

**MISSISSIPPI
STATE DEPARTMENT OF HEALTH
OFFICE OF TOBACCO CONTROL**

**2014
ANNUAL
REPORT**



BREAK THE CHAIN

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INTRODUCTION

The publication of the Mississippi State Department of Health's Office of Tobacco Control 2013 Annual Report coincided with the release of two landmark documents essential to any comprehensive, evidence-based tobacco control program: *The Health Consequences of Smoking - 50 Years of Progress, A Report from the Surgeon General*, and CDC's *Best Practices for Comprehensive Tobacco Control Programs - 2014*. Since the publication of the Surgeon General's first report on smoking and health in 1964, smoking rates have significantly dropped in the United States (43% to 18%), and the general public has a much greater understanding of the dangers of tobacco use. Smoking is no longer seen as an accepted pastime but a deadly habit. Despite this progress, tobacco use continues to be the single most preventable cause of death, disability, and disease in this country. This year alone, nearly 500,000 adults will die prematurely because of smoking, 46,000 non-smokers will die from heart attacks due to secondhand smoke exposure. More than 40 million Americans are tobacco dependent. Each day, more than 3,200 youth smoke their first cigarette. The annual economic costs due to tobacco exceed \$289 billion.

The CDC's *Best Practices for Comprehensive Tobacco Control Programs - 2014* provides the framework for developing an evidence-based, comprehensive tobacco control program. The war against tobacco is a winnable battle, meaning that when fully funded and implemented, coordinated, sustained efforts can decrease smoking rates and reduce tobacco-related diseases and deaths. This comprehensive approach combines educational, clinical, regulatory, economic, and social strategies to establish smoke-free policies and norms, promote and assist tobacco users to quit, and prevent the initiation of tobacco use. When used together, these efforts produce a synergistic effect, thereby increasing the individual effectiveness of each strategy and the return on investment.

OVERVIEW

In 2007, the Mississippi State Legislature responded to the growing health and financial crisis associated with tobacco use with definitive action by mandating a comprehensive statewide tobacco education, prevention, and cessation program in §41-113-1 of the Mississippi Code of 1972. Additionally, the Legislature established a 13-member Tobacco Control Advisory Council (Appendix I).

The Mississippi Legislature recognizes the devastating impact that tobacco use has on the citizens of our state. Tobacco use is the single most preventable cause of death and disease in this country and this state. Each year, thousands of Mississippians lose their lives to diseases caused by tobacco use, and the cost to the state is hundreds of millions of dollars. Tobacco use is also a large burden on the families and businesses of Mississippi. It is therefore the intent of the Legislature that there be developed, implemented and fully funded a comprehensive and statewide tobacco education, prevention and cessation program that is consistent with the Best Practices for Comprehensive Tobacco Control Programs of the federal Centers for Disease Control and Prevention, as periodically amended. (Mississippi Code of 1972).

The Office of Tobacco Control has worked to maintain and further develop evidence-based tobacco education, prevention, and cessation program as directed by the Mississippi State Legislature. This Annual Report includes information on Mississippi's current tobacco data, MS tobacco appropriations, enforcement, and each of the components of the Centers for Disease Control and Prevention's evidence-based *Best Practices for Comprehensive Tobacco Control Programs, 2014: Infrastructure, Administrative, and Management; State and Community Interventions; Cessation Interventions; Mass-Reach Health Communications; and Surveillance and Evaluation.*

MISSION

The mission of the Office of Tobacco Control (OTC) is to promote and protect the health of all Mississippians by reducing tobacco-related disease and death. The Office of Tobacco Control accomplishes this mission by utilizing a systemic approach to tobacco prevention and control that focuses on evidence-based practices outlined in the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs 2014*, (CDC's *Best Practices*). Program components include:

- Infrastructure, Administration, and Management
- State and Community Interventions
- Cessation Interventions
- Mass-Reach Health Communication
- Surveillance and Evaluation

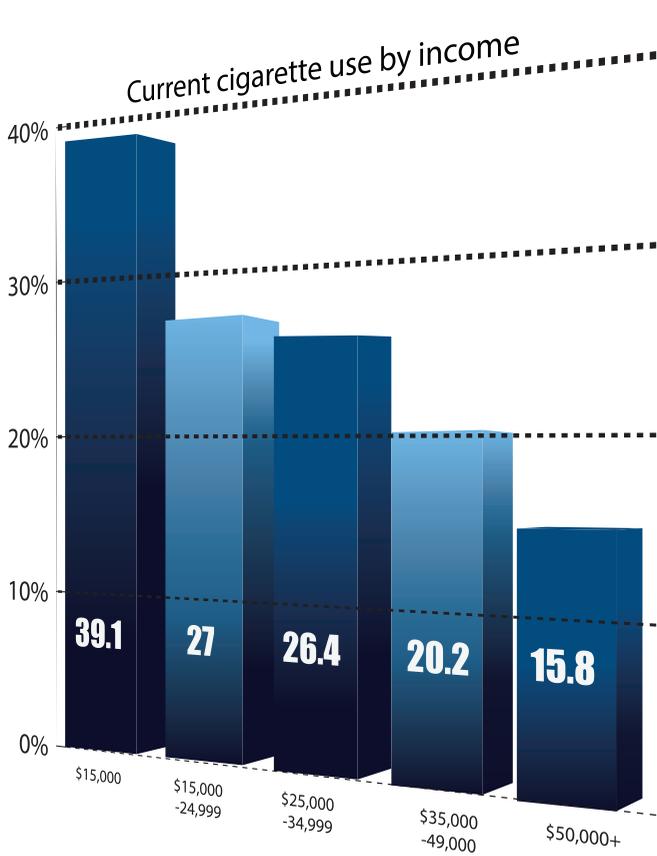
VALUES

- Smoke-free air is essential for all Mississippians.
- We respect the effort it takes to quit smoking and stay quit.
- We are committed to providing innovative leadership.
- We cultivate cooperative relationships with traditional and nontraditional partners.
- We do not accept funding from, or partner with, the tobacco industry.



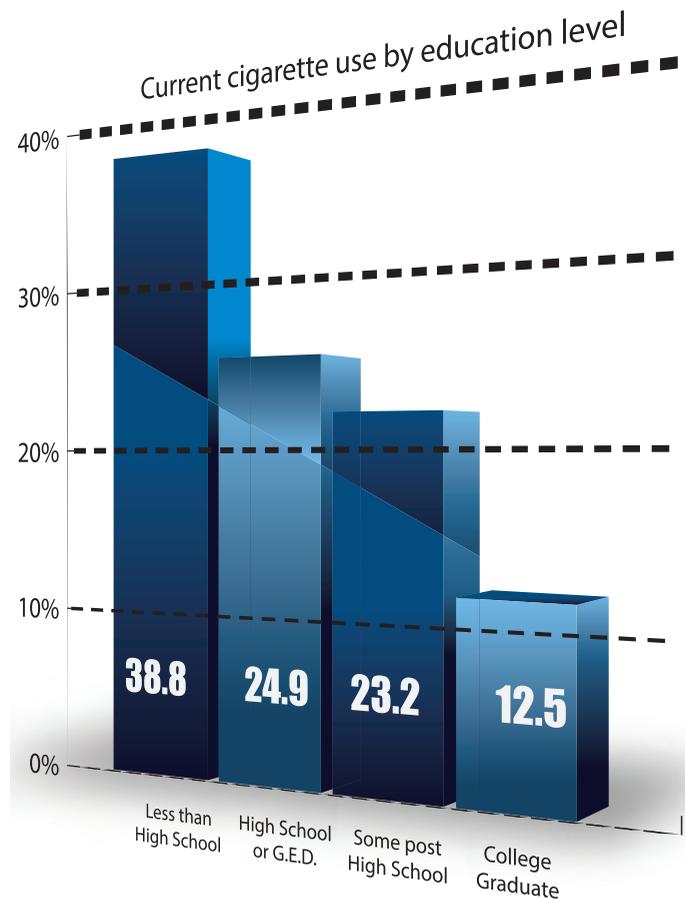
MISSISSIPPI TOBACCO DATA

ADULTS



Source: 2013 Behavioral Risk Factor Surveillance Survey (BRFSS)

