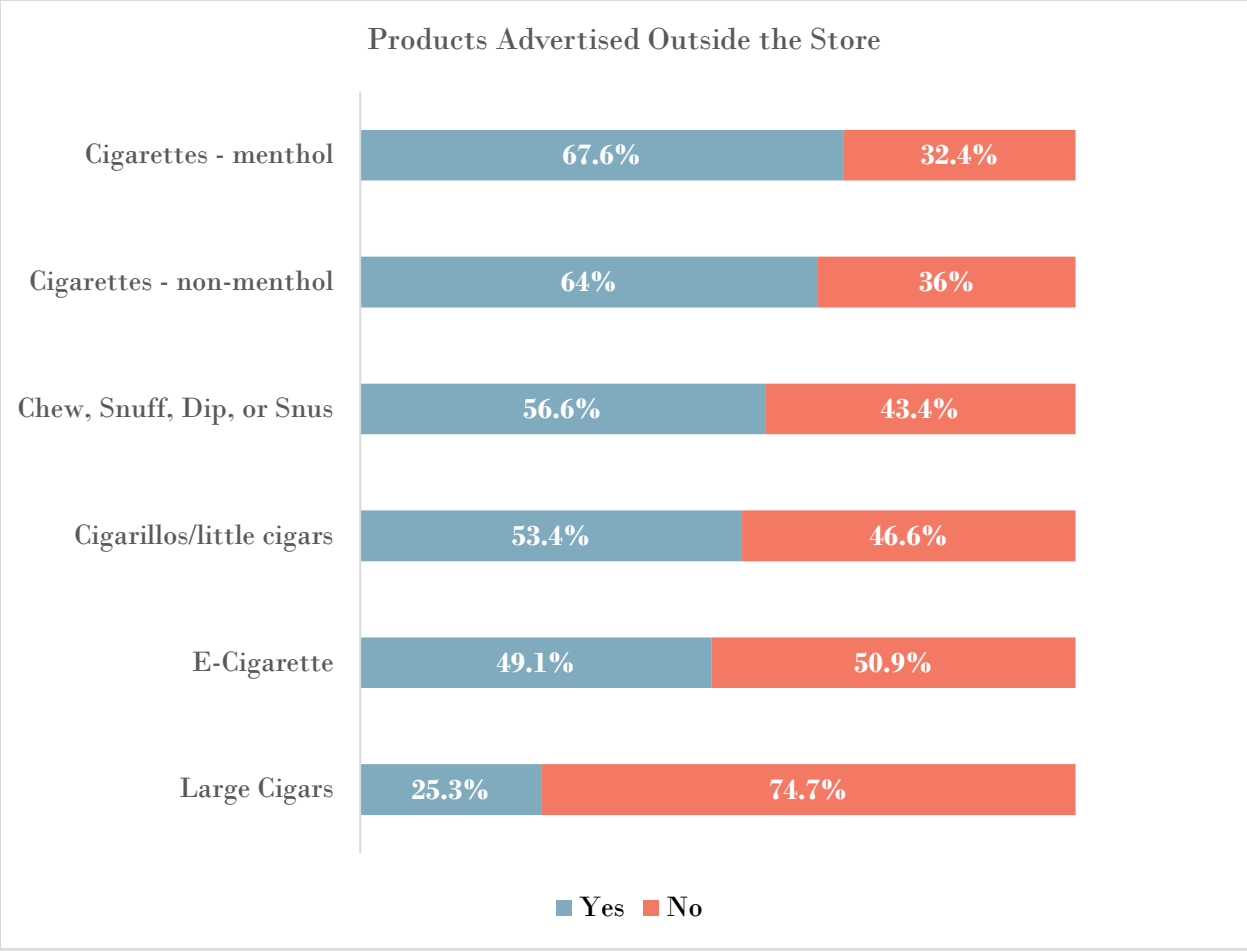
[5] Sources: https://countertobacco.org/resources-tools/store-assessment-tools/stars/ and https://cancercontrol.cancer.gov/brp/tcrb/sctc


Tobacco Retail Locations
(STARS assessment)
= Locations (236)
by Zip Code
DeSoto
Benton
Alcorn
Tishomingo
Marshall
Tippah
Tate
Tunica
Prentiss
Union
Panola
Lafayette
Pontotoc
Lee
Itawamba
Yalobusha
Tallahatchie
Calhoun
Chickasaw
Monroe
Bolivar
Grenada
Webster
Clay
Sunflower
Leflore
Montgomery
Carroll
Choctaw
Oktibbeha
Lowndes
Humphreys
Holmes
Attala
Winston
Noxubee
Sharkey
Yazoo
Leake
Neshoba
Kemper
Issaquena
Madison
Scott
Newton
Lauderdale
Warren
Hinds
Rankin
Smith
Jasper
Clarke
Claiborne
Copiah
Simpson
Jefferson
Covington
Jones
Wayne
Adams
Franklin
Lincoln
Lawrence
Jefferson Davis
Forrest
Wilkinson
Amite
Pike
Walthall
Marion
Lamar
Perry
Greene
George
Pearl River
Stone
Harrison
Jackson
Hancock

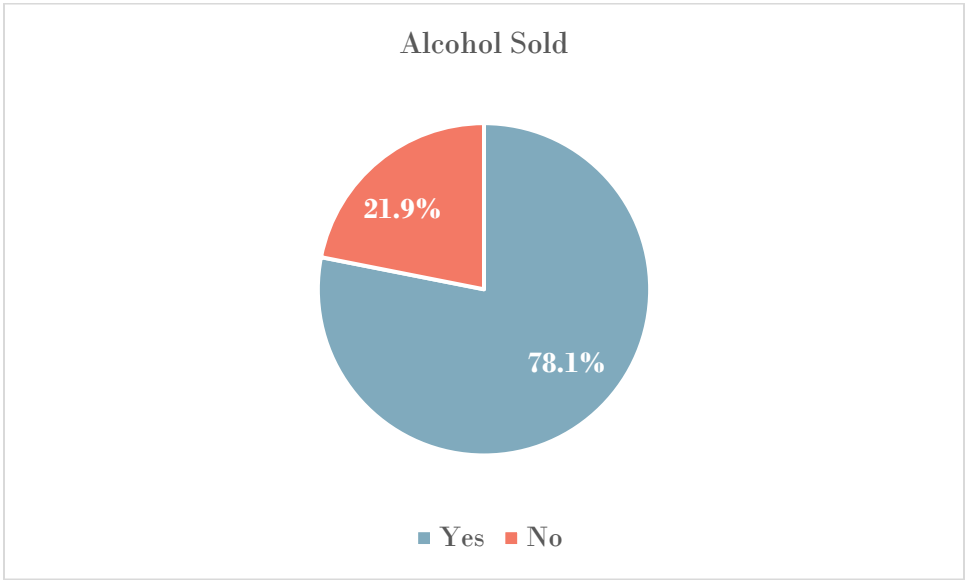
Most of the 236 tobacco retailers were in locations that were convenience (60.5%) or mass merchandise (22.4%) type stores. Less than 5% had pharmacies in the store where tobacco was sold.



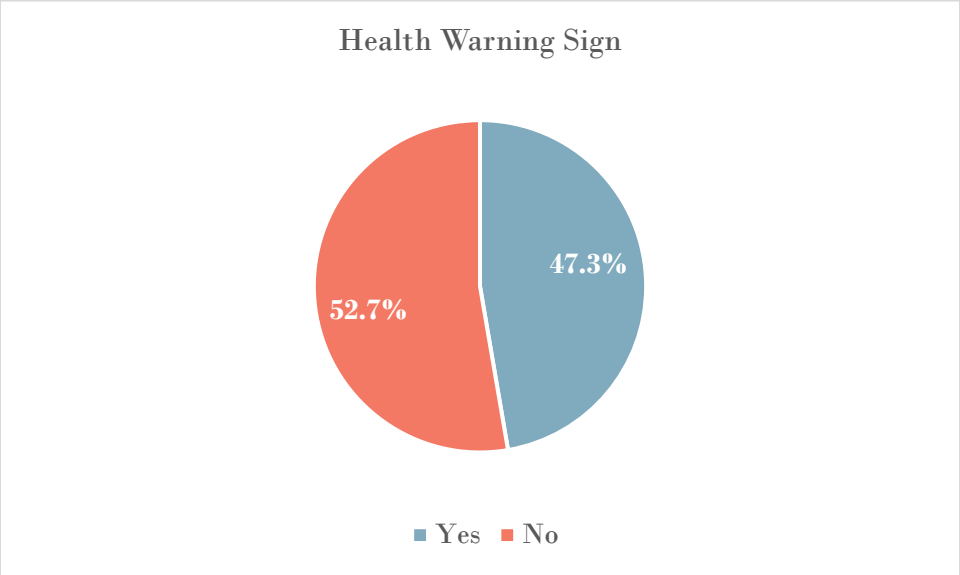
More than half of the stores reviewed had advertisements outside of the store – on windows, sidewalks, or attached to the buildings (64.0%). The types of advertisements included menthol cigarettes (67.6%), chew, snuff, dip, or snus (56.6%), and e-cigarettes (49.1%).



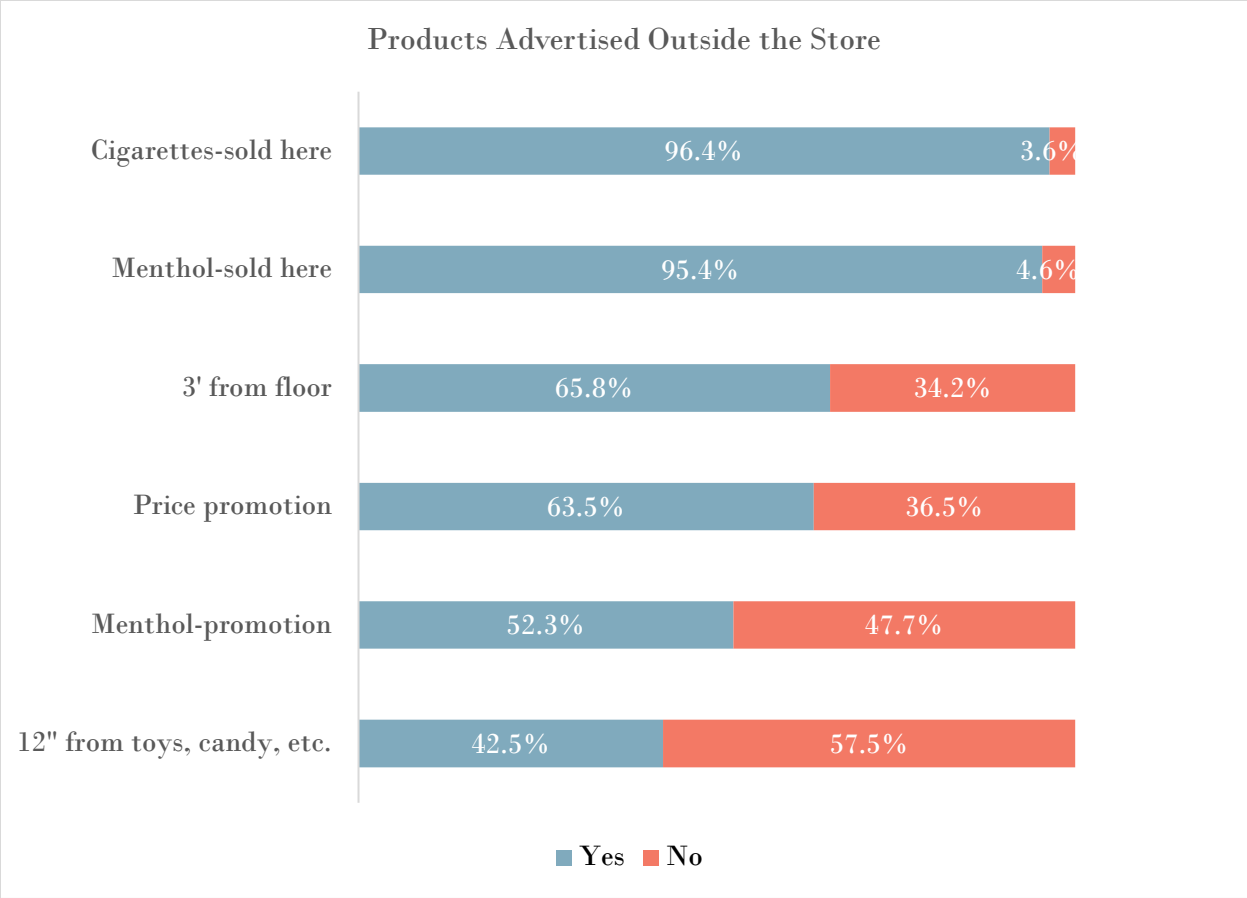
Almost eight out of ten retailers (78.1%) also sold alcohol where tobacco products could be purchased.



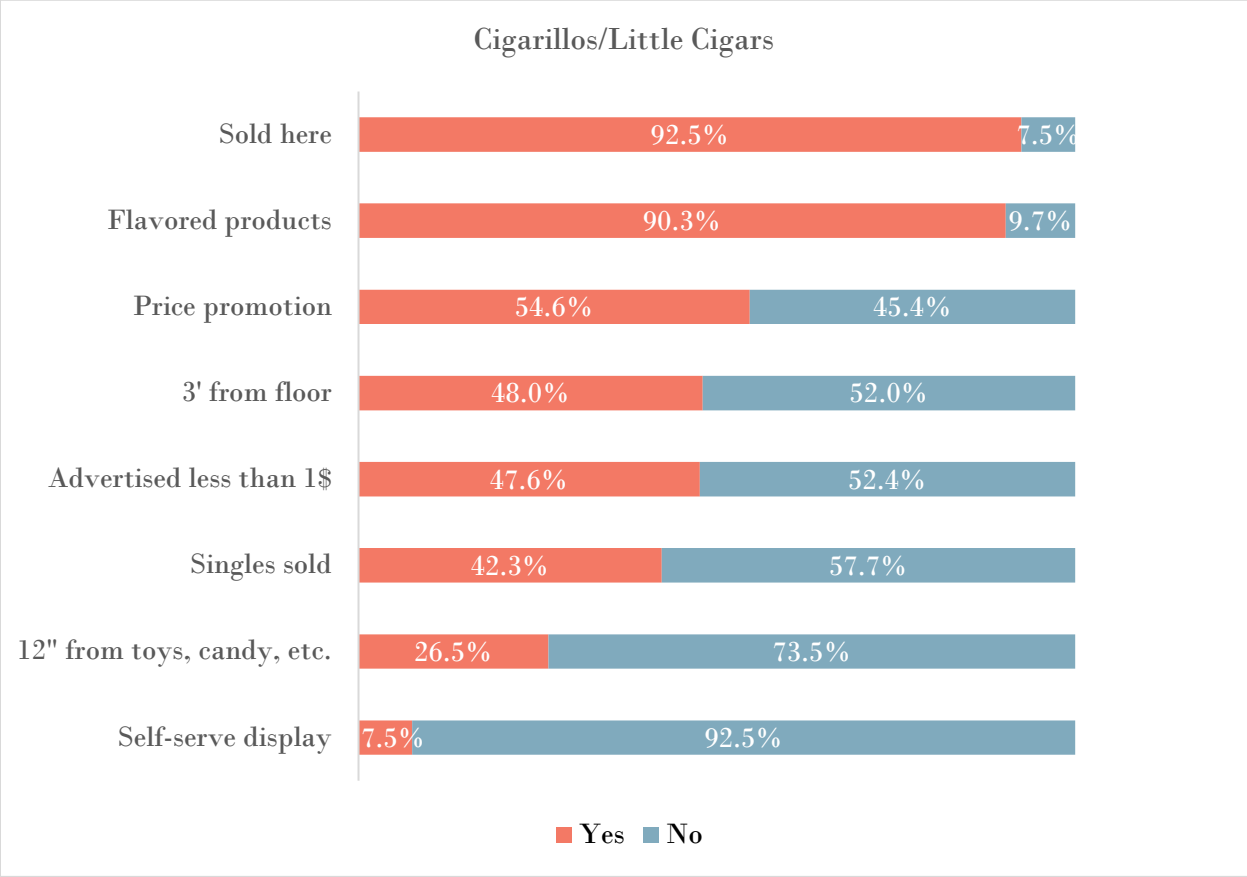
Almost half of the stores had graphic signs or displayed information warning of the health dangers of smoking (47.3%).