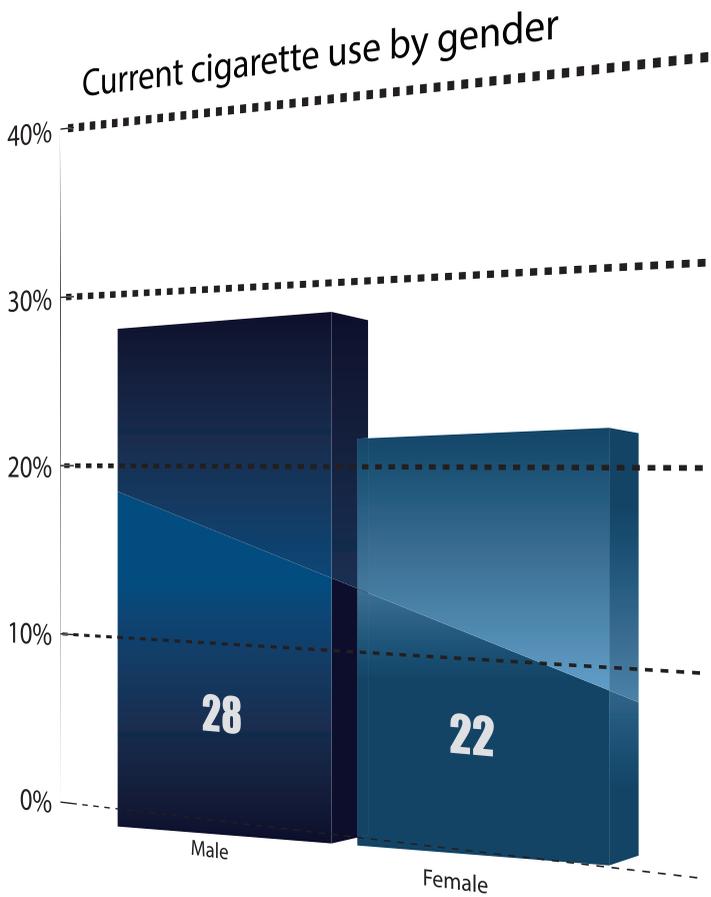
The percentage of Mississippi adults who reported being current cigarette smokers was significantly higher in households with annual incomes less than \$25,000.



Source: 2013 Behavioral Risk Factor Surveillance Survey (BRFSS)

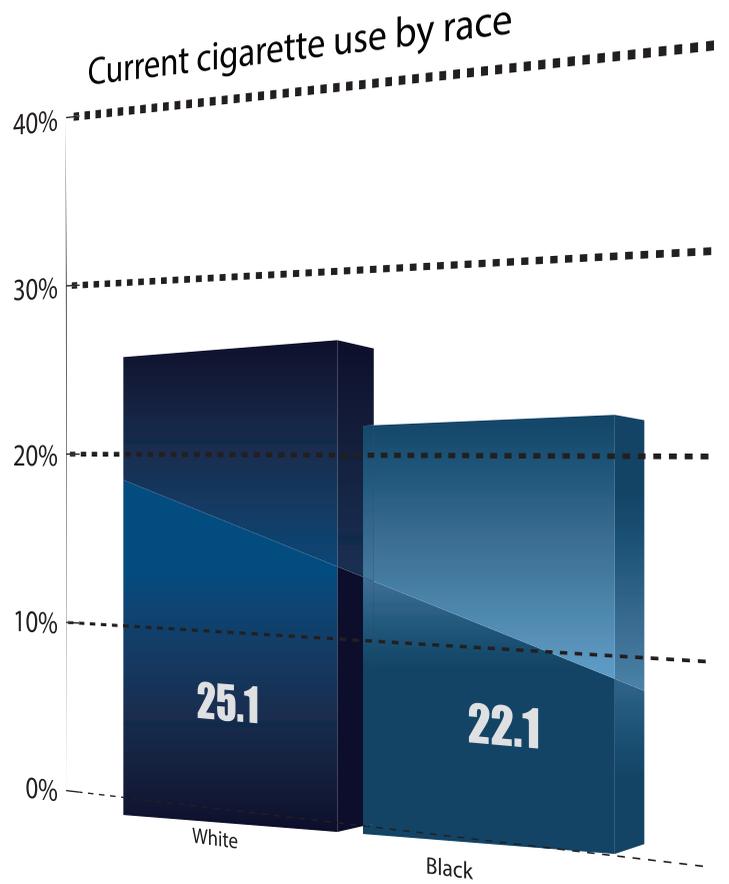
The percentage of Mississippi adults who reported being current smokers decreases significantly with higher education.

ADULTS



Source: 2013 Behavioral Risk Factor Surveillance Survey (BRFSS)

The percentage of Mississippi adults who reported being current smokers is significantly higher among males (28%) compared to females (22%).

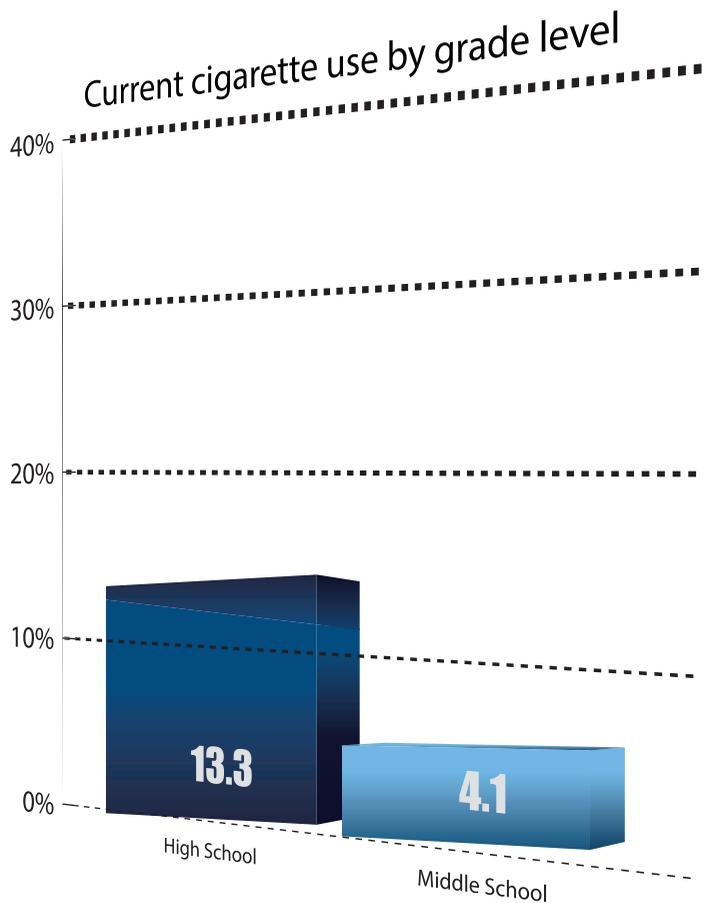


Source: 2013 Behavioral Risk Factor Surveillance Survey (BRFSS)

The percentage of Mississippi adults who reported being current smokers was 25.1 percent among whites and 22.1 percent among blacks; however, this difference was not statistically significant.

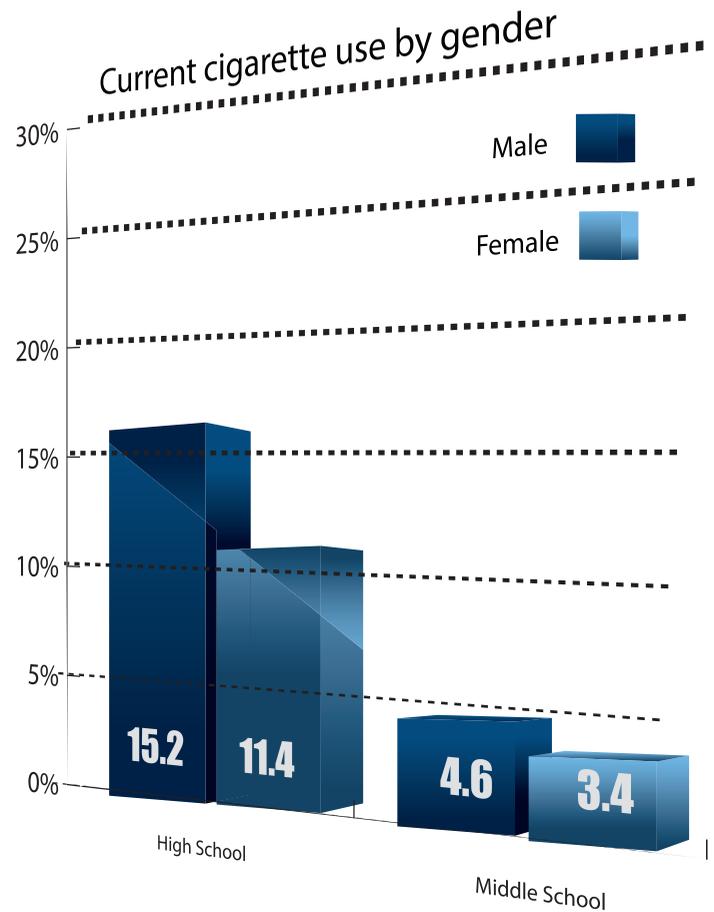


YOUTH



Source: 2013 Youth Tobacco Survey (YTS)

The overall 2013 (YTS) results indicate that 13.3 percent of high school students and 4.1 percent of middle school students reported being current cigarette smokers.

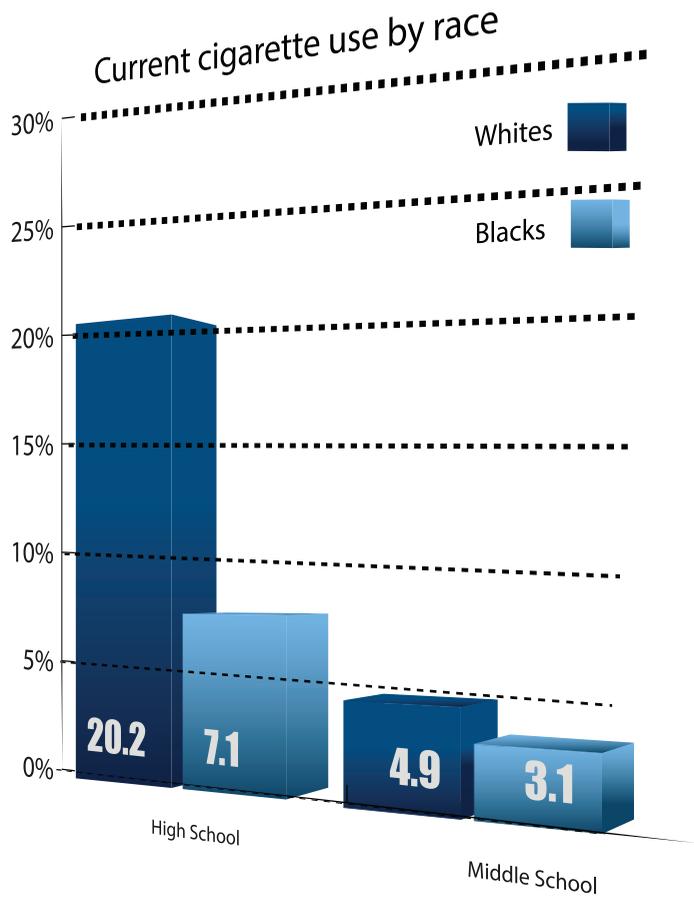


Source: 2013 Youth Tobacco Survey (YTS)

The percentage of high school students who reported being current cigarette smokers was significantly higher among males (15.2%) compared to females (11.4%).

The percentage of middle school students who reported being current cigarette smokers was 4.6 percent among males and 3.4 percent among females; however, this difference was not statistically significant.

YOUTH



Source: 2013 Youth Tobacco Survey (YTS)

The percentage of high school students who reported being current* cigarette smokers was significantly higher among whites (20.2%) compared to blacks (7.1%).

The percentage of middle school students who reported being current* cigarette smokers was 4.9 percent among whites and 3.1 percent among blacks; however, this difference was not statistically significant.

**The YTS defines a "current Smoker" as a "student who reported cigarette use on at least one of the 30 days prior to the survey."*

Current Smokeless Tobacco Use Among Mississippi Youth

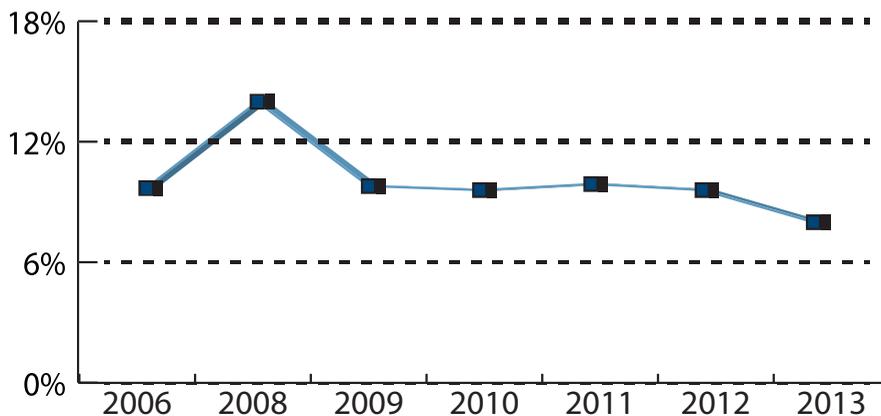
High School Students

The prevalence of current use of smokeless (spit) tobacco among Mississippi high school students did not change between 2006 and 2014. However, this rate did increase from 2006 to 2008 when state funds were diverted from tobacco prevention efforts. Rates dropped in 2009 upon the implementation of a statewide tobacco education, prevention, and cessation program. Not surprisingly, males are more likely to report current use of these products than females. The prevalence of use did not differ across grades in 2014, and black students were the least likely to be current smokeless tobacco users.