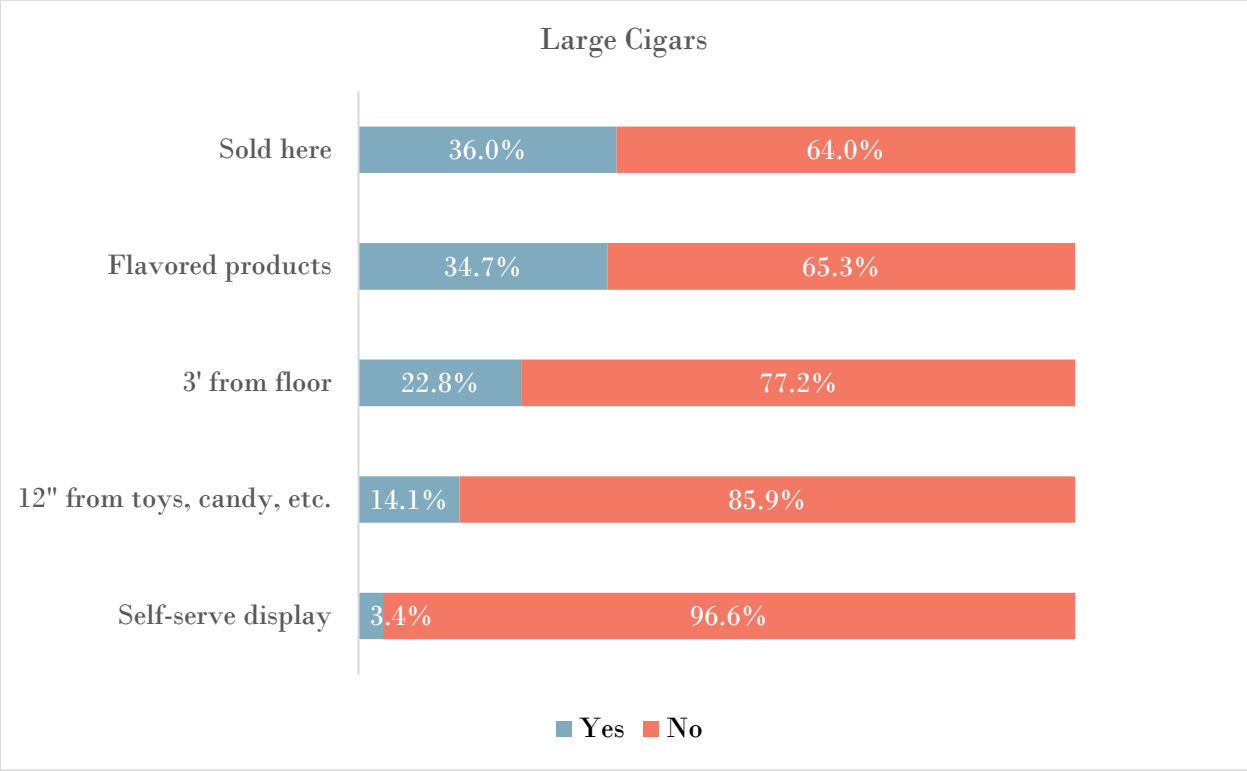
Specific advertising when selling tobacco and targeted promotions or price promotions are captured in the figure below. Most of the retailers advertised cigarettes outside of the store (96.4%), including menthol (95.4%), and less than half of the stores had these products at least 12" away from toys, gum, candy, etc. (42.5%).



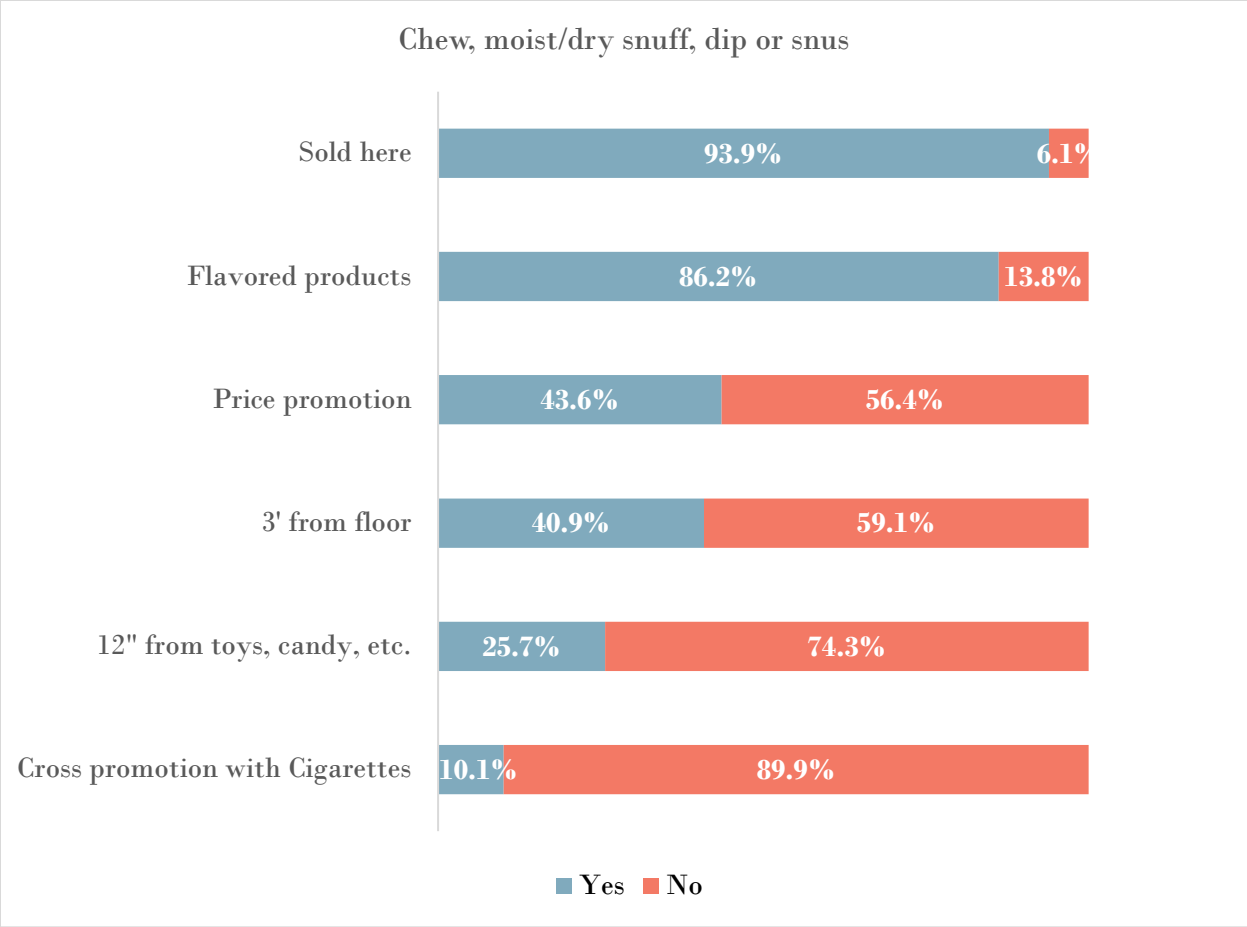
When inquiring specifically about cigarillos or little cigars, the following were either observed or answered by the store clerk. Most retailers sold little cigars (92.5%) and flavored cigarillo products (90.3%).



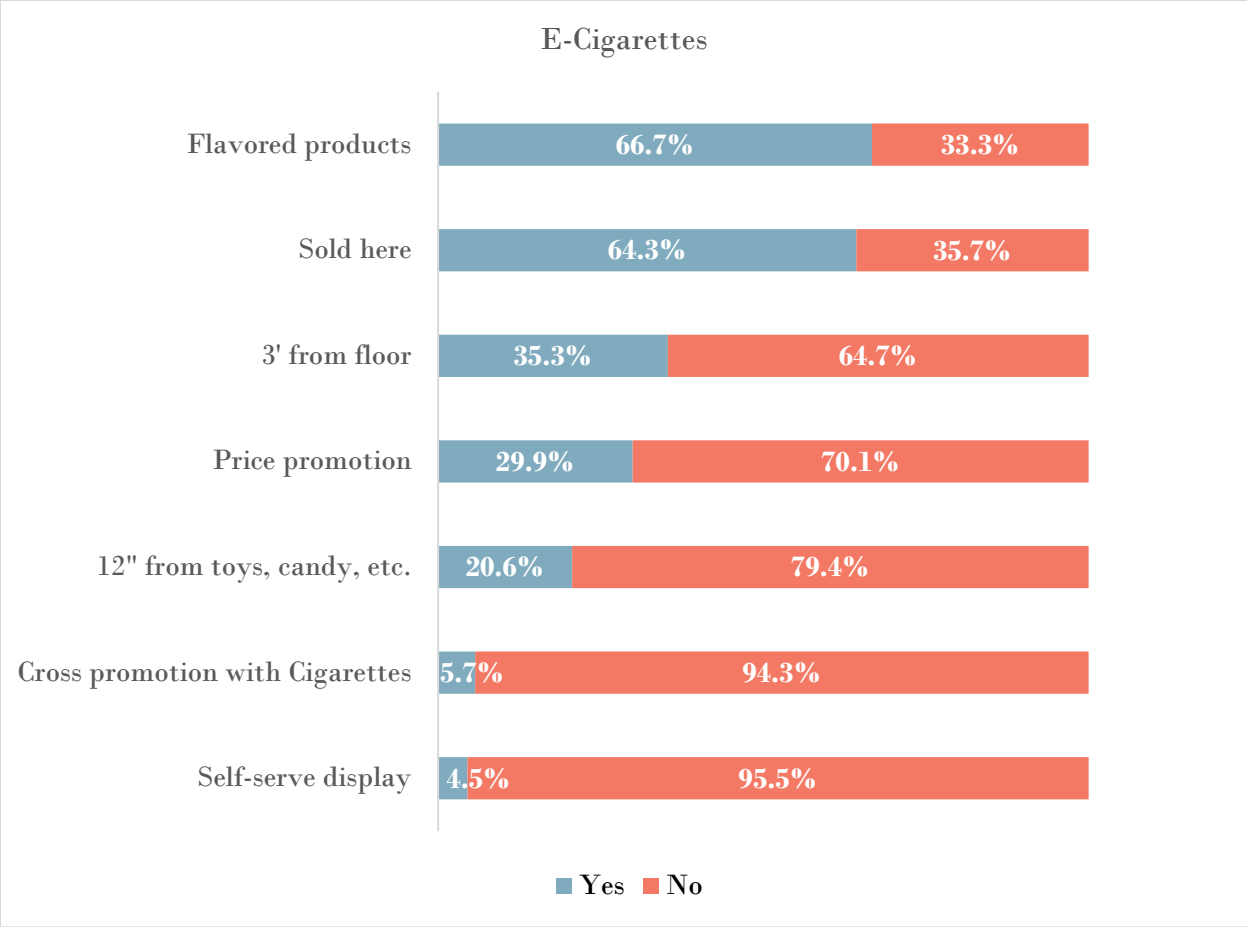
When inquiring specifically about large cigars, the following were either observed or answered by the store clerk. Large cigars were not as readily available as the other products (36.0%), but they were available as flavored products where they were sold (34.7%).



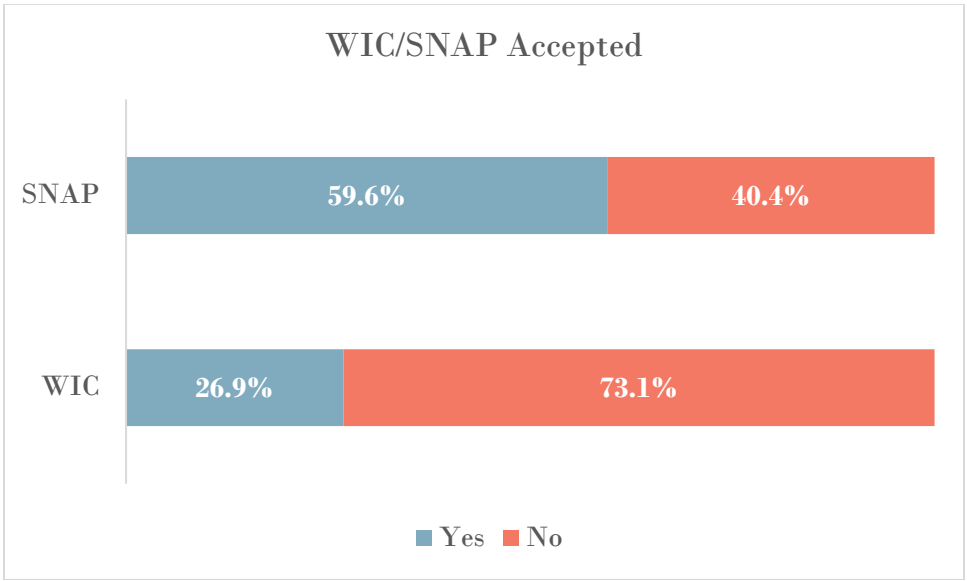
When inquiring specifically about chew, snuff, dip, or snus, the following were either observed or answered by the store clerk. These products were available at most of the stores (93.9%), but not all stores had these in flavors (86.2%).



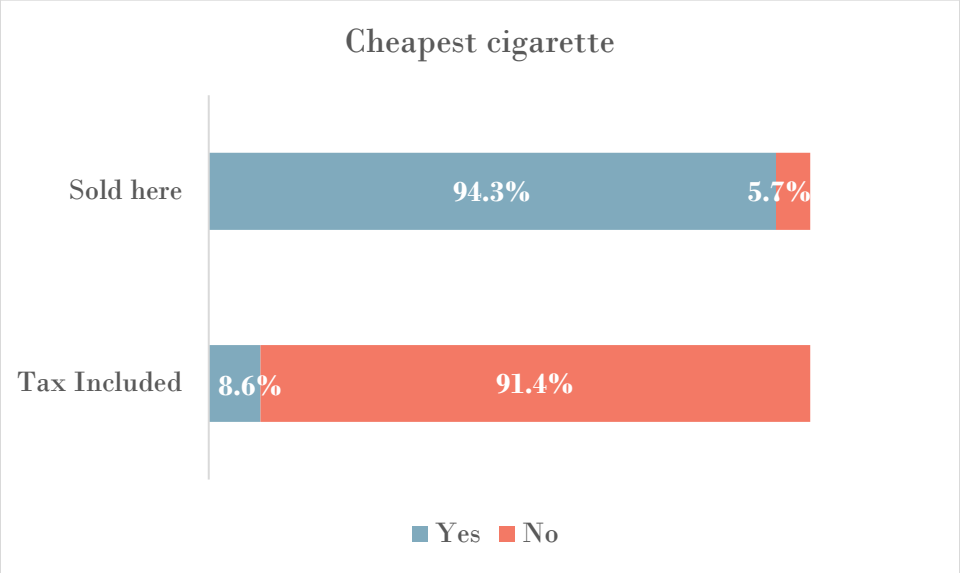
When inquiring specifically about e-cigarettes, the following were either observed or answered by the store clerk. More than half of the retailers sold flavored e-cigarette products (66.7%). They were usually more than three feet from the ground (35.3%) and were promoted (29.9%).

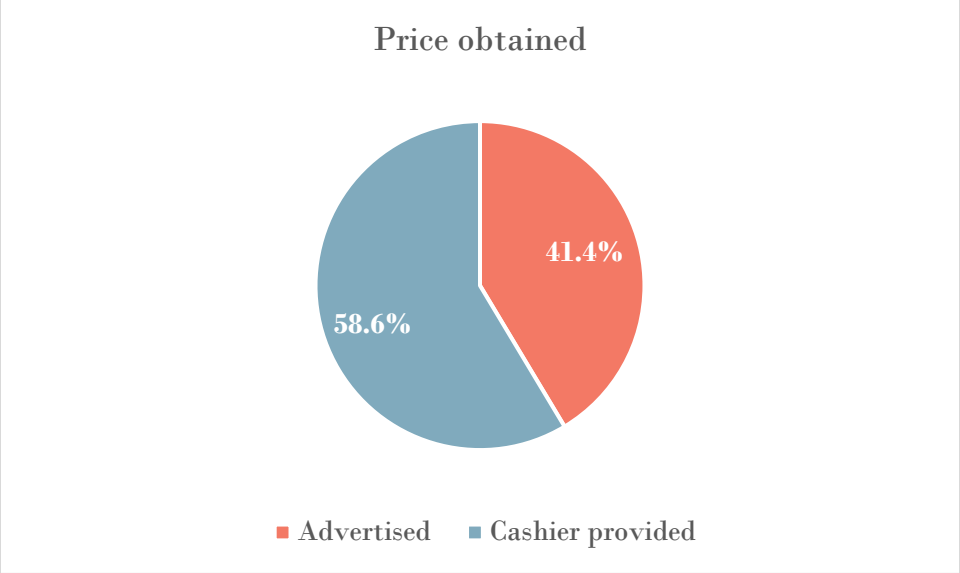


The federal program SNAP (Supplemental Nutrition Assistance Program) was accepted at more than half of these retailers (59.6%), but the WIC (Women, Infants & Children) program was only accepted at 26.9% of retailers.

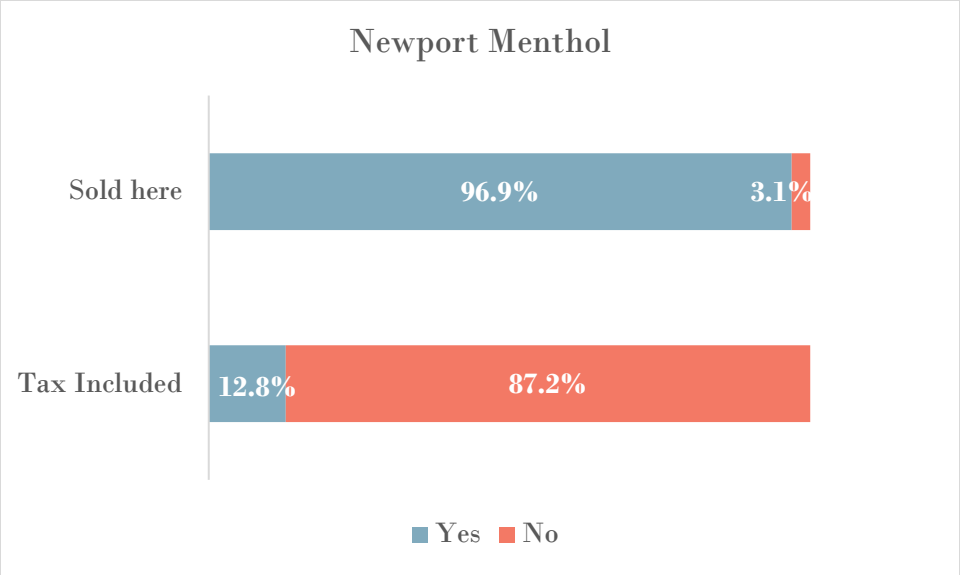


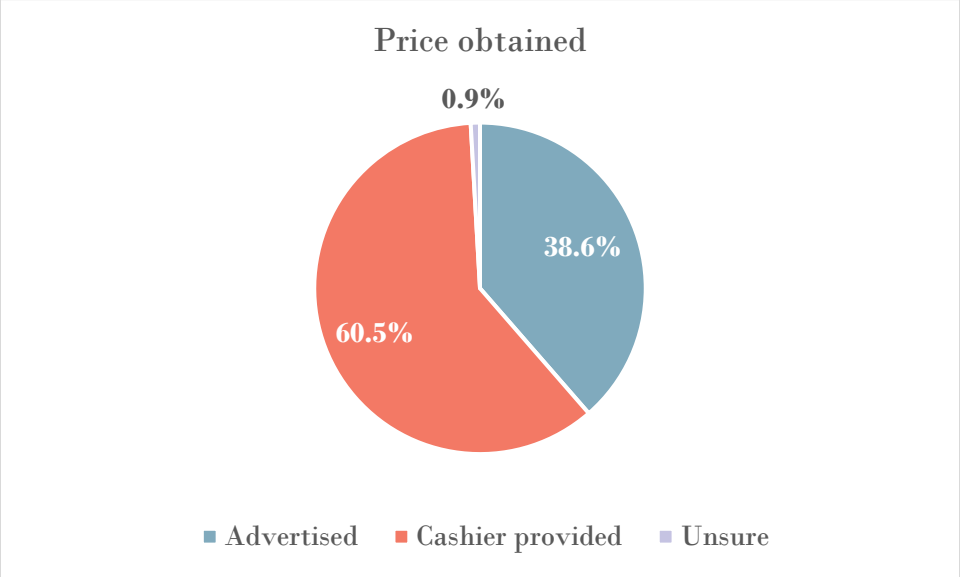
The cheapest cigarette on the market was sold in most retail stores (94.3%), but typically the tax was not included in that price (91.4%), as seen in the figure below. The project director either saw the price marketed on a sign or asked the cashier for the information in the following two figures.



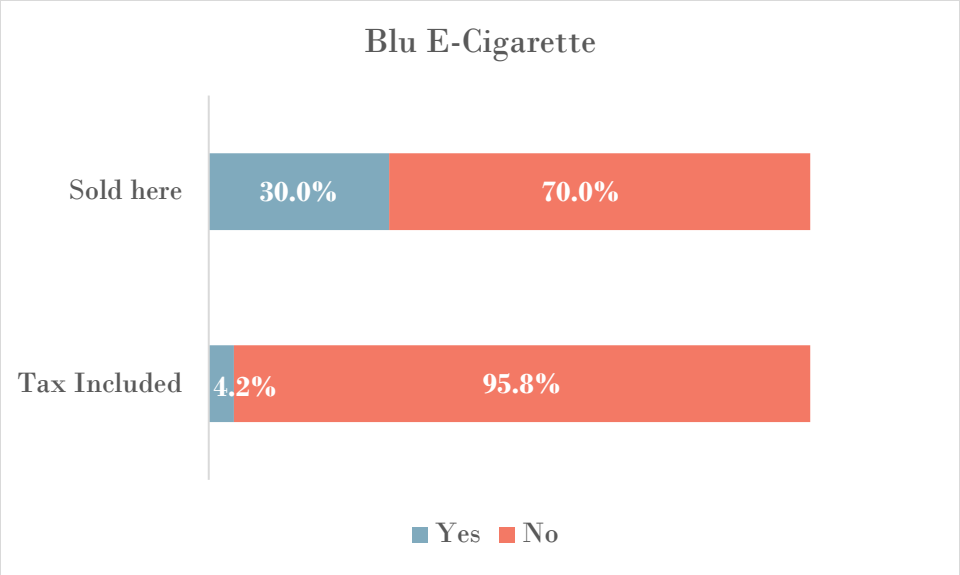


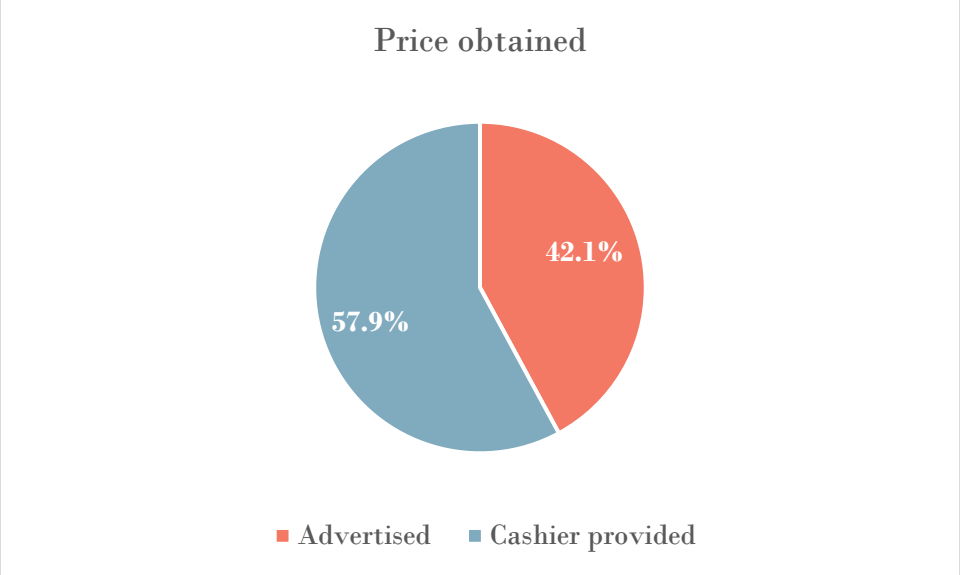
A popular menthol cigarette, Newport, was sold in most retail stores (96.9%), but typically the tax was not included in that price (87.2%), as seen in the figure below. The project director either saw the price marketed on a sign or asked the cashier for the information as displayed in the following two figures.





This assessment specifically asked about the disposable e-cigarette brand, Blu. Less than half of the stores (30.0%), sold them, but it is important to note that this assessment tool was created in 2014 when this brand was only one of a few on the market. Since then, the available brands, device types, and flavors of e-cigarettes have increased exponentially. The project director either saw the price marketed on a sign or asked the cashier for the information as shown in the following two figures.


Blu E-Cigarette
Sold here
30.0%
70.0%
Tax Included
4.2%
95.8%
Yes
No


Price obtained
42.1%
57.9%
Advertised
Cashier provided

Mississippi Academy of Family Physicians and TAR WARS

The Mississippi Academy of Family Physicians Foundation (MAFP) began partnering with the Mississippi Department of Health in 2008 to promote tobacco cessation through the Tobacco Free Mississippi: Engaging Mississippi's Family Physicians Project. For over 15 years, the partnership has made great strides in reaching children across the state and teaching them the benefits of not using tobacco products. That message has remained strong, thanks to the partnerships with UMMC, William Carey University (WCU), the ACT Center, and the MSDH.

TAR WARS is a tobacco-free education program from the American Academy of Family Physicians that is designed for third and fourth grade students. MAFP utilizes the TAR WARS program to actively mobilize UMMC 3rd year medical students and WCU 1st year medical students to teach Mississippi's children about the short-term health effects of tobacco. Currently, all UMMC 3rd year students in the Family Medicine rotation group are required to make a TAR WARS presentation during their rotation; they receive a pass or fail grade for completion. There are 10 rotations per year and approximately 24 medical students in each rotation. Students at WCU go into schools in a large group setting to teach the program. During this grant year, the medical students taught the TAR WARS curriculum to over 6,000 elementary students in Mississippi.

MAFP receives positive feedback from the medical students who find the presentation educational, not only for the elementary students in the classroom but for themselves as well.

- "*I enjoyed educating kids at my alma mater, JA, about the dangers of tobacco.*"
- "*The students were very receptive to all of the activities and information I shared. I love that this has been incorporated into the family medicine clerkship curriculum.*"
- "*Mrs. Jeter was extremely kind and hospitable in her classroom. Her 4th graders were extremely interactive and perceptive during my presentation, and I was very surprised at the number of students that have smokers/vapers in their home. It was easily as enjoyable for me as it was for the students.*"
- "*Great experience! The kids loved interacting and enjoyed the activities provided by TAR WARS. I had multiple kids in the class come up to me after the presentation and ask about how to get their parents to stop smoking or vaping. Very impactful presentation.*"

This program provides a unique pathway to educate and train Mississippi's future physicians on the importance of tobacco counseling via a physician/patient relationship. This is critical as Mississippi remains one of the states with the highest prevalence of current smoking among adults. TAR WARS is extremely impactful because it educates the presenter (the medical student), the attendees (elementary students and teachers), and their families (parents) on the health risks associated with tobacco use.

Teachers and school nurses have expressed an interest in having more presentations on a regular basis in their schools, especially on the topic of vaping. Therefore, the program has adapted its curriculum to incorporate educational materials about the effects of vaping, and the members are exploring opportunities for other groups to assist with their efforts.

TAR WARS Methodology and Participant Profile

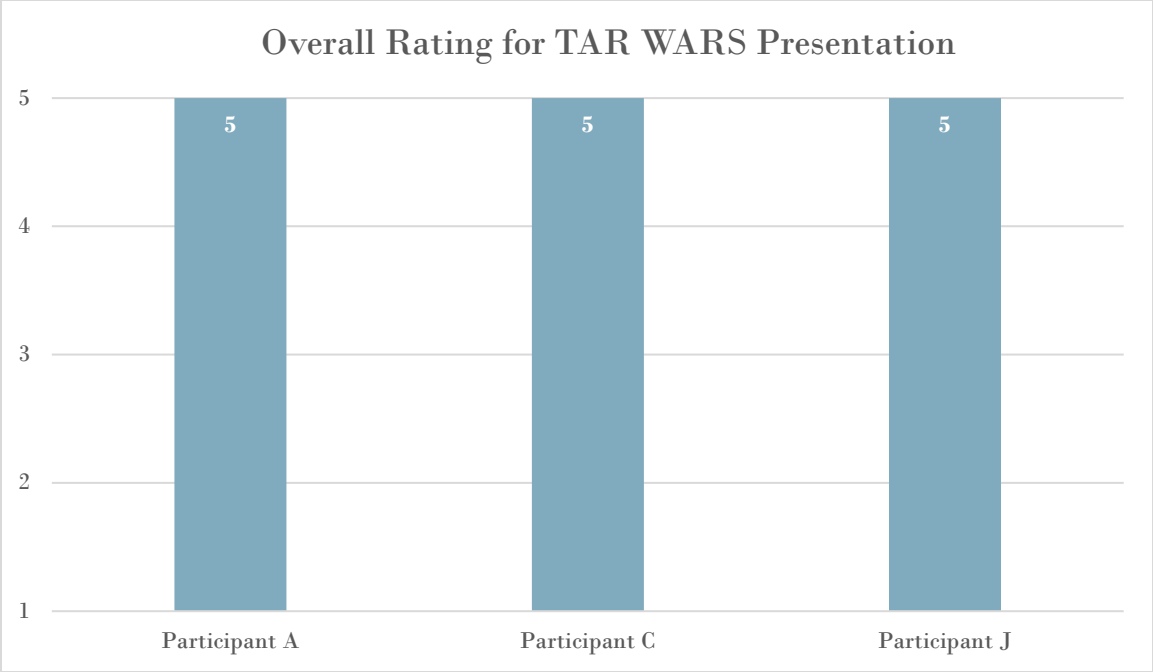
Of the medical students trained this year, a few were recruited using referrals from Ms. DeAnna Dillard, Director of the Family Physicians program. Invites were sent by email to nine potential participants during April 2023. Three medical students volunteered to participate in a structured interview that lasted approximately 15 minutes. Interviews were conducted online by MSU evaluators using the platform WebEx. Interview questions included impressions of the program, memorable elements of the presentation and activities, level of student engagement, suggestions for improvement, and thoughts about educating elementary students in their classrooms. Two MSU evaluators synthesized the results based on interview questions. The names of students are concealed for confidentiality, but the first letter of their first name is retained for differentiation. All participants were third year medical students at UMMC – a future anesthesiologist (Participant A), a future adult neurologist (Participant C), and a future cardiologist (Participant J). Participant A expressed plans to stay in Mississippi for his residency and entire medical training. The results are presented using narrative language and representative quotes from the participants.

How Medical Students Described their Orientation Training

All participants mentioned that Ms. DeAnna Dillard's orientation was sufficient and not excessive. Ms. Dillard provided a brief presentation at the beginning of the medical students' family medicine rotation explaining the purpose behind TAR WARS and what was expected of the medical students during these presentations. Participants agreed that the content and slides were enough to pull information and interact successfully with elementary students. There was no real need for a "*step-by-step tutorial,*" as Ms. Dillard's training was "*a jam-packed orientation*" that lasted about 30 minutes and included a PowerPoint presentation and a "*bag full of the stuff for the interactive portions.*" Participants were provided with a template that they reviewed on their own to be prepared. Also, one participant admitted that their level of knowledge rendered the content in the presentation quite comprehensible: "*a certain level of baseline knowledge [exists] because you're asking medical students to do this instead of like high school students or undergrad students who haven't, like, explicitly been taught this.*" (Participant J)

Overall Rating and Spontaneous Mentions

On a scale of 1-5, with 1 being the lowest and 5 being the highest, all participants gave a rating of 5 for their overall impression of the presentation.



What did they personally learn or remember the most?

The statistics, media exposure, economic consequences, impact on health, and terminology were memorable elements of the presentation for all participants:

- The statistical information presented "*was interesting to me.*"
- Learning about the tobacco industry and the targeting they do through the advertisements, the packaging, the flavors, the social media messages "*was surprising and new to me.*"
- The figures about the amount of money spent in the tobacco industry "*which I believe was in the billions*."
- The effects on all the "*systems of the human body, such as the skin*."
- The terminology about all the different vaping products.

Did anything stick out to you?

Participants found the information current because it was "*staying up to the times and including a lot of the e-cigarette kind of deals*" along with the declining use of other tobacco products and a spike in electronic cigarette use. Participants spoke about showing overall percentages of middle school students' tobacco/nicotine use and how it escalated in later grades. They thought that the committee involved in TAR WARS "*stayed vigilant and kept their programming updated*." The emphasis on current information made a difference in presentations to elementary school students who seemed to have already been exposed to smoking or e-cigarettes through their family environment, notably parents. All participants commented on the hands-on activities during the presentation. One activity involved children doing some light exercises and jumping jacks with a straw in their mouth and then comparing that to exercising without the straw. Participants stated that:

> "*The breathing through a straw activity, they all loved. I think they [students] got a kick out of that*" and "[students] *they quickly noticed how difficult it was to, you know, to*

> *breathe properly with the straw in their mouth after doing jumping jacks and that was to simulate damaged lungs from years of smoking. So, I think that was fun for them. They were a little tired, but they really understood the message behind it without me having to, to do much explanation afterwards. So that was good.*" (Participant C)

Participants valued the importance of staying vigilant and being persistent in educating our youth "*just being on the lookout and being aware that these companies are targeting you at a young age.*" Furthermore, participants expressed the idea of targeting youth who can use this information to fight against peer pressure on both trying and becoming addicted to tobacco products.

Participants appreciated learning about the different types of vaping products and flavors, as these work as enticement tools for the youth who "*might think it's like more of, like a snack almost.*" As a participant stated:

> "*they're hanging out with like an eighth grader and they're like, oh, try this, it tastes like pineapple. It's delicious. … So, I think that learning all the different names, like the mod and all the, like, different crazy names…, if they know those names, like when someone says that to them, it's not any confusion as to what exactly that is.*" (Participant J)

Explaining addiction by associating it with gaming "*addicted to Takis or Fortnite. And like just like using those things to be able to explain to them too was really nice*" and the impact of smoking on health "*asking how long it takes your lungs to recover. Or like, if you smoke, how many years is it until, like, you know your lungs are never going to be the same again*" were additional elements participants recalled.

Adequacy of materials

Participants mentioned that their supplies, i.e., rubber bands and straws, were enough for students in one class. Also, the presentation slides were thorough, and participants did not have to apply any modifications, although they could. Furthermore, the entire presentation was delivered on one big screen that everyone was able to see. On the other hand, some participants expressed a few limitations regarding the length of the presentation and the number of supplies. One participant did not finish the presentation "*kind of rushing through the end. I don't really even know if that's any fault on them or if it was just, you know, kids are a lot more interested in this stuff than we thought.*" Another participant mentioned that cards were limited so they gave out paper copies of the cards to elementary students. For this participant, supplies did not cover students from three classrooms: "*So it's probably hard to know how to gauge that material distribution, but maybe we can work on that.*" Lastly, one participant incentivized students to ask questions by distributing candy to motivate elementary students; this proved not to be necessary: "*I also went and picked up candy and gave it out to the kids too. I thought I was gonna have to incentivize them to ask questions, but not at all. Just everyone got candy.*"

Overall impressions about the presentation

The presentation was broken down into segments including pictures and words that allowed students to interact, ask questions, and engage in different activities. Participants presented and used a whiteboard to engage students in the materials. One participant said that a fun way to present the financial burden of tobacco use was to ask inquisitive questions:

> "*So, there was at least in the classroom I presented in there was like a board where actually I had the presentation up and there was a whiteboard next to it. So that was like one of the things was like the financial burden and so I had them like guessing numbers like how what would the financial burden be per month, per year, for 10 years*." (Participant A)

Presentations lasted approximately 45 minutes with an additional 15 minutes for Q&A including the interactive portion. All participants agreed that the presentation was comprehensive, well-constructed, and included lots of engaging opportunities: "*they gave us like word searches and different things with all the terminology to pass out to the kids too and they love those. So, I think they did a really good job putting the program together*." Participants asked questions and reimbursed elementary students accordingly: "*have them raise their hands and once they answered it, I'll give them a rubber band that said tobacco free, or something along these lines*." At first, participants thought that the target group of 3rd to 5th graders seemed too young, but elementary students were "*very receptive, they asked way more questions than I expected. I didn't even finish my entire print*."