Middle school students

The prevalence of current use of smokeless (spit) tobacco among Mississippi middle school students decreased from 2006. As with high school students, males are more likely to report current use of these products than females. The prevalence of use did not differ across grades in 2014, and black students were the least likely to be current smokeless tobacco users.

High School Current Smokeless Tobacco Trend



Overall Current SLT
*(CHEW, SNUFF, DIP)

* SMOKELESS TOBACCO INCLUDES CHEW, SNUFF, AND DIP.

APPROPRIATIONS

The CDC recommends a level of \$36.5 million annual investment to reduce tobacco use in Mississippi.

From the tobacco settlement installment payments that the State of Mississippi receives during each calendar year, the sum of Twenty Million Dollars (\$20,000,000.00) shall be expended solely for the purposes specified in Sections 13 through 17 of §41-113-1 of the Mississippi Code of 1972 None of the funds in the special fund may be transferred to any other fund or appropriated or expended for any other purpose.

FY11	FY12	FY13	FY14	FY15	RECIPIENT
\$9,900,000	\$9,900,000	\$9,700,000	\$9,400,000	\$9,400,000	MSDH OTC
\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	University of Mississippi Medical Center Cancer Institute
\$3,600,000	\$3,600,000	\$3,600,000	\$3,600,000	\$3,600,000	Mary Kirkpatrick Haskell-Mary Sprayberry Public School Nurse Program
\$800,000	\$800,000	\$800,000	\$800,000	\$800,000	Mississippi Attorney General's Office of Alcohol and Drug Enforcement
\$700,000	\$700,000	\$700,000	\$700,000	\$700,000	University of Mississippi Medical Center A Comprehensive Tobacco (ACT) Center
—	—	\$200,000	\$200,000	\$200,000	Myocardial Infarction Program (STEMI)
—	—	—	\$300,000	\$300,000	Skool ADS Ads school poster program (62 schools)

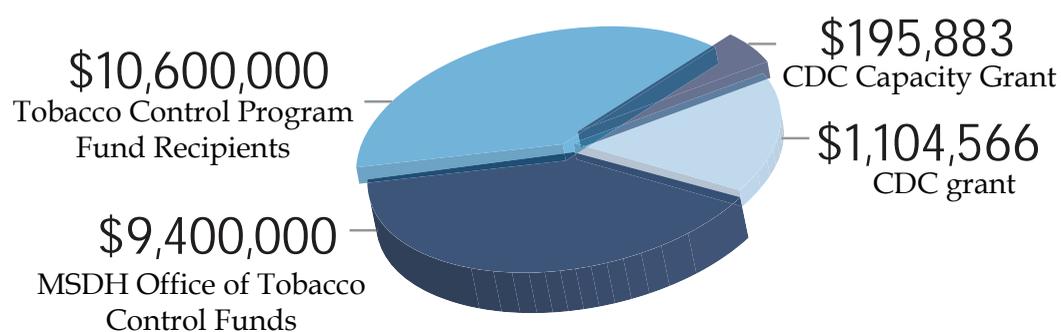
Source: §41-113-1 of the Mississippi Code of 1972

In FY 2014, Mississippi ranked 16th among all states in the funding of tobacco prevention programs.

- In each of the five fiscal years that tobacco control has been charged to MSDH Office of Tobacco Control, the Mississippi State Legislature has appropriated \$20 million from the Tobacco Control Program Fund.
- Additionally, the state received funding from the Centers for Disease Control and Prevention as follows:
 1. \$1,104,566 to prevent initiation of tobacco use by youth to promote cessation, eliminate tobacco-related disparities, and to reduce exposure to secondhand smoke.
 2. \$195,883 CDC Capacity Grant funding was utilized to increase access to Mississippi Tobacco Quitline services and ensure that every participant received services. The activities included hiring and training qualified Quitline staff to ensure adequate coverage for all participants during peak hours of operation. A Spanish Quitkit was developed and made available for those callers whose first language is Spanish and who wish to receive all information and counseling in Spanish. The MS Quitline collaborated with the MS State Department of Health Office of Tobacco Control and Office of Communications to implement media promotions of Quitline services via television, social media, and specialty media.

Total Funds:

\$21,300,449



Total tobacco funding in FY 2014, from federal and state sources, for Mississippi was \$21,300,449. While \$20 million was appropriated for tobacco control, only \$9.4 million was available to the MSDH Office of Tobacco Control to implement a comprehensive tobacco program. The Centers for Disease Control recommends \$36.5 million based on the CDC *Best Practices*.

Tobacco Control Funding (In \$ Millions)

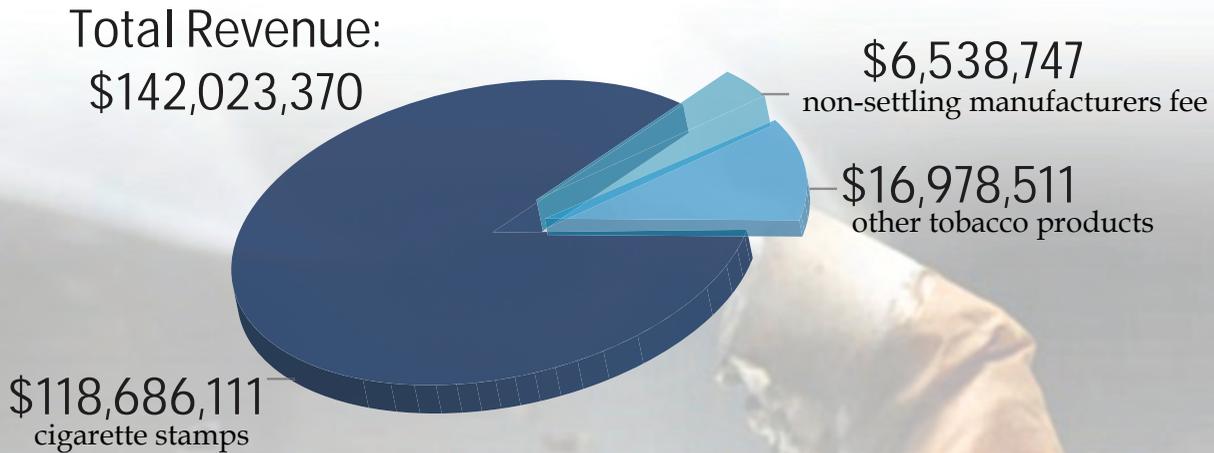
Per Capita Funding	Health Communication	Cessation Interventions	State & Community	Surveillance & Evaluation	Administration & Management
CDC Best Practices, 2014 Recommendations	\$1.37	\$5.06	\$4.19	\$1.06	\$0.53
MS Tobacco Control Program Fund FY2014	\$0.17	\$0.93	\$1.35	\$0.37	\$0.41

ANNUAL SMOKING-CAUSED MONETARY COSTS IN MISSISSIPPI

Healthcare costs in Mississippi directly caused by smoking	\$1.23 billion
Portion covered by the state Medicaid program	\$264 million
Residents' state & federal tax burden from smoking-caused government expenditures	\$563 per household
Smoking-caused productivity losses in Mississippi	\$1.49 billion

Source: Campaign for Tobacco-Free Kids, 2014

Tax Generated From the Sale of Tobacco Products



Tax generated from the sale of tobacco products in Mississippi for FY 2014 amounted to \$142,023,370:

- \$118,686,111 from cigarette stamps (Cigarette stamps are purchased by wholesalers.)
- \$16,978,511 from other tobacco products (Other tobacco products are all tobacco products excluding cigarettes.)
- \$6,538,747 from non-settling manufacturers fee (Non-settling manufacturers fee covers tobacco manufacturers that were not part of the master settlement.)