Impact

Participants presented to elementary students in different parts of the state, such as Natchez, MS, and Saltillo, MS. Participant A presented to students and teachers from three classrooms in the participant's old elementary school. Attendance ranged from a small-size class to an auditorium with 200-300 students.

Participants seemed impressed by the way elementary students reflected upon their own family or personal experiences and "*their own exposures and from family members or things they've seen online*." Elementary students asked participants more private questions at the end of a presentation "*like my mom smokes at home, like what do I do?*" or "*and a lot of these kids said, you know, their parents smoke like in the car with them. And you know, I have asthma probably from secondhand smoke from my parents and so. It just shocked me, I guess, with how prevalent it still was. And really, parents who were closer to my age than my mom's age*." These kinds of follow-up questions gave participants a sense of positive and meaningful impact on students' lives:

> "*So that honestly made me leave being like wow. Like I actually hopefully made a difference in these kid futures if they're going to go make a positive change in their life …I just thought that was kind of good proof that the kids were engaged throughout and that they actually got something from it. So that made me feel like it was a good use of my time. It was a good use of their time.*" (Participant A)

Participants agreed that props (rubber bands, straws) engaged students a lot during the presentation, and they suspected that elementary students seemed to already know a lot of the presented information and were "very interactive, super interested" which almost rendered participants "in shock." Participants also acknowledged the valuable assistance of teachers who were "*phenomenal and super active in* [presentation], *too*."

Incorporation of the Material Learned in Future Medical Practice

All participants expressed a resounding "yes" for incorporating the content of the presentation into their future medical practice.

Even though participants would follow different medical paths, they all stated that Pediatrics and Primary Preventive Care would be the most suitable areas to apply the lessons of the presentation; for example, a pediatric clinic, family medicine clinic, or "*anything where preventive care is kind of on the forefront*" and where "*children of their age, you know, when they just come in for an annual wellness or something like that*." Participants recognized that transferring knowledge could be a useful tool for people of all ages: "[the] *effects of tobacco in a way that you know, a 3rd grader, 4th grader can understand can go a long way just even to explaining it to, you know, an adult who may not have kind of the health background that we have coming through UMMC*" (Participant C). Lastly, participants recognized that educating our youth early might be key to prevention because "*if you start with high school students, you might be too late.*"

Testimonies from the director of the TAR WARS program also provided evidence for its success:

> "*Teachers and school nurses have expressed an interest in having more presentations on a regular basis in their schools, especially on the topic of vaping. Therefore, we have adapted our curriculum to incorporate educational materials about the effects of vaping, and we are exploring opportunities for other groups to assist with our efforts*." DeAnna Dillard

Recommendations

Participants' suggestions based on their overall experience with the program included the following:

- Regulation of content in presentations by receiving feedback from teachers in students' classrooms.
- Monitoring the number of students attending a presentation as in some cases students outnumbered the available number of supplies.
- Orientation training could last longer so that medical students could digest the material along with the trainer instead of reviewing everything on their own.
- Participants understood the importance of targeting students at an early age but they thought that extending the presentation to middle or high school students would be also beneficial: "*I think it'd be a cool idea to have some kind of speech that was reaching out to slightly older kids as well, maybe in addition to the current TAR WARS format or, you know, maybe a separate presentation*." (Participant C)
- Adding more visual representation to resonate the message: "*It was easier to explain with the video because they asked, you know like of what the lungs start to look like and all these things*." (Participant A)
- Condensing and making simpler some of the information on certain topics would help participants not to rush through the presentation: "*I feel like there were a lot of slides talking about all the different like toxins and stuff that are within cigarettes and all the things*." (Participant J).

Based on this information, the MSU evaluation team recommends continuous use of graphs and other visuals to capture the attention of presenters and audience, as well as the provision of incentives and activities that engage the interest of elementary students. Emphasizing the prevalence of second-hand smoke was important based on stories elementary students shared; this increased the significance of the presentation. Therefore, informing youth about tobacco products and their negative effects helps serve as a deterrent to future use.

Mississippi Academy of Family Physicians and ACT Center

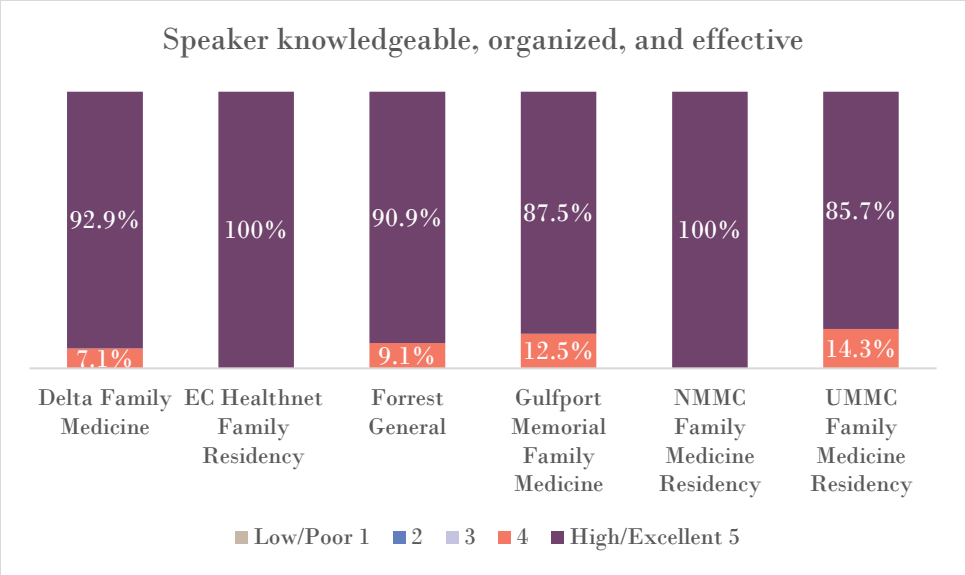
The MAFP program staff and the ACT Center program staff collaborated during FY2023 on the United States Public Health Service (USPHS) Tobacco Treatment Training. This tobacco dependency education geared toward physicians and clinic staff helps drive patients to the Quitline and the ACT Center for help in quitting tobacco. The following table shows the clinics that participated in FY2023.

USPHS-Rx for Change: Tobacco Cessation Training Program	
Health System	**N**
Delta Family Medicine	14
EC Healthnet Family Residency Program	12
Forrest General	11
Gulfport Memorial Family Medicine	16
NMMC Family Medicine Residency	13
UMMC Family Medicine Residency	14
Total	**82**

The following series of graphs display the responses to the ten questions in the evaluation for the six sessions, followed by the open-ended responses.

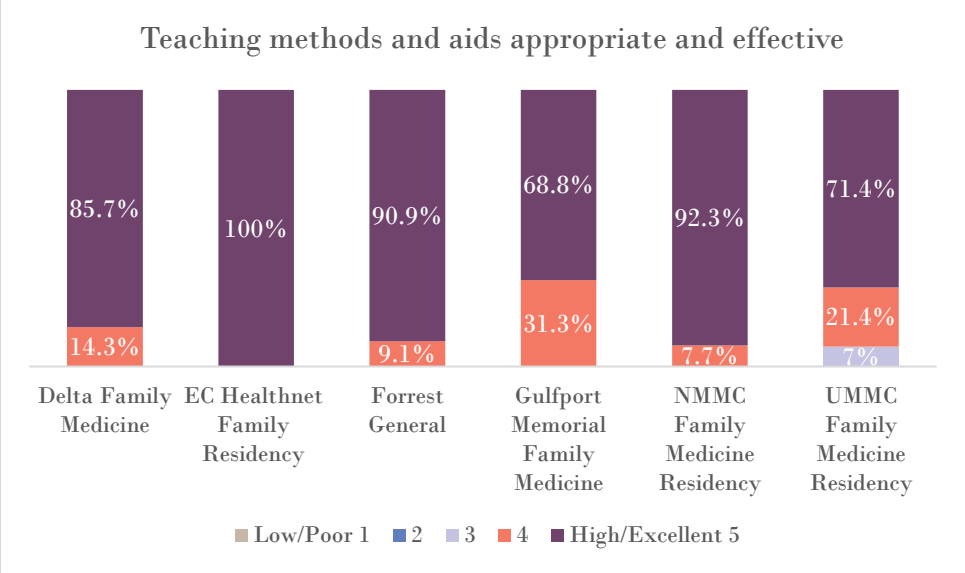
1. To what extent was the speaker for this session knowledgeable, organized, and effective?

The USPHS Program received good ratings from participating clinics, with physicians from the EC Healthnet Family Residency and the NMCC Family Medicine Residency providing the highest grade of '5' at 100%.



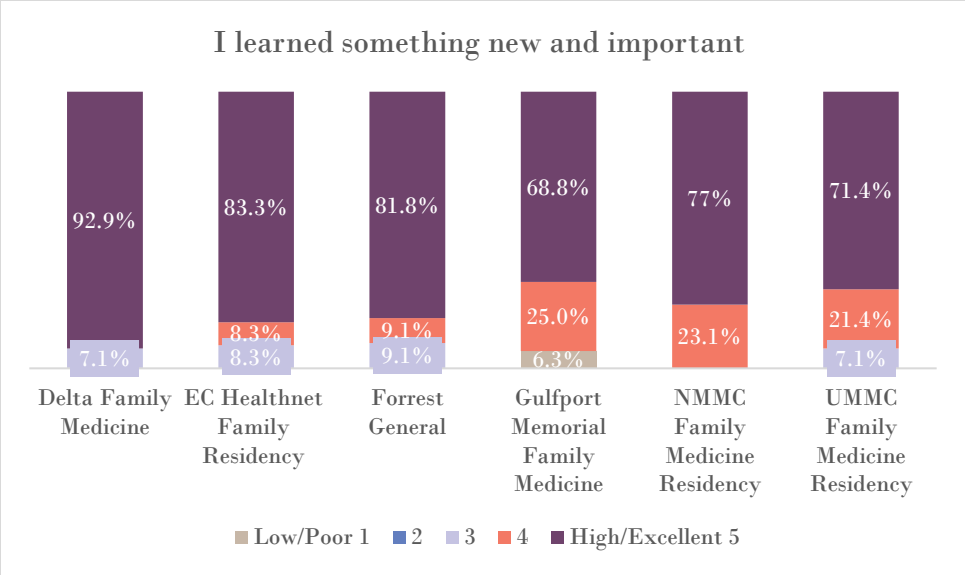
2. To what extent were the teaching methods and aids appropriate and effective?

The teaching methods and aids used in the USPHS program were given a very good '4' or excellent '5' rating. Notably, physicians from the EC Healthnet Family Medicine Residency offered a rating of '5' at 100%, while those from the UMMC Family Medicine Residency gave a middle rating of '3.'



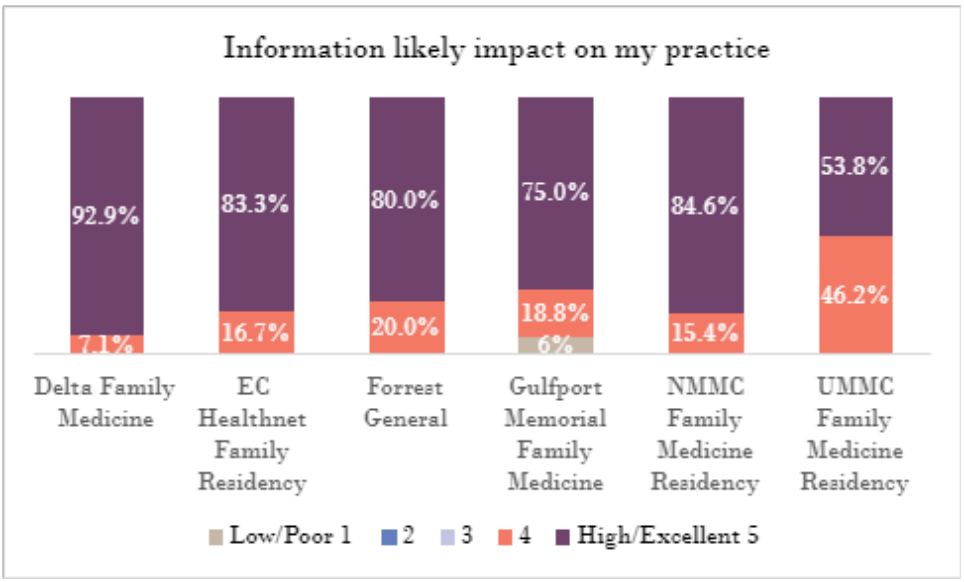
3. I learned something new and important.

More than 75% of physicians rated high with a '5' for the fact that they learned something new and important. Less than 10 percent of physicians in Delta Family, EC Healthnet, Forrest General, and UMMC Family gave a middle rating of '3', with those in Gulfport Memorial Family Medicine giving the lowest rating of '1.'



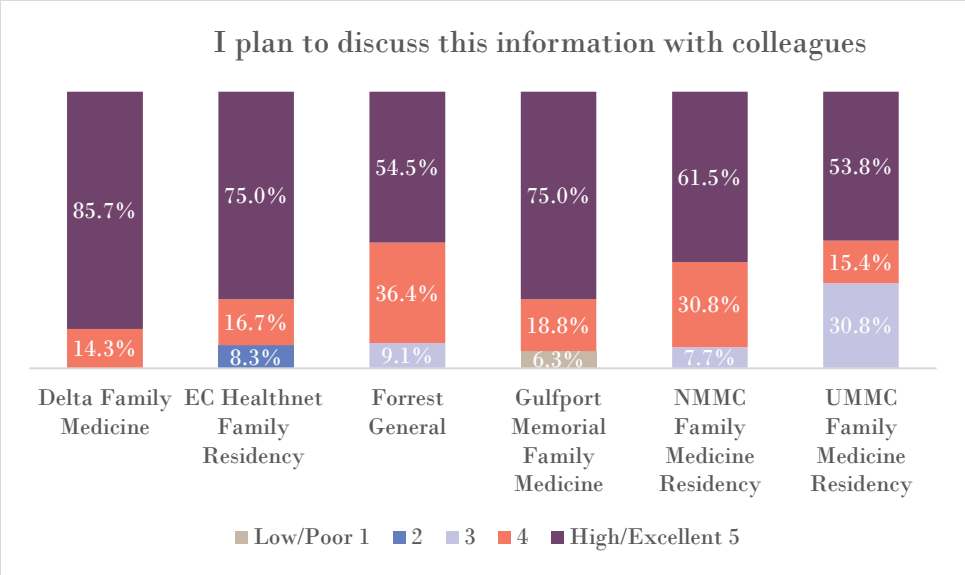
4. This information is likely to have an impact on my practice.

The majority of participating clinics gave the likelihood that the information would affect their practice a rating of '5.' A little under half of the doctors in the UMMC Family Medicine Residency also gave a rating of '4,' while interestingly, 6% of doctors in Gulfport Memorial Family Medicine assessed it poorly with a '1.'



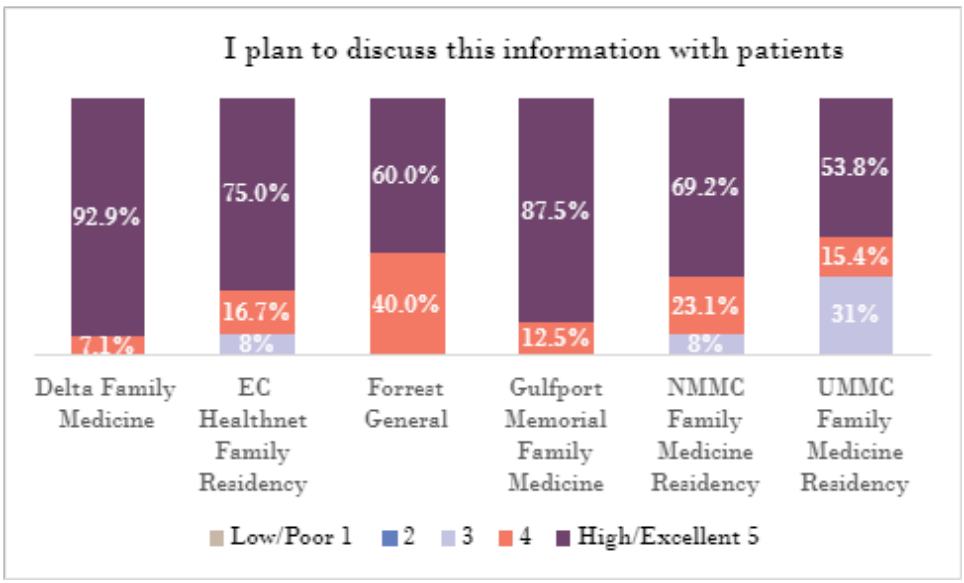
5. I plan to discuss this information with colleagues.

The majority of the participating clinics gave their plan to discuss the information with colleagues a high '5' or '4' rating. That wasn't always the case for doctors at Gulfport Memorial, who 6.3% gave a low rating of '1,' and 8.3 % of doctors at EC Healthnet, who gave this a rating of '2.'



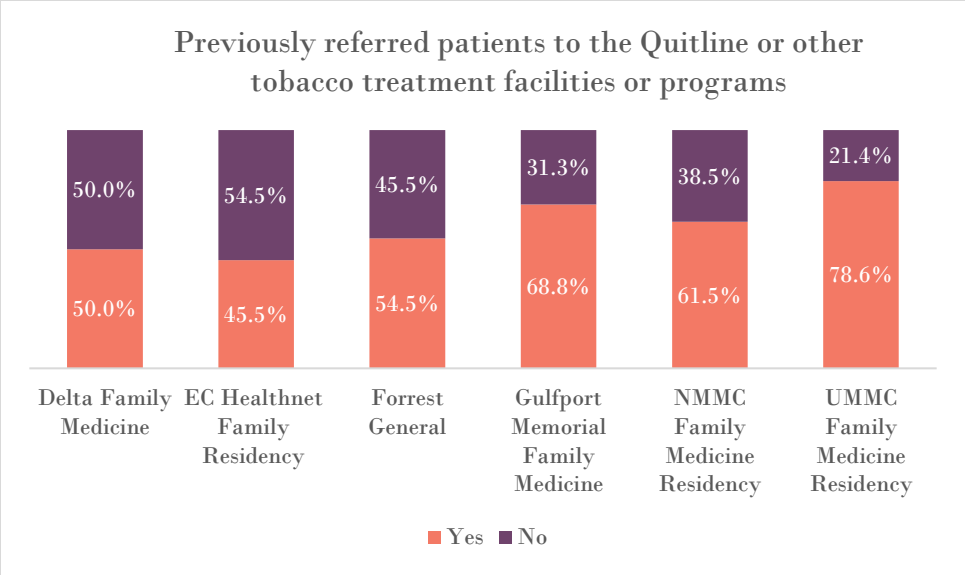
6. I plan to discuss this information with patients.

Similarly, the majority of the participating clinics gave their plan to discuss the information with patients a high '5' or '4' rating. A medium rating of '3' was also given by doctors in various clinics, specifically 31% in UMMC Family Medicine and 8% in EC Healthnet and NMCC Family Medicine.



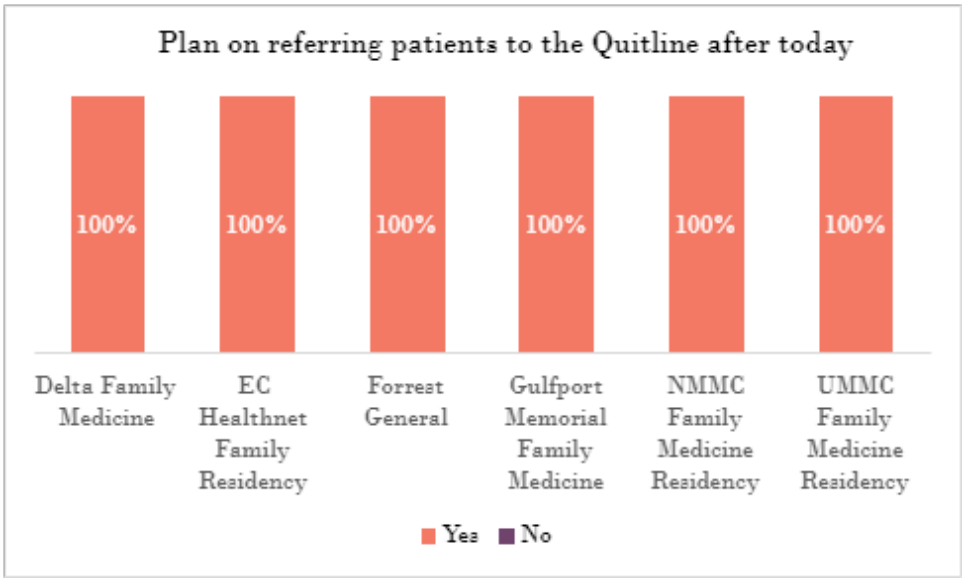
7. Have you previously referred patients to Quitline or other tobacco treatment facilities or programs?

The Quitline or other USPHS programs had previously been recommended to patients by nearly half of the participating clinics. However, a sizable portion of physicians admittedly had not used the Quitline, etc. to refer patients. Most notably, this was the finding at EC Healthnet (54.5%), Delta Family Medicine (50.0%), and Forrest General (45.5%).



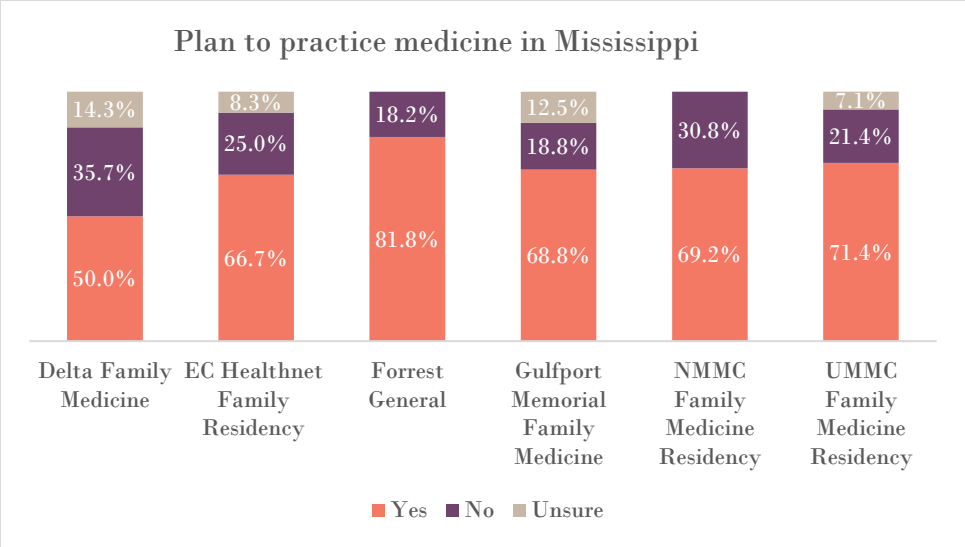
8. Do you plan on referring patients to the Quitline after today?

All participants planned on referring participants to the Quitline following the training sessions.



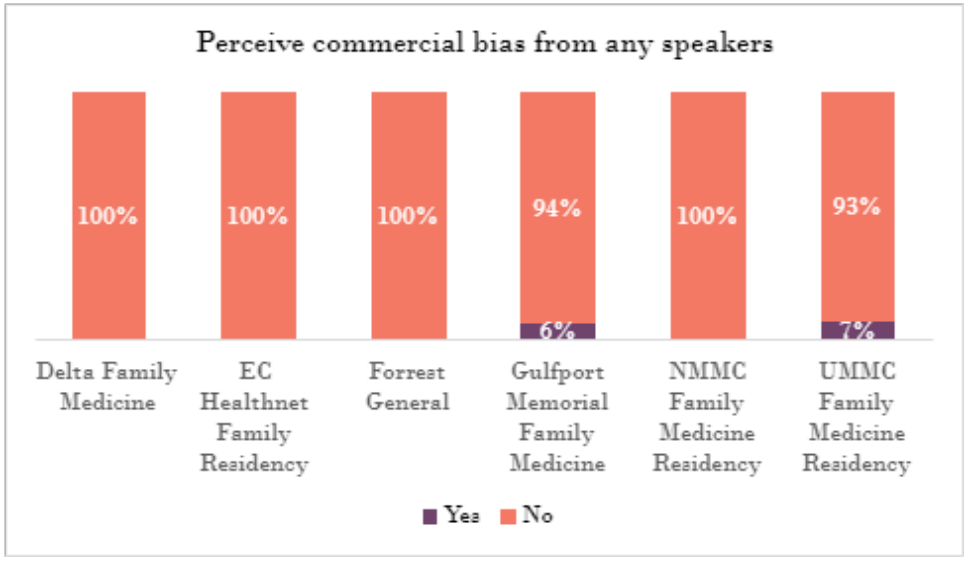
9. Do you plan to practice medicine in the State of Mississippi?

Despite the fact that the majority of doctors in participating clinics planned to practice medicine in Mississippi, a small number of them, particularly those in Delta Family Medicine, Gulfport Memorial Family Medicine, EC Healthnet, and UMMC Family Medicine, expressed uncertainty.



10. Did you perceive evidence of commercial bias from any speakers?

Participants generally didn't perceive any commercial bias from speakers, but a very small portion (7% and 6%, respectively) of physicians from Gulfport Memorial Family Medicine and UMMC Family Medicine did.



11. What change(s), if any, do you plan to make in your practice as a result of your participation in this session? (Note: Numbers in parentheses indicate the highest count of responses)

- Refer patients to the Quitline and ACT Center (11)
- Learned several things about dosing with the duration of TX's (5)
- Use more FDA-approved meds to help with cessation (4)
- More engaging and interactive [practice] (3)
- Increase the number of patients I advise to quit (3)
- Screen patients for smoking on every visit & ask about their intentions to quit (2)
- Using 5A's intervention approach for each appropriate patient (2)

12. Suggestions for topics or speakers for future programs and comments: (Note: Numbers in parentheses indicate the highest count of responses)

- Excellent overview of tobacco cessation! We appreciate you! (4)
- More information on insurance coverage for tobacco cessation medications (3)
- This was a great educational presentation! It will impact my clinical practice (3)
- Incorporate vaping (3)
- More information on how to assess someone's readiness to quit and how to identify/overcome barriers to quitting (3)
- Maybe spend less time on different medications as we can look that up ourselves (2)
- Lung cancer screenings; AAA screenings, and other necessary screens (1)

Mississippi Academy of Family Physicians and T2P Training Session

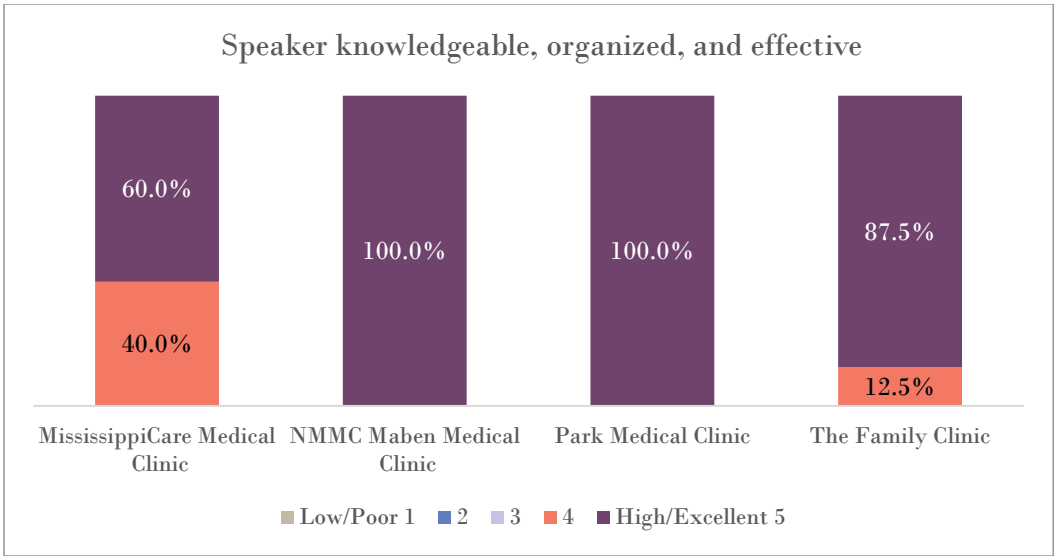
The MAFP program staff coordinated and provided five Translation to Practice® (t2p™) trainings on Tobacco use and Dependence to Family Physician learners in Mississippi Family practice clinics that have not been a part of the Engaging Mississippi's Family Physicians project. The training sessions included the 2A's and an R (Ask, Assist, Refer) tobacco intervention approach, the fax, online, and/or electronic referral system for the Mississippi Tobacco Quitline, and information on reimbursement codes for Medicaid billing. The following table shows the clinics that participated in FY2023.

Translation to Practice (t2p) Tobacco Treatment Program	
Clinics	**N**
MississippiCare Medical Clinic	5
NMMC Maben Medical Clinic	2
Park Medical Clinic	4
The Family Clinic	8
Total	**19**

The following series of graphs display the responses to the ten questions in the evaluation for the five sessions, followed by the open-ended responses.

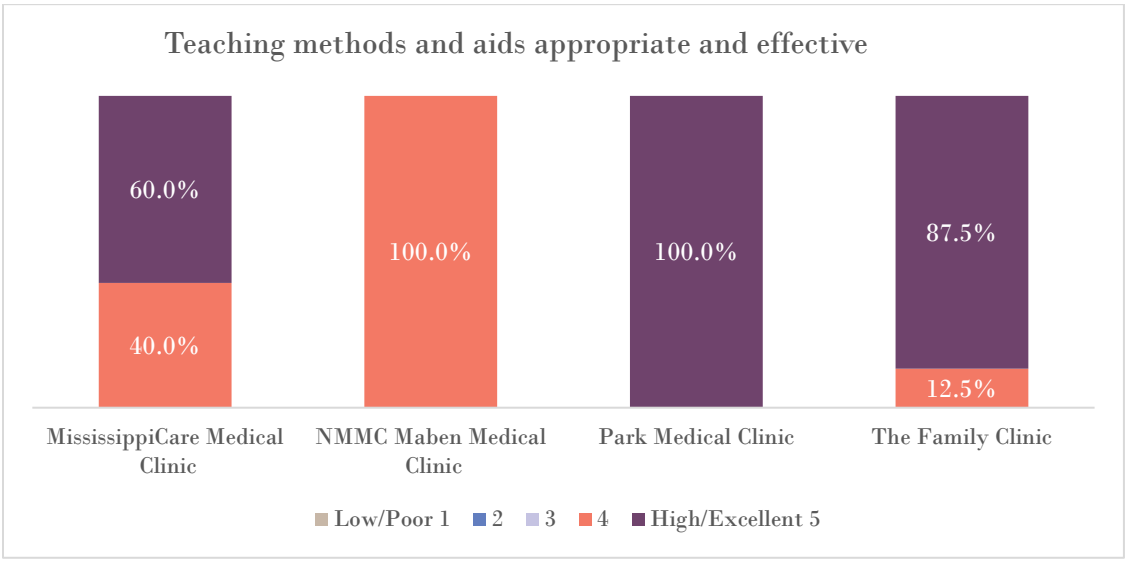
1. To what extent was the speaker for this session knowledgeable, organized, and effective?

The T2P training program received good ratings from participating clinics, with physicians from NMMC Maben Medical Clinic and Park Medical Clinic providing the highest grade of '5' at 100%.



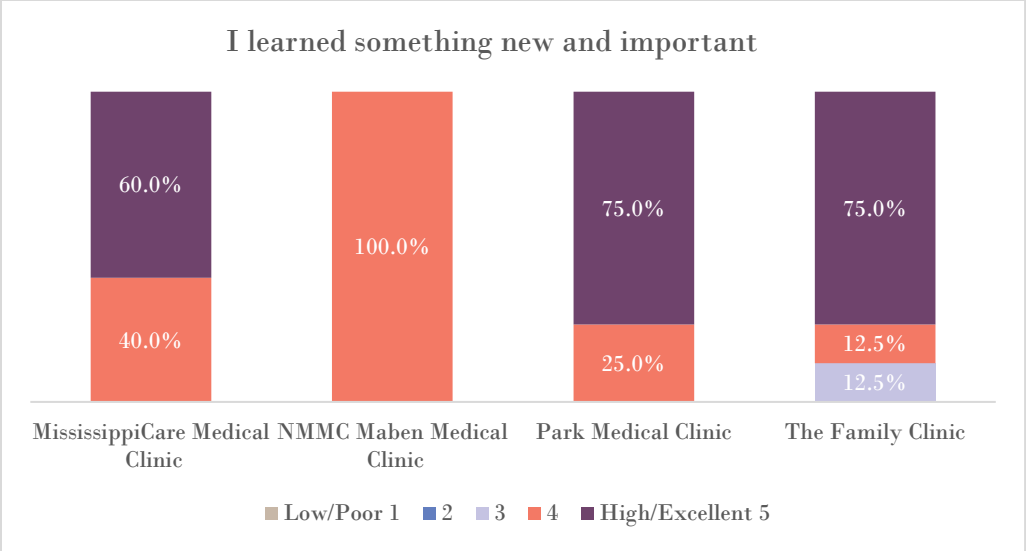
2. To what extent were the teaching methods and aids appropriate and effective?

The teaching methods and aids used in the T2P program were given a very good '4' or excellent '5' rating. Notably, physicians from the Park Medical Clinic offered a rating of '5' at 100%, while those from NMMC Maben Medical Clinic gave a rating of '4.'