PREVENTION

PRIORITIES

- Reduce the number of individuals who start using tobacco.
- Help current tobacco users quit.
- Promote a smoke-free environment to reduce adverse health effects of secondhand smoke.
- Address increasing youth smokeless tobacco prevalence.
- Identify and eliminate tobacco-related disparities among population groups.

Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in tobacco use. Additionally, the longer states invest in such programs, the greater and faster the impact. Evidence-based statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates and tobacco-related deaths and diseases.

DEATHS IN MISSISSIPPI CAUSED BY SMOKING

Adults who die each year from their own smoking	5,400
Kids now under 18 and alive in Mississippi who will ultimately die prematurely from smoking	68,000

Source: Campaign for Tobacco-Free Kids, 2014

ENFORCEMENT

The Synar Amendment

Federal lawmakers passed Section 1926 of Title XIX of the Federal Public Health Service Act, commonly called the Synar Amendment, in 1992. The Synar Amendment requires states to pass and enforce laws that prohibit the sale of tobacco to individuals less than 18 years of age.

The Mississippi Department of Mental Health, Division of Alcohol and Drug Abuse, is the agency responsible for compliance with the Synar Amendment. The Annual Synar Report is submitted to the Substance Abuse and Mental Health Administration Center for Substance Abuse Prevention.

Mississippi is required to provide detailed information on progress made in enforcing youth tobacco access laws and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates.

The Synar Regulation requires states to:

- Enforce such laws in a manner that can reasonably be expected to reduce the extent which tobacco products are available to individuals under the age of 18.
- Have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18.
- Conduct annual random, unannounced inspections to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlet accessible to youth.
- Develop a strategy and time frame for achieving an inspection failure rate of less than 20 percent of outlets accessible to youth.
- Submit an annual report detailing the state's activities to enforce their laws, the overall success state has achieved during the previous fiscal year in reducing tobacco availability to youth, describing how inspections were conducted and how outlets were identified, and plans for enforcing the law in the coming fiscal year.

For a full copy of the Mississippi Synar Report go to www.dmh.state.ms.us

State Laws

In an effort to prohibit the sale of tobacco to minors, *The Mississippi Juvenile Tobacco Access and Prevention Act of 1997* was passed and became effective February 1, 1998. Major provisions included in this legislation were:

- Tobacco retailers must obtain permits to sell tobacco.
- Tobacco retailers must notify their employees of the state tobacco laws.
- Possession of tobacco by minors is illegal.
- Stiff penalties exist for noncompliance by retailers or youth.
- Tobacco vending machines are only permitted in places inaccessible to minors.
- Warning signs are required at each point of sale of tobacco.

Since January 1998, Mississippi state law has authorized the Office of the Attorney General to conduct random, unannounced inspections to ensure compliance with the state statute prohibiting the sale of tobacco to minors. It is the lead enforcement agency involved in enforcing youth alcohol and tobacco laws.



I. INFRASTRUCTURE, ADMINISTRATION, AND MANAGEMENT

The CDC's *Best Practices* recognize that a strong internal capacity within a state health department is essential for program sustainability, efficacy, and efficiency.

The Office of Tobacco Control utilized the funds directly appropriated from the Tobacco Control Program Fund (\$9.7 million) in FY 2014 to reduce usage of tobacco products throughout the state.

The Office of Tobacco Control's administration and management activities, in compliance with the CDC's *Best Practices*, include the following:

- Strategic planning to guide program efforts and resources
- Developing qualified and diverse technical, program, and administrative staff
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing grantee program performance
- Maintaining a real-time fiscal management system that tracks allocations and expenditure of funds
- Increasing capacity at the local level by providing ongoing training and technical assistance to local coalitions and partners
- Maintaining a comprehensive communication system
- Educating the public and decision makers on the health effects of tobacco and evidence-based program and policy interventions.

II. STATE AND COMMUNITY INTERVENTIONS

The CDC's *Best Practices* recommend that state programs provide funding to organizations that can effectively reach, involve, and mobilize identified specific populations. The Office of Tobacco Control provides funding for several health-related organizations to increase the number of Mississippians receiving tobacco control messages.

Mississippi Academy of Family Physicians Foundation (MAFPF)

The Office of Tobacco Control provided funding to the Mississippi Academy of Family Physicians Foundation (MAFPF) to administer the *Tobacco-Free Mississippi: Engaging Mississippi's Family Physicians* project. The project has impacted 43 family physician clinics by providing tobacco dependency training, educational literature on tobacco use and secondhand smoke, and technical support on project objectives. Through the project, MAFPF also offers Carbon Monoxide (CO) monitors to the clinics. The monitors are used as a tool in the clinics to assess the patient's level of CO, which is generally elevated in smokers. With this information, the clinics can educate and refer patients who are ready to quit to the Mississippi Tobacco Quitline.

In FY 2014 the Mississippi Academy of Family Physicians Foundation identified eight practices in their network that had not been a part of the *Tobacco-Free Mississippi: Engaging Mississippi's Family Physicians* program in previous years. These clinics consisted of at least one rural and one urban practice. Each participating office designated an Office Champion and Physician Champion to provide overall leadership for the practice's tobacco cessation efforts. The practices were provided training on the evidence-based 5 A's approach to cessation (Ask, Advise, Assess, Assist, and Arrange) with the goal to integrate the brief intervention into their current practices. The fax referral systems to the MS Quitline were set up with each practice to provide the patient with immediate access to cessation services. This also served as a feedback loop for providers. Each practice was assisted in instituting a tobacco-free campus policy and administered a baseline survey to clinic staff and patients/family members to determine current tobacco use and tobacco control efforts at each location. Each practice also administered a baseline and follow-up chart review which was beneficial to the individual clinics for quality assurance purposes regarding the implementation of tobacco interventions, such as the 5 A's and fax referral system.

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

The Office of Tobacco Control provided funding to the Mississippi Chapter of the American Academy of Pediatrics (MSAAP) to administer the Tobacco-Free Mississippi: Engaging Mississippi's Pediatricians project. The overall goal of this project was to implement the Public Health Service Guidelines for Treating Tobacco Use and Dependence recommendations into pediatric practice in Mississippi. The project assessed Mississippi pediatricians regarding current tobacco cessation services offered, the number of referrals to cessation services, and how current clinic services could be improved. To give pediatricians a better understanding of the overall process of implementing tobacco cessation into their practice, the MSAAP developed training for pediatricians to place emphasis on the detrimental effects of secondhand smoke on children. During FY14 MSAAP trained three pediatric practices.