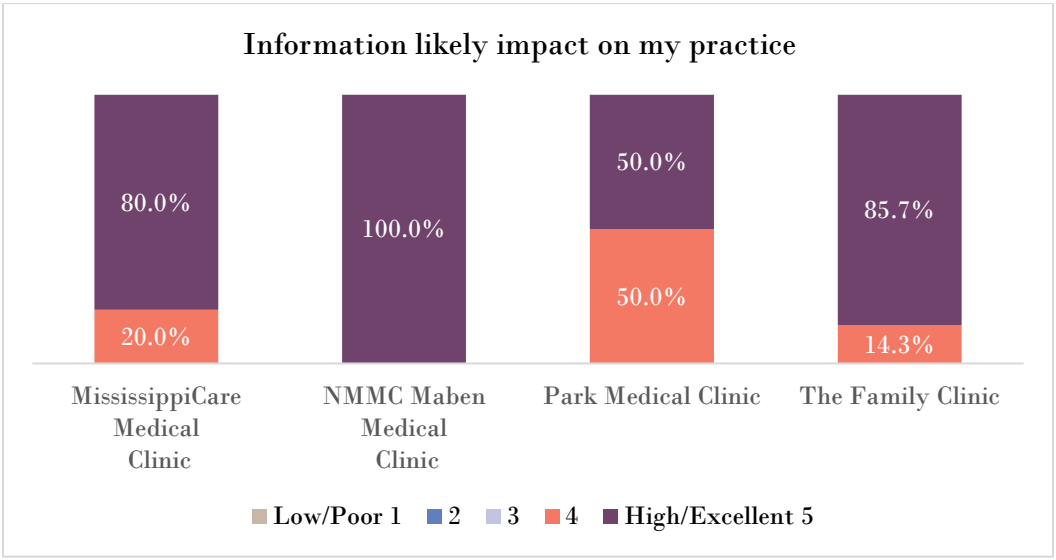
3. I learned something new and important.

More than 75% of physicians in Park Medical Clinic and the Family Clinic rated high with a '5' the fact that they learned something new and important, while 6 out of 10 physicians in MississippiCare Medical Clinic rated the content similarly. NMMC Maben Medical Clinic gave a rating of '4.'



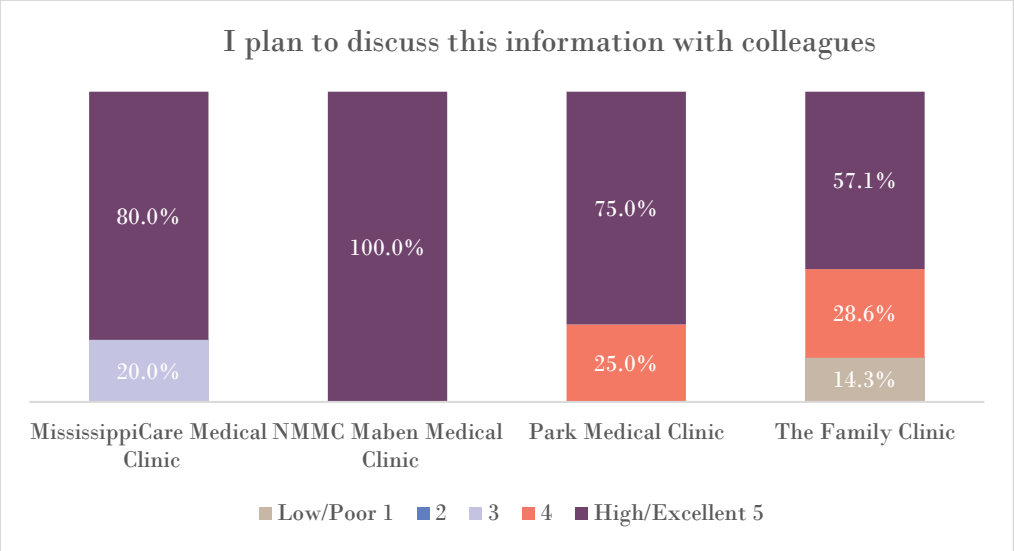
4. This information is likely to have an impact on my practice.

The majority of participating clinics gave the likelihood that the information would affect their practice a rating of '5.' For Park Medical Clinic, half of the physicians gave a rating of '4.'



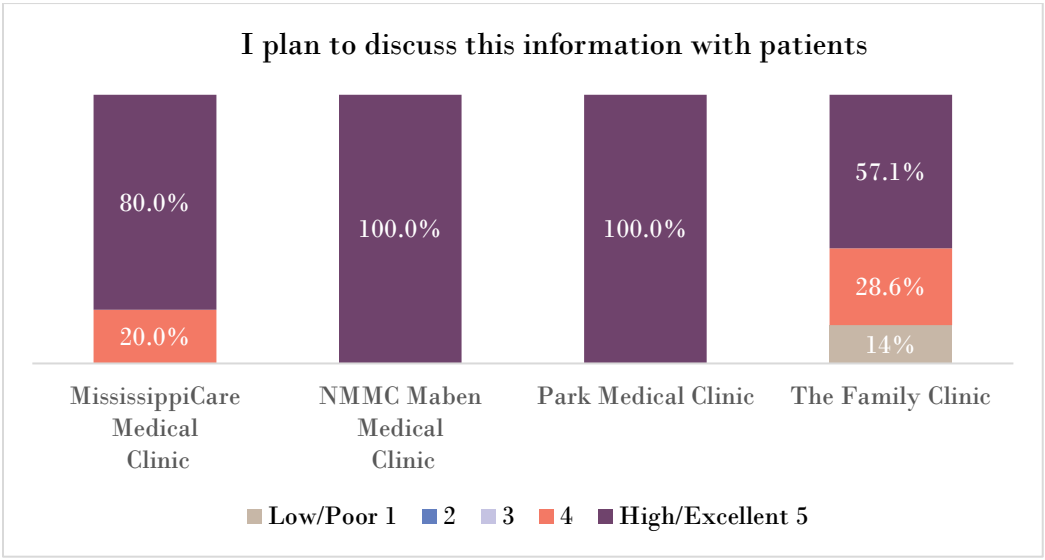
5. I plan to discuss this information with colleagues.

The majority of the participating clinics gave their plan to discuss the information with colleagues a high '5' or '4' rating. Approximately one quarter of physicians in Park Medical Clinic rated their plan with a rating of '4,' while those in the Family Clinic gave a rating of '4', but also a rating of '1' ('low/poor.')



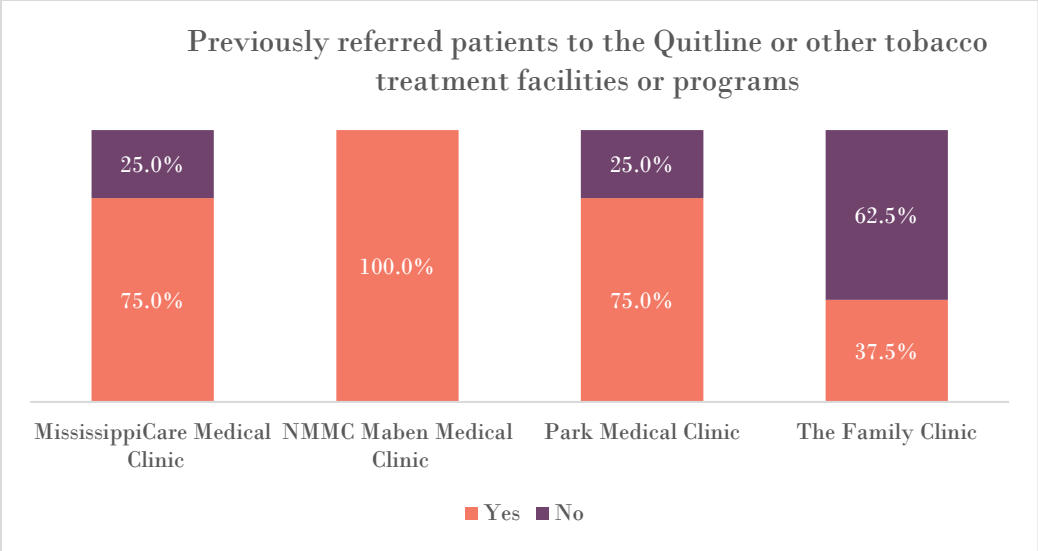
6. I plan to discuss this information with patients.

Similarly, the majority of the participating clinics gave their plan to discuss the information with patients a high '5' or '4' rating. A very low rating of '1' was given by physicians in the Family Clinic.



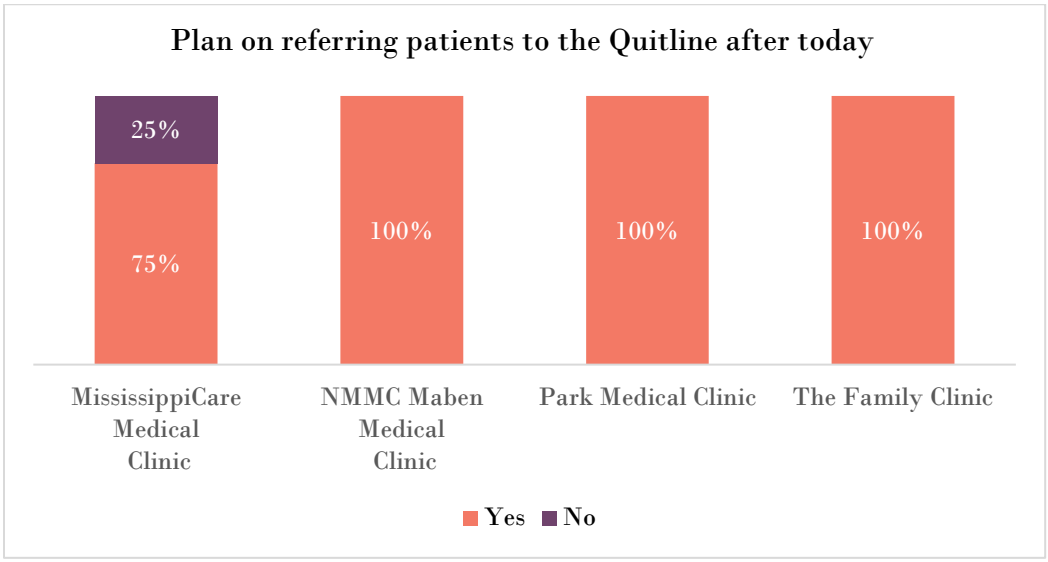
7. Have you previously referred patients to Quitline or other tobacco treatment facilities or programs?

The Quitline or other USPHS programs had previously been recommended to patients by three quarters of the participating clinics. However, a sizable portion of physicians admittedly had not used Quitline, etc. to refer patients. Most notably, this finding was present at the Family Clinic (62.5%), the MississippiCare Medical Clinic, and the Park Medical Clinic (25.0%, respectively).



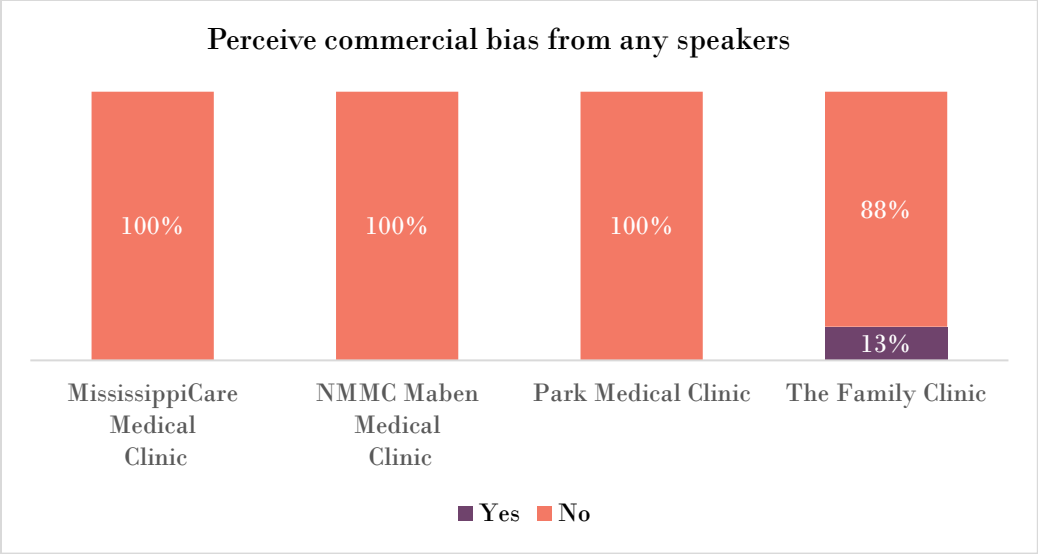
8. Do you plan on referring patients to the Quitline after today?

Most of the participating clinics planned on referring participants to the Quitline following the training sessions. The only exception was MissippiCare Medical Clinic, where one-quarter of its physicians reportedly would not recommend patients to the Quitline following the training.



9. Did you perceive evidence of commercial bias from any speakers?

Participating clinics generally didn't perceive any commercial bias coming from speakers, but a small portion (13.0%) of physicians from the Family Clinic reported they did.



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

- Talk about it more
- Use the online referral system
- Give brochures & Quitline materials
- Ask more people about quitting
- Refer more
- Increase letting patients know about the Quitline

The evaluation included physician learners' t2p™ Commitment to Change statement and t2p™ Post-Activity Evaluation forms for completion. These findings are summarized below.

Summarize what you learned

- Better intervention techniques to help patients quit tobacco; first time hearing about ACT Center
- Different meds/tools to help patients quit
- Discuss approaches to help patients quit smoking; Approaches with TX, 2A'a & R, etc.
- Have resources for smokers, tobacco users
- Access to Quitline support

Identify the change you plan to integrate

- Ask better questions to see why patients are smoking & what's stopping them from quitting; hand out brochures
- Talk more about cessation
- Will utilize 1-800-QUITNOW more frequently
- Increase providing information to patients on Quitline
- More aggressive use of Quitline & meds

Describe your motivation for implementing the change

- Prevent the high number of lung cancer diagnoses I see
- Highly motivated to discuss more
- Help patients have better access to appropriate resources
- Patients health
- Obligation

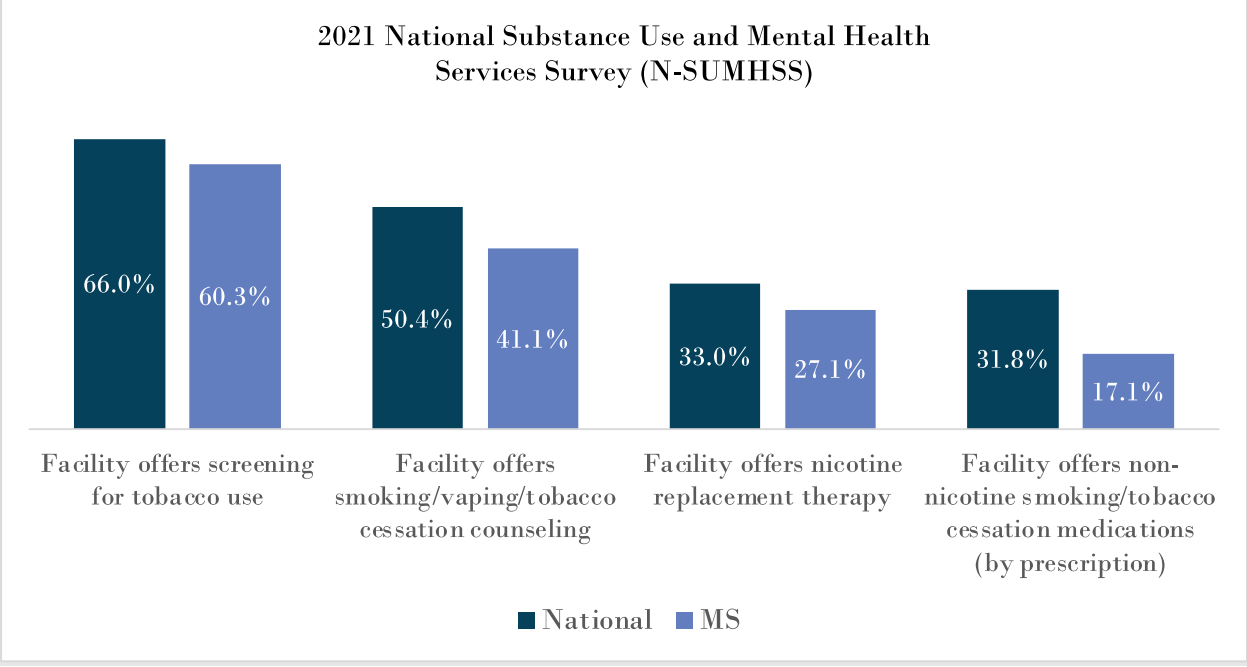
Outcome Evaluation

Statewide Requirement

The Substance Abuse and Mental Health Services Administration (SAMHSA) collects data on the substance use and mental health services offered by treatment facilities across the United States, its territories, and the District of Columbia both public and private, that provide substance use and/or mental health treatment services. In previous years, facilities reported their service offerings using two surveys—the National Survey of Substance Abuse Treatment Services (N-SSATS) and the National Mental Health Services Survey (N-MHSS). Beginning in 2021, N-SSATS and N-MHSS were combined into one survey—the National Substance Use and Mental Health Services Survey (N-SUMHSS). The 2021 N-SUMHSS was conducted from April 2021 through January 2022.

The N-SUMHSS data are displayed for Mississippi (MS) and nationally. There were 341 people in the MS sample, and 141 of them answered (response rate: 39.1%), while out of a total of 32,371 people in the national sample, 10,012 responded (30.9% response rate).

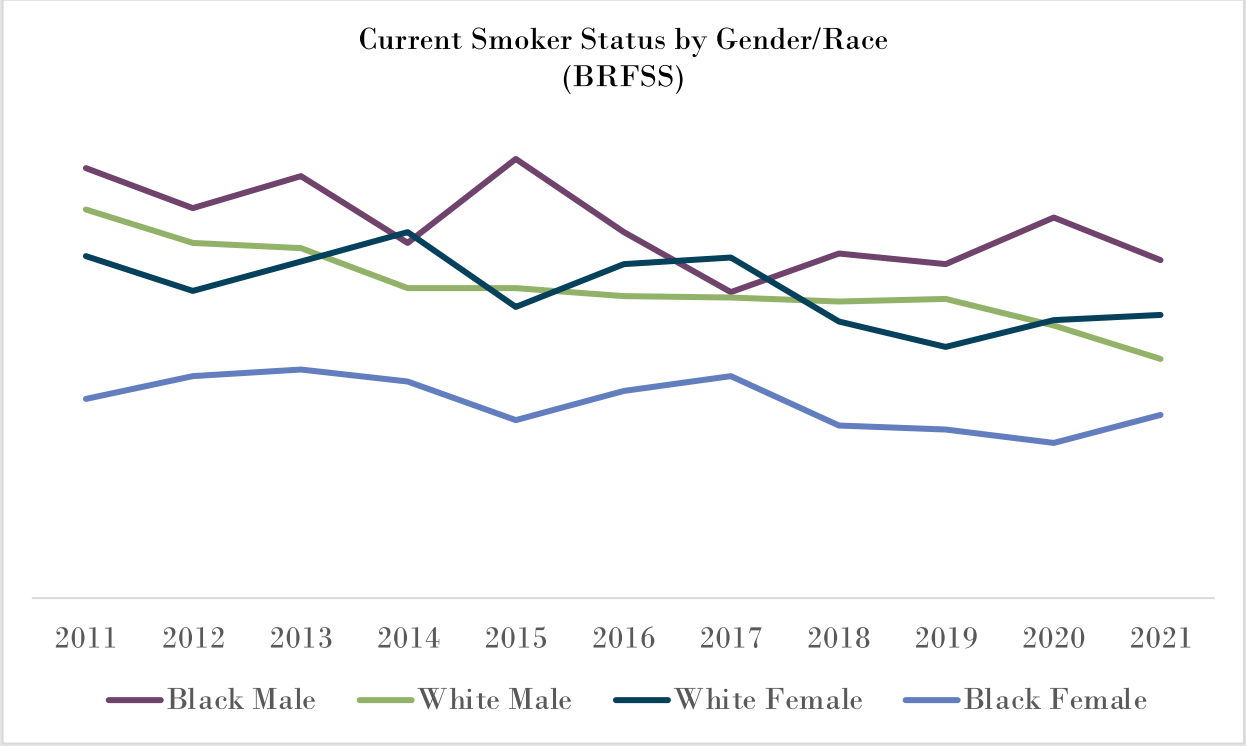
Below we present the available data regarding tobacco use screening and the availability of cessation counseling, nicotine replacement therapy, and non-nicotine cessation medications. Despite the fact that data show that MS is lagging behind national levels, most key indicators in MS are comparable to national levels. It is promising that 6 out of 10 facilities in MS offer tobacco use screening and 4 out of 10 facilities offer cessation counseling. However, just 3 out of 10 facilities provide nicotine replacement therapy, and even fewer provide non-nicotine cessation medications.

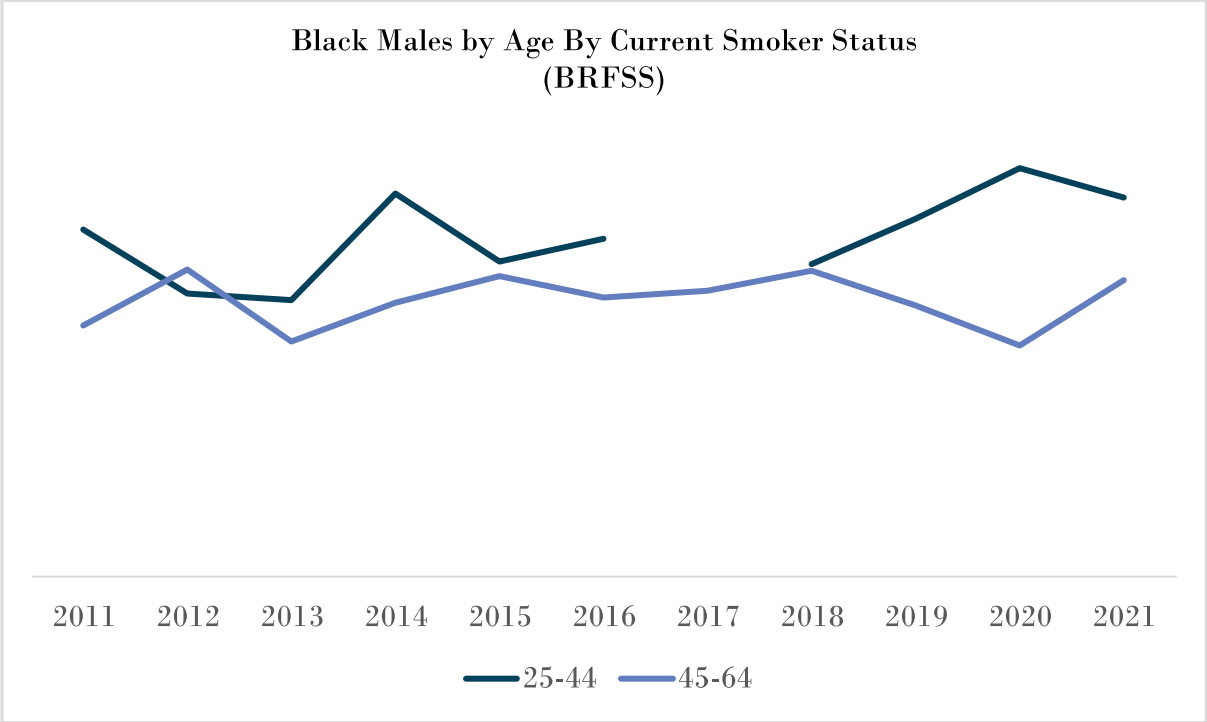


Community-Based Requirement

Concerning this component, OTC will concentrate on reducing disparities in the use of cessation treatments among populations who are experiencing tobacco-related disparities in a targeted community. The evaluation team used a number of datasets, including the Behavioral Risk Factor Surveillance System (BRFSS), the Mississippi Youth Tobacco Survey (MSYTS), the Mississippi Student Tobacco Survey, and the Mississippi Tobacco Quitline, to measure indicators related to tobacco screening, professional advice to quit using tobacco, etc. to determine the impact on individual tobacco use behaviors.

The BRFSS data for the decade 2011-2021 show that among current smokers, black males have the highest rate of use. The age range of 25 to 44 has continuously had the highest number of current smokers in this demographic.





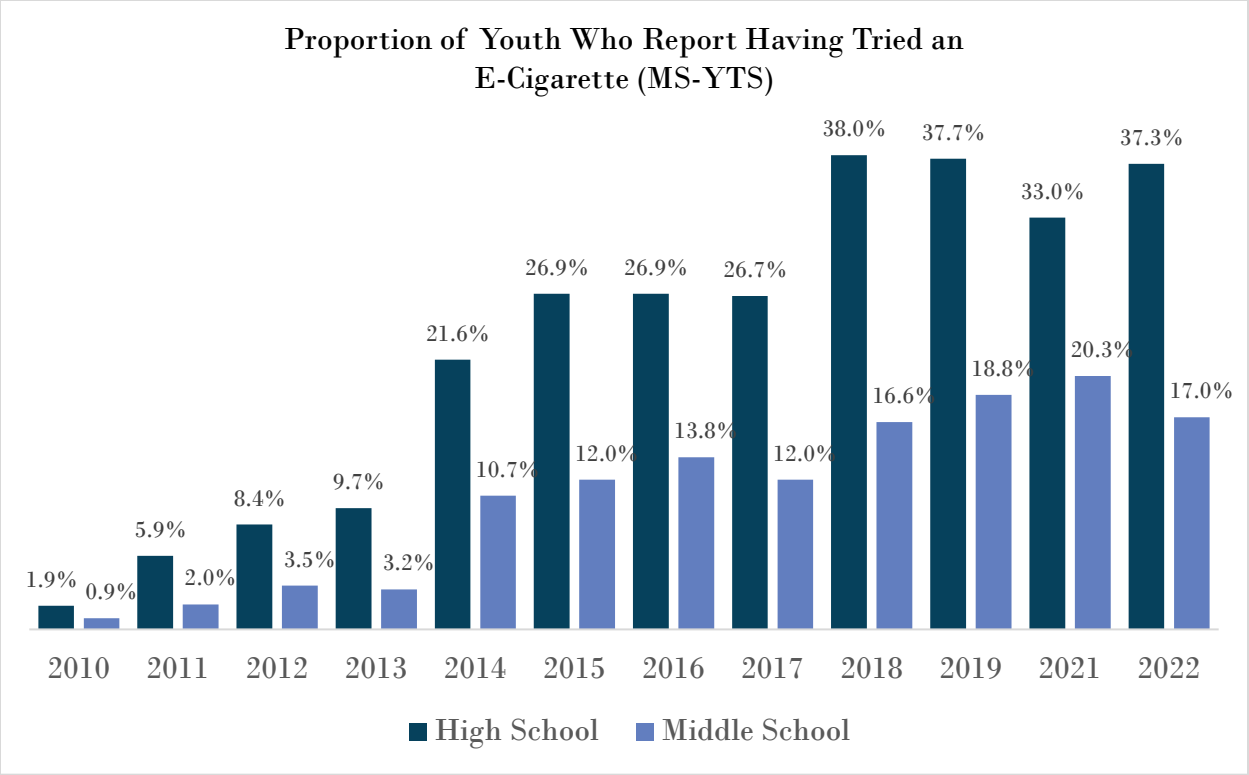
*2017 data not reported due to unweighted count < 30

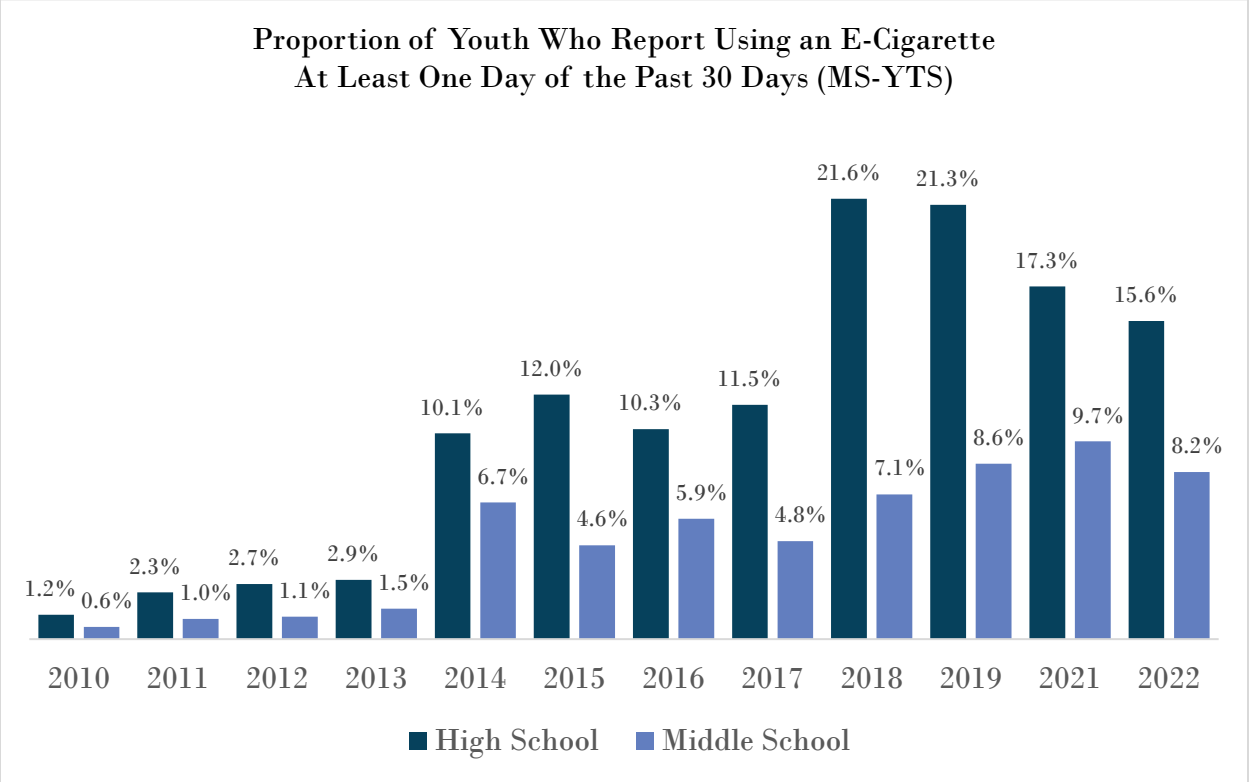
Policy/Health System Change Requirement

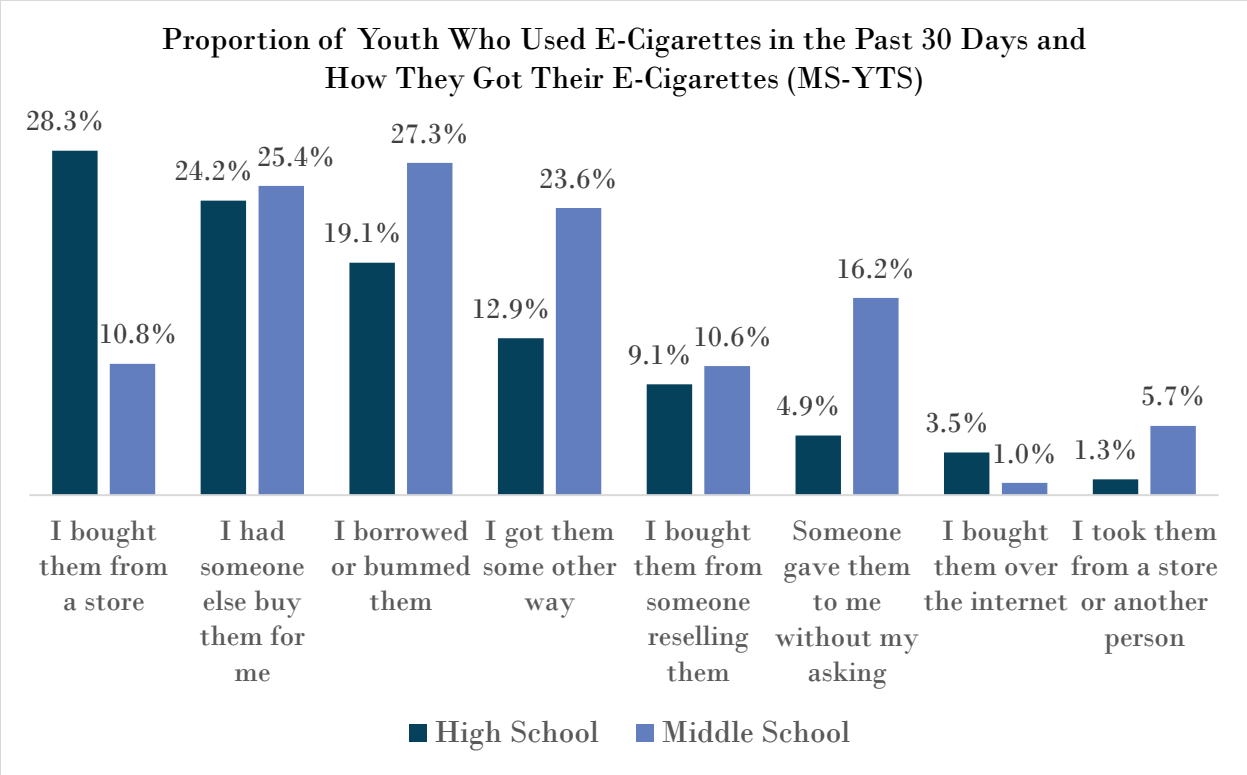
Through zoning, licensing regulations, or a stand-alone law, OTC will concentrate on limiting the location, quantity, kind, and/or density of tobacco stores for this component. In order to examine school vaping policy and train tobacco retailers on tobacco and vaping laws and regulations, the MTFCs and grantees for youth programming will coordinate their efforts. The long-term outcomes of these initiatives are reduced youth initiation and prevalence rates, with an emphasis on electronic cigarettes. Several indicators of interest that fall under the broad category of long-term outcomes focused on initiation and prevalence: (1) the proportion of youth who report having ever tried an e-cigarette, (2) the proportion of youth who report using an e-cigarette at least once in the past 30 days, (3) the proportion of youth who have ever tried an e-cigarette and their age of first use, and (4) the proportion of youth who used e-cigarettes in the past 30 days by source of purchase, as well as by flavor preference. The following graphs present information gathered from Mississippi middle school and high school students (Mississippi Youth Tobacco Survey, 2022).