MSAAP conducted the following activities in FY 14

- MSAAP provided training sessions on tobacco cessation and motivational interviewing to the Pediatric residents at the University of Mississippi Medical Center (UMMC).
- Each site identified a Tobacco Champion whose primary responsibility was to support and promote the tobacco program within the clinic.
- Champions and clinic staff were trained on the evidence-based 5A's approach to cessation with the goal to integrate the brief intervention into their current practices.
- Fax referral systems were set up with each clinic and the Quitline to provide the patient with immediate access to cessation services and served as a feedback loop for providers.
- Each site implemented a tobacco-free policy.
- Each site conducted a tobacco-use prevalence and follow-up survey among adult patients.

The Mississippi Primary Health Care Association (MPHCA)

The Office of Tobacco Control provided funding to the Mississippi Primary Health Care Association (MPHCA) to administer the *Tobacco-Free Mississippi: Engaging Federally Qualified Health Centers* project. The MPHCA engaged Federally Qualified Health Center (FQHC) clinicians to conduct clinical tobacco cessation programs and activities, as recommended by the CDC's *Best Practices*. Because many FQHCs serve low-income populations with limited medical resources, these centers are able to enhance access to cessation services and mitigate barriers for tobacco control interventions among disparate populations.



Through MPHCA, the *Tobacco-Free Mississippi Project* has the potential to impact more than 120 primary care sites and over 324,046 Mississippians. Presently, the Office of Tobacco Control is working with 20 of the 21 main sites in the state. These 20 sites have also been issued carbon monoxide monitors to inform clinicians of a patient's smoking status or exposure to secondhand smoke. During FY14 MPHCA trained five Federally Qualified Health Centers (FQHC's).

The Community Health Centers conducted the following activities in FY 2014:

- Each site identified a Tobacco Champion whose primary responsibility was to support and promote the tobacco program.
- Healthcare providers were trained at each site to implement the evidence-based 5A's approach to cessation with the goal to integrate the brief intervention into their current practices.
- Fax referral systems were set up with each clinic and the Quitline to provide the patient with immediate access to cessation services and served as a feedback loop for providers.
- Centers were provided with carbon monoxide monitors to ascertain patients' carbon monoxide levels.
- Each site collected data to determine program effectiveness, while also looking at the data to improve programmatic activities and to ensure systems are in place to provide all tobacco users with the same standard of care.
- The Mississippi Primary Health Care Association assisted clinics in improving their tobacco-free policies.

The Mississippi Rural Health Association (MRHA)

The Office of Tobacco Control provided funding to the Mississippi Rural Health Association (MRHA) to administer the *Tobacco-Free Mississippi: Engaging Rural Health Clinics* project. The MRHA engaged clinicians in Rural Health Clinics to strengthen statewide capacity to conduct clinical tobacco cessation programs and activities, as recommended by the CDC's *Best Practices*.

To comply with the CDC's *Best Practices*, MRHA and the MS Primary Healthcare Association conducted tobacco assessments, provided patient education and counseling, and referred patients to the Mississippi Tobacco Quitline. Research demonstrates that even brief advice from physicians and nurses can influence patients to make a quit attempt.

Both the FQHCs and the Rural Health Clinics work with racially and ethnically diverse populations. Many of their patients are on Medicaid or have no health insurance. The tobacco-use intervention project in these facilities will work to institutionalize tobacco cessation standard healthcare practice to effectively reach and educate populations experiencing tobacco-related disparities.

MRHA will partner with the worksite wellness programs of rural employers and hospital systems for fiscal year 2015. These efforts may reach populations who have not received tobacco education from their primary care physician.

The Institute for Disability Studies (IDS)

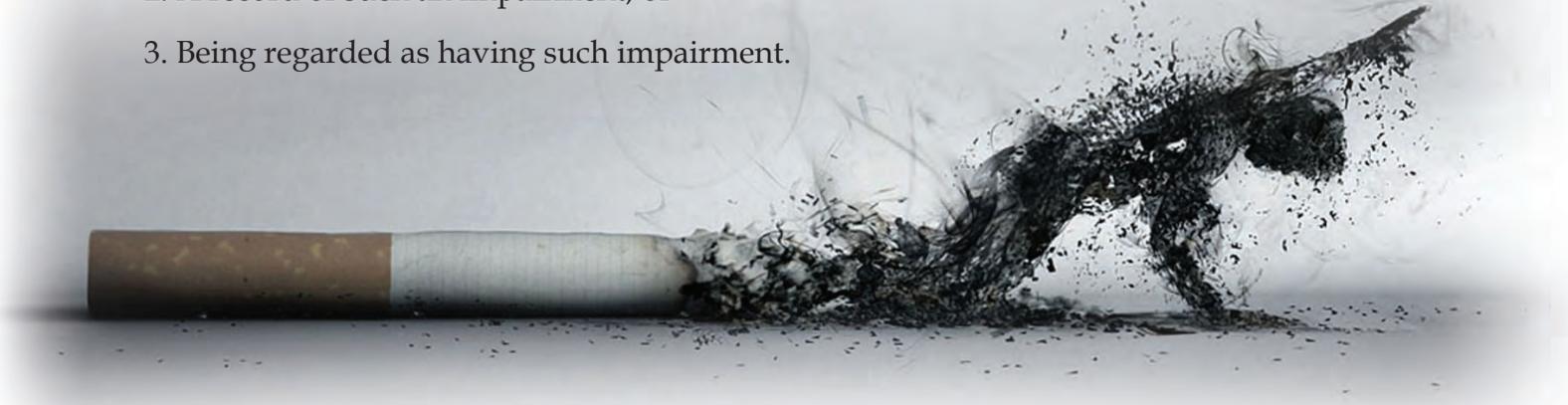
The Office of Tobacco Control funded the Institute for Disability Studies (IDS) at the University of Southern Mississippi to administer the *Tobacco Control Strategies for Mississippians with Disabilities* project. The IDS developed and implemented a tobacco control program to reduce the initiation of tobacco use, promote cessation, eliminate exposure to secondhand smoke, and lessen tobacco-related disparities among Mississippians with disabilities.

The goal of the project is to explore the common reasons for tobacco use among Mississippians with disabilities and to better define the barriers that limit them in receiving smoking cessation information and accessing resources. Implementation of the project occurred in two phases:

- Phase one focused on data collection of tobacco utilization behaviors and barriers to accessing tobacco cessation programs by Mississippians with disabilities.
- Phase two will focus on the development and implementation of evidence-based tobacco cessation programs.

The Americans with Disabilities Act defines a disability as:

1. A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
2. A record of such an impairment; or
3. Being regarded as having such impairment.



Currently, people with mental illness represent 44 percent of the adult cigarette users in Mississippi.

A Leadership Academy on Wellness and Smoking Cessation was held in May 2013 to develop a strategic action plan that focused on reducing smoking prevalence among people with behavioral health disorders. The Academy was a statewide collaboration among public health, tobacco control, mental health, and addiction treatment staff to improve services to people with and at risk for substance use and mental health disorders. Mississippi was the eighth state to implement the Substance Abuse and Mental Health Services Administration and Smoking Cessation Leadership Center's Leadership Academy model. Mississippi's action plan created during the 2013 Leadership Academy is available at <http://smokingcessationleadership.ucsf.edu/LeadershipActivities-MS.htm>. Follow-up meetings are held annually to review progress made on the 2013 action plan and to discuss additional opportunities, barriers to service, and lessons learned since the original 2013 meeting. Additional information about the Mississippi Leadership Academy partnerships and the IDS tobacco control activities can be found at the IDS website.

<http://www.usm.edu/disability-studies/tobacco-control-strategies-mississippians-disabilities>

The Mississippi Nurses Foundation (MNF)

The Office of Tobacco Control funded the Mississippi Nurses Foundation (MNF) to administer the *Tobacco-Free Mississippi: Engaging Mississippi's Nurses* project. The MNF engaged nursing instructors to provide training on tobacco control and tobacco cessation programs to nursing students in colleges and universities throughout Mississippi.



**Mississippi
Nurses Foundation**

To further enhance their efforts, the MNF:

- Provided tobacco control educational materials for nurses
- Encouraged tobacco control involvement among foundation members
- Promoted tobacco cessation services
- Provided healthcare provider training opportunities and resources for foundation members
- Sought to maximize the role of nurses as trusted sources of information for patients and families.

The MNF holds an annual Nurses Against Tobacco 5K walk. This walk is spearheaded by student nurses statewide. They are currently working with nurse practitioner students at the University of Southern MS School of Nursing and Delta State University School of Nursing to implement Rx for Change, a tobacco cessation curriculum for medical professionals.

The Partnership for a Healthy Mississippi (PHM)

The Office of Tobacco Control funded The Partnership for a Healthy Mississippi in FY14 to educate Mississippi's youth about the dangers of tobacco use through two interactive, educational programs utilizing various tobacco prevention activities. RAT® (Reject All Tobacco) is the program for Mississippi youth in grades K-6 and Generation FREE is the program for youth in grades 7-12.

The RAT program emphasizes that the earlier kids are taught about making healthy lifestyle decisions and avoiding tobacco, the better. The well-known and recognizable main character of RAT is Terrance the Rat. Terrance is very visible in the animated RAT shows conducted at 70 locations reaching almost 27,000 youth



in public and private schools in FY14. Five dancing RAT Troupes from across the state sang and danced while assisting

Terrance with his message. The main theme of Terrance and the RAT program is that youth "Tell Somebody" about the dangers of tobacco. Approximately 40 RAT Troupe members were able to receive \$1,000 scholarships for completing RAT Troupe responsibilities in FY14.



Jackson RAT Dance Troupe educating the youth at Pucket Elementary School about the dangers of tobacco.



Safety Day, Greenwood Leflore County Hospital, Wheezy Bear and Terrance the RAT: June 2014

The RAT program appeared in multiple 2014 spring Parents & Kids Magazine issues (monthly educational advertorials and game-focused magazine covers) distributed across Mississippi. A main component of RAT is found in establishing and continuing school and non-school RAT teams through utilization of the RAT monthly team manuals. Youth across Mississippi completed numerous tobacco education activities as being part of approximately 2,700 school and non-school RAT teams comprising over 65,000 youth across the state. RAT team members received team sign-up incentives and end-of-year incentives for being on an active team. In addition, RAT produced 60,000 Family Guides to educate parents and kids about the dangers of tobacco use and RAT-themed contests were conducted for K-3 (design a bookmark) and 4-6 (poetry) youth across the state. RAT summer camp manuals were also utilized for K-3 and 4-6 youth across the state.

Generation FREE is Mississippi's youth-led movement against tobacco use, and it encourages youth to take hold of and make Generation FREE their own. Generation FREE gives young people a chance to learn about healthy habits, be involved in the leading edge of this FREE movement, and use their energy to model and encourage positive health change in their local communities. One of the main components of the FREE program is found in establishing and continuing school and non-school FREE teams through utilization of the FREE monthly team manuals. In FY14, approximately 24,000 youth comprised 1,100



school and non-school FREE teams. FREE team members received sign-up incentives and end-of-year incentives as being part of an active team, and participated in a statewide contest called "Shape Your Future" where winners were chosen and prizes were distributed.

Another large component of FREE was approximately 50 interactive "FREEtyle" events that reached about 5,000 youth in multiple counties across Mississippi. Another vital component consisted of youth conferences that were conducted across the state. L.E.A.D. (Leadership, Engagement, Activism, and Development) conferences took place for 9th -12th graders held in four regional locations (Hattiesburg, Cleveland, Oxford, and Jackson) with 766 youth in attendance. Approximately 530 youth attended the iFLY Conference for 7th -8th graders in regional locations (Indianola, Tupelo,

Pearl, and Hattiesburg). Generation FREE is also active on Social Media through the usage of Twitter, Instagram, and Facebook. FREE utilizes an active Youth Advisory Board (YAB) with 11 members from all over the state that are chosen from an application and interview process. The YAB helps plan the iFLY and LEAD conferences and also helps to make sure the FREE program stays relevant to the youth of Mississippi. Eleven YAB members were able to receive a scholarship for their efforts with FREE during FY14.

The American Lung Association of the Plains-Gulf Region (ALAPGR)

The Office of Tobacco Control contracted with the American Lung Association of the Plains-Gulf Region (ALAPGR) to administer the Teens Against Tobacco Use (TATU) program in FY 2014 across Mississippi. This tobacco prevention program targets youth in grades 7-12 and focuses on education, mentoring students in grades 4-6, and developing leadership skills. TATU students are trained to speak about lung health and the dangers of tobacco use.

In FY14, the ALAPGR engaged nearly 25 new and returning TATU teams and provided five S.M.A.R.T (Students Mobilizing through Advocacy to Reshape Tomorrow) events throughout the state with approximately 250 students participating. The S.M.A.R.T. events took place in Gulfport, Summit, Tupelo, Batesville, and Jackson during January and February 2014. The small S.M.A.R.T. breakout sessions allowed students to receive personal attention during the sessions as they learned ways they could be healthier without the use of tobacco products. Sessions included the following topics: a hands-on demonstration of how tobacco addiction impacts every aspect of one's life and a lesson in advocacy where students created a 30 second public service announcement about the dangers of tobacco use. Unique to the FY14 S.M.A.R.T. events was guest speaker Rob Hackenson, a nationally-recognized speaker on addiction prevention and goal-setting, who shared valuable info with youth.



Belmont High School FREE and TATU teams participate in the LEAD Conference held in Corinth on February 7th.



West Harrison HS Students learn about trust at Gulfport SMART

The ALAGPR also conducted 25 “Tobacco 101” sessions with high school students throughout the state. These sessions covered physical and economic impacts of tobacco use, as well as prevention methods and ways to advocate for healthy lifestyles within the youth population.

The ALAGPR combined resources with various Mississippi Tobacco-Free Coalitions across the state to provide regional advocacy trainings for youth in grades 10-12 to support tobacco-free efforts. The ALAGPR provided personal assistance at four of these trainings. The ALAGPR also awarded four \$2,000 scholarships to TATU students as a way to promote continued education for Mississippi youth.



SecondHand Smoke



Mississippi received the first place award from Americans for Non-Smokers' Rights (ANR) for passing the most comprehensive Smoke Free laws in 2013. Cynthia Hallett, the Executive Director from ANR, presented the award to the Mississippi State Department of Health and its partners in August 2014 at the Mississippi State Medical Association press conference at the Jackson Hilton Hotel.