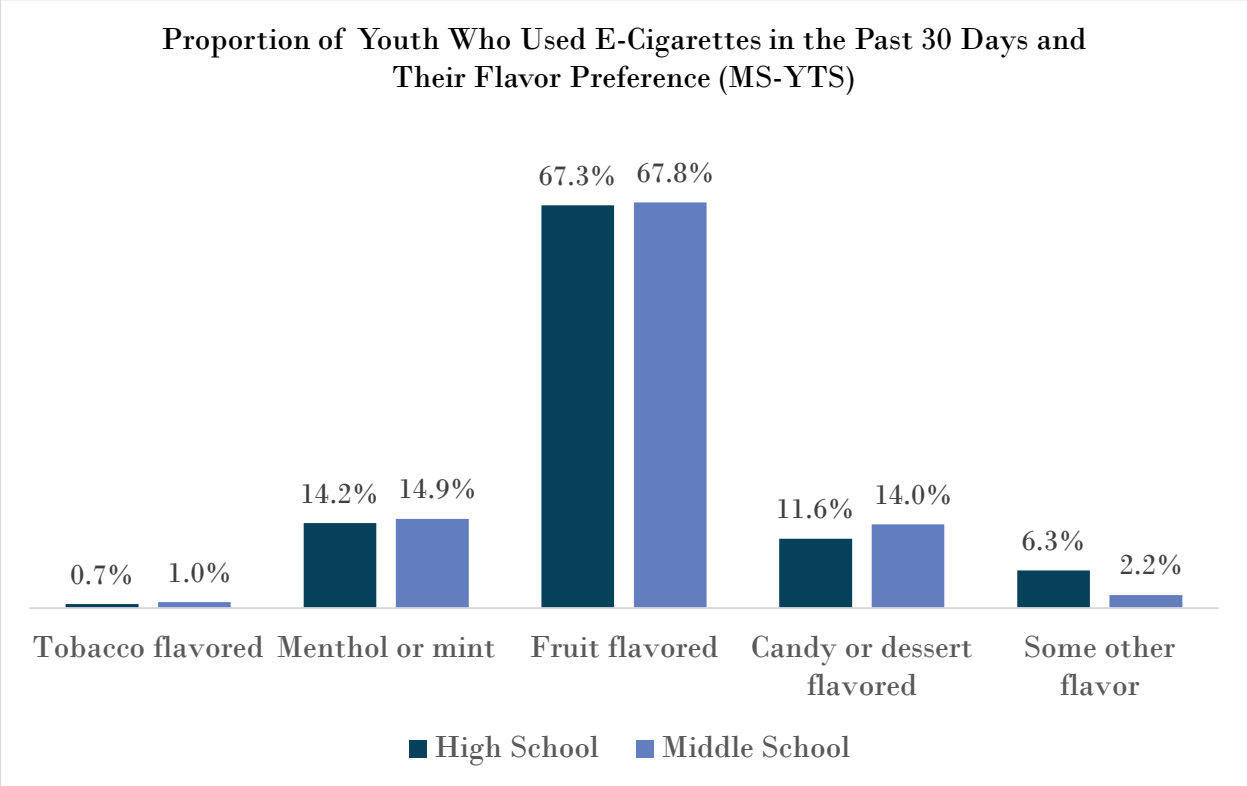
High school students continue to have higher rates of e-cigarette use than middle school students, but both populations' rates are stagnant. High school students obtain e-cigarettes primarily through retail purchases, whereas middle school students go through a third party. Additionally, e-cigarettes with fruit flavors are the most popular among both age groups.

Even though not represented graphically, the proportion of young adults aged 18-24 years who have ever used an e-cigarette and who now report using an e-cigarette at least once a month is 49.2% (Mississippi Student Tobacco Survey, 2022).


Proportion of Youth Who Report Having Tried an E-Cigarette (MS-YTS)
1.9%
0.9%
5.9%
2.0%
8.4%
3.5%
9.7%
3.2%
21.6%
10.7%
26.9%
12.0%
26.9%
13.8%
26.7%
12.0%
38.0%
16.6%
37.7%
18.8%
33.0%
20.3%
37.3%
17.0%
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2021
2022
High School
Middle School

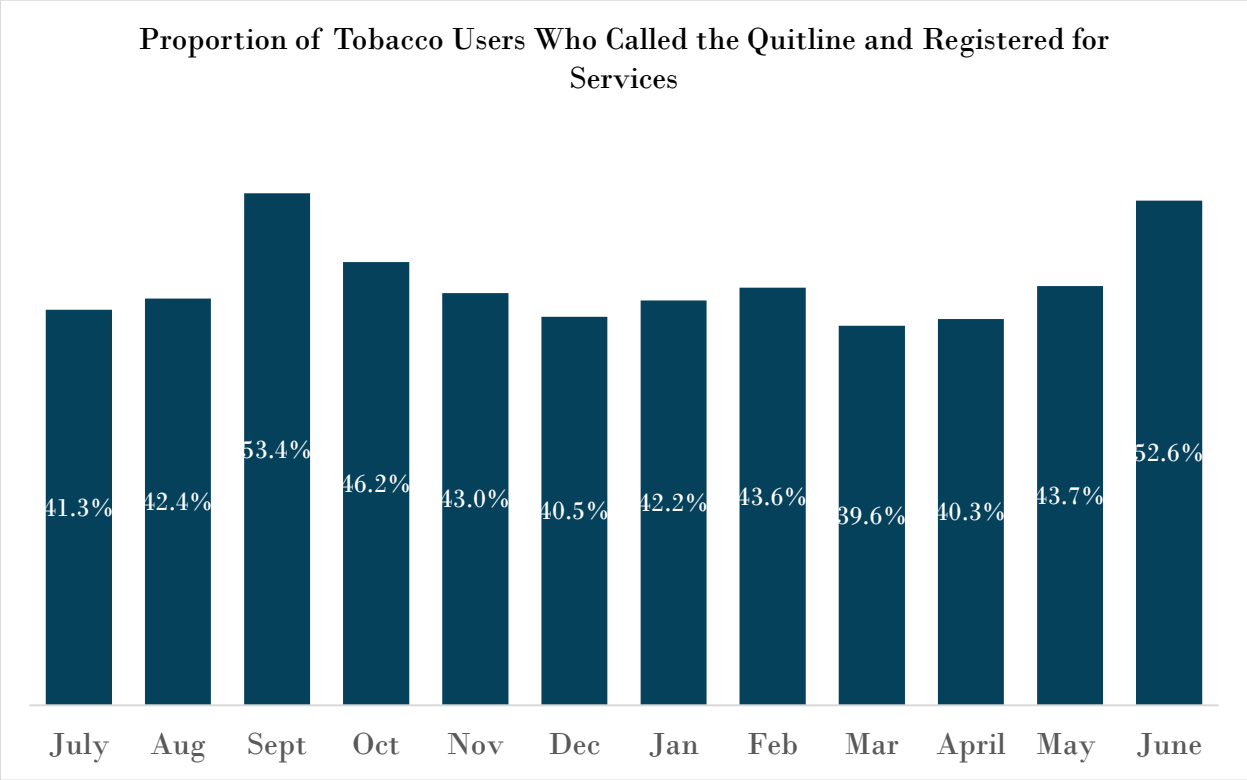

Proportion of Youth Who Report Using an E-Cigarette At Least One Day of the Past 30 Days (MS-YTS)
1.2%
0.6%
2.3%
1.0%
2.7%
1.1%
2.9%
1.5%
10.1%
6.7%
12.0%
4.6%
10.3%
5.9%
11.5%
4.8%
21.6%
7.1%
21.3%
8.6%
17.3%
9.7%
15.6%
8.2%
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2021
2022
High School
Middle School


Proportion of Youth Who Used E-Cigarettes in the Past 30 Days and How They Got Their E-Cigarettes (MS-YTS)
28.3%
10.8%
24.2%
25.4%
19.1%
27.3%
12.9%
23.6%
9.1%
10.6%
4.9%
16.2%
3.5%
1.0%
1.3%
5.7%
I bought them from a store
I had someone else buy them for me
I borrowed or bummed them
I got them some other way
I bought them from someone reselling them
Someone gave them to me without my asking
I bought them over the internet
I took them from a store or another person
High School
Middle School

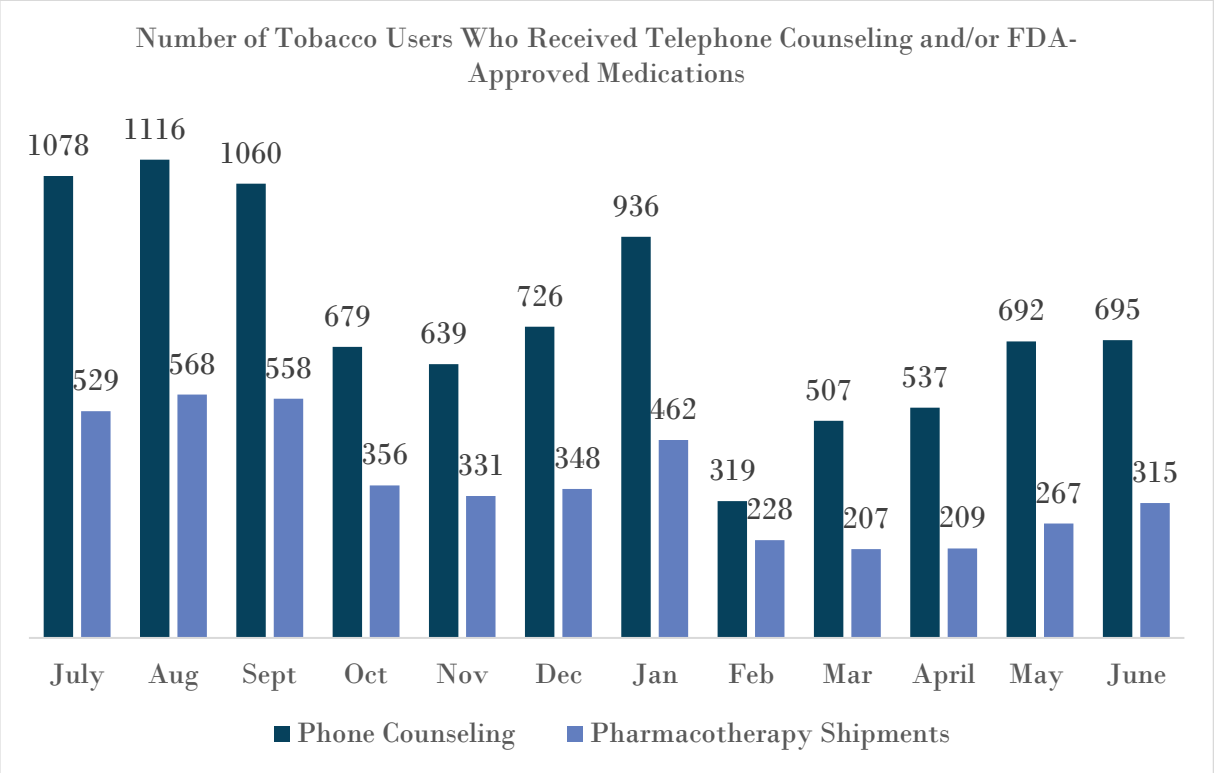

Proportion of Youth Who Used E-Cigarettes in the Past 30 Days and Their Flavor Preference (MS-YTS)
0.7%
1.0%
14.2%
14.9%
67.3%
67.8%
11.6%
14.0%
6.3%
2.2%
Tobacco flavored
Menthol or mint
Fruit flavored
Candy or dessert flavored
Some other flavor
High School
Middle School

Mass-Reach Health Communication

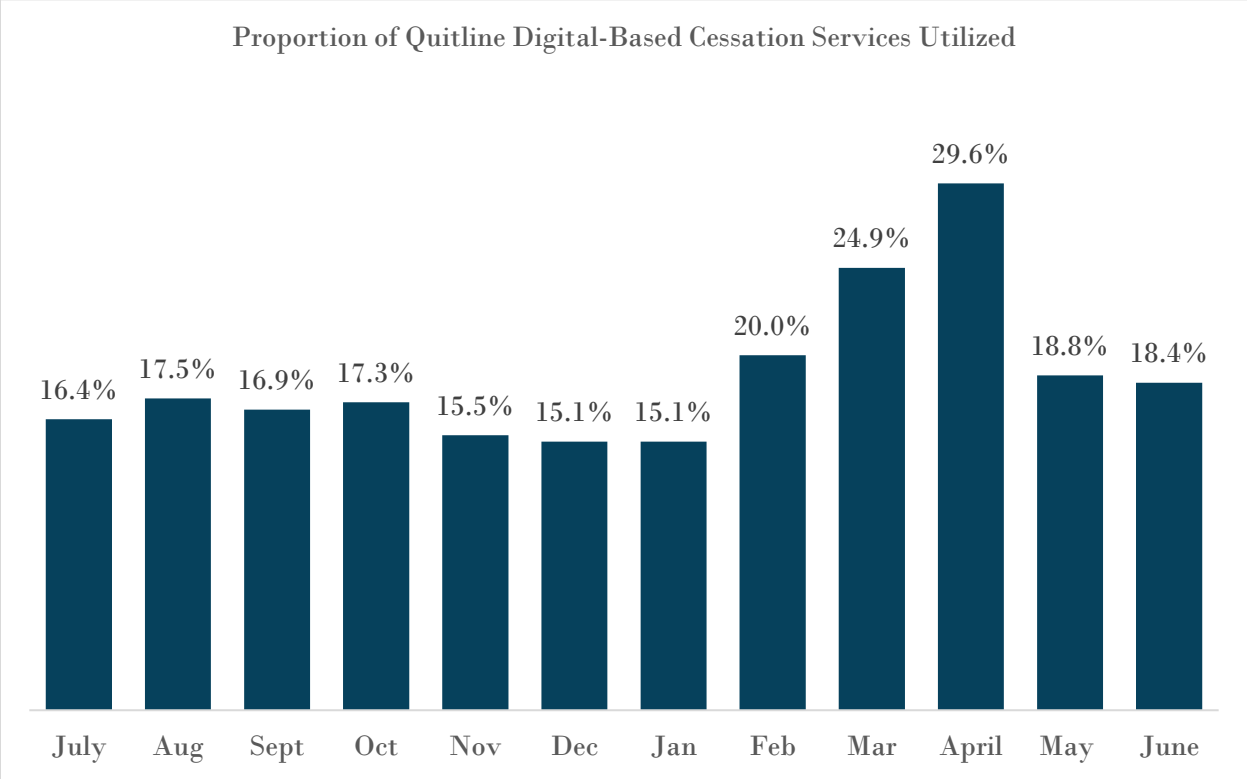
For this evaluation component, several measures were used to track engagement with Quitline services: the proportion of tobacco users who called the Quitline and registered for services, the number of telephone counseling sessions, the total number of pharmacotherapy shipments, and the number of individuals who utilized digital tools such as email subscription and Text a Coach. Due to changes in reporting software in mid-FY2023, there may be data differences reflected in the tables below which are noted below the graph. According to the data, the two months with the highest rates of incoming calls and phone registrations for the Quitline are September 2022 and June 2023.



*Source: Apollo (July 2022-January 2023); *Source: Rally (February 2023 – June 2023)



*Source: Apollo (July 2022-January 2023); *Source: Rally (February 2023-June 2023)



*Source: Apollo (July 2022-January 2023); *Source: Rally (February 2023-June 2023)

Recommendations

Coalitions:

- Distribute "No Smoking" signs at the MUH facilities (based on the analysis). 41.2% did not have any signage up within SF facilities.
- Mississippi Lungs Matter! and Quitline information – Promote these OTC communication pieces as dissemination briefs to give media outlets.
- Given the findings from the MUH assessment analysis (see report), focus on education and policy implementation activities in/at the housing facilities.
- Decide on future MUH assessments being either completed in person or by phone via the facility manager/owner to ensure valid data.
- MTFC Coordinators review the six-month MSU report evaluations with each grantee – some issues noted in the six-month review for individual grantees were not addressed/improved (e.g., submitting all communication briefs to all media outlets, tracking distribution items, etc.) by the final evaluation.
- Project Coordinators ensure that all communication pieces are sent to EACH media outlet at quarterly evaluations.
- Project Coordinators review and address TRAPS reporting issues during quarterly evaluations, with each director.

Cessation:

- Request that RVO provide bi-annual comprehensive reports with data formatted like the Quit Rate Summary dataset with participants' data all in one place vs. across various extracts for the fiscal year.
- Continue promoting the Quitline through multiple channels to drive awareness and registrations. September and June appear to be peak months for calls and registrations, so targeted outreach could be helpful during those times.
- Continue tracking referral sources to see which are generating the most Quitline callers. This can help inform future marketing and outreach efforts.
- Continue monitoring text messaging and online registration to see if those are growing. Promote these options as additional access points.
- Partner with organizations and community outlets that can effectively reach different demographic groups where an increase in smoking rates is noted, for black males ages 25-44.
- Partner with pharmacies for in-store cessation messaging and Quitline referrals.

Policy/Health System Change

- Broaden school policies to address e-cigarettes/vaping specifically, since use rates are high among youth. Provide current model policy language and training.
- Continue engaging parents through on-site events and education (e.g., Freedom from Smoking training sessions, Vaping Presentations, Great American Smokeout events) around youth vaping risks.
- Continue retailer education on ID checks and legal sales, particularly focused on enforcement of the new 21+ tobacco age. Monitor retailer violation rates over time.

- Establish short-term policy outcomes to drive towards the long-term goal of reducing youth initiation and use. Keep implementing a behavioral approach for classes on school offenses rather than suspension. These could include the number of improved school policies, retailers trained, or counties with tightened regulations.
- Continue mapping tobacco retail density in relation to schools to identify hotspots for intervention and subsequently work with planning/zoning boards to restrict tobacco retail outlets near schools (external evaluation).

Statewide and Community-Based Requirements

- With the assistance of the Family Physicians network and other rural health initiatives, keep impacting provider screening rates for tobacco use, referrals to the Quitline, and cessation medication prescribing, utilizing training and system changes. Expand beyond primary care: for example, establish pharmacy protocols for assessing tobacco use and prescribing cessation medication.
- Through the involvement of the ACT Center and other systems-change programs, focus on enhancing insurance coverage and reimbursement for cessation counseling and medications, to increase access.
- Continue partnering with mental health and substance use treatment facilities to integrate cessation services into their standard care. Consider adopting tobacco cessation as a final step in program completion for substance use facilities.

Additional recommendations to consider for the tobacco prevention and control program evaluation relating to Data Collection and Reporting: 1) Qualitative data should remain a staple of this evaluation as testimonials and success stories supplement and reinforce the effectiveness of OTC efforts. 2) Continuity of key measures and data platforms across the years could assist in having valid and reliable data and generating market trends.

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