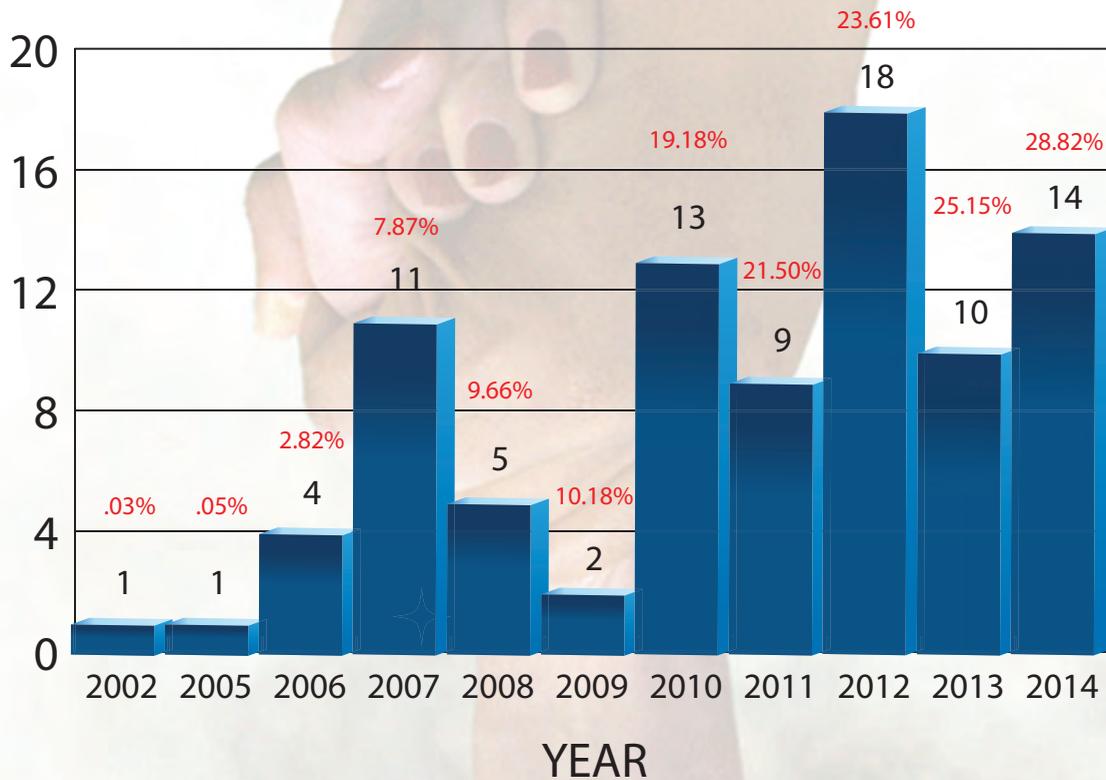
cancer, nasal sinus cavity cancer, and nasopharyngeal cancer in adults and increase the risk of leukemia, lymphoma, and brain tumors in children.

The Surgeon General has stated that there is no safe level of exposure to secondhand smoke (Surgeon General Report, 2014).

<http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

Secondhand smoke is a serious health hazard. Of the more than 7,000 chemicals it contains, at least 70 are known to cause cancer. Secondhand smoke is classified by the Environmental Protection Agency as a known carcinogen. Exposure to secondhand smoke can lead to heart disease, stroke, decreased immune function, impaired lung function, asthma, ear infections, lower respiratory illness, low birth weight, and sudden infant death syndrome (SIDS). Inhaling secondhand smoke causes approximately 3,000 lung cancer deaths and 46,000 heart disease deaths each year among adult nonsmokers. Some research suggests that secondhand smoke may increase the risk of breast

Local Comprehensive Smoke-Free Ordinances Passed by Year



The chart above represents the percent of Mississippi municipalities with smoke-free ordinances.

Developing Municipal Comprehensive Smoke-free Ordinances in Mississippi

The Office of Tobacco Control, in collaboration with the Mississippi Municipal League, engaged municipalities within Mississippi to increase the number of individuals in the state protected by comprehensive smoke-free air ordinances.

Through *Developing Municipal Comprehensive Smoke-free Ordinances in Mississippi*, municipalities worked with tobacco control partners to educate citizens and elected officials about the dangers of secondhand smoke (Appendix II). In 2014, Mississippi received national recognition from Americans for Nonsmokers' Rights for passing the most smoke-free ordinances of any state. As of December 2014, 91 municipalities have adopted a comprehensive smoke-free ordinances.

In FY 14, the following municipalities in Mississippi passed comprehensive smoke-free ordinances:

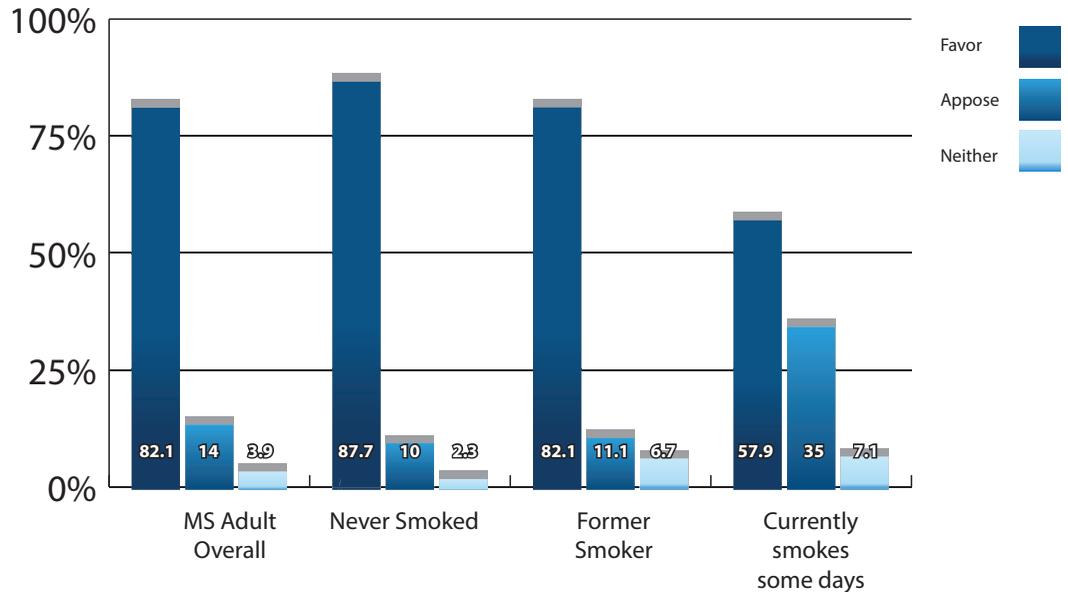
Baldwyn 7/5/2013	Magee 11/19/2013	Friars Point 1/8/2014	Mendenhall 4/4/2014
Plantersville 7/6/2013	Walnut 12/5/2013	Itta Bena 1/16/2014	Duck Hill 4/9/2014
Pascagoula 7/18/2013	Woodville 12/30/2013	Farmington 2/20/2014	Weir 4/10/2014
Morton 10/31/2013	Bruce 1/1/2014	Louisville 4/3/2014	Sledge 6/4/2014

Social Climate Survey

Results from the 2014 Social Climate Survey demonstrate strong support for smoke-free air in Mississippi. More than three-quarters of Mississippi adults (82.1%) favor a state law prohibiting smoking in most indoor places, including workplaces, public buildings, offices, restaurants, and bars.

Fewer than one in seven Mississippi adults (14.0%) oppose a state law.

Support For Smoke-Free Law: Smoking Status



Additional Partners

The Office of Tobacco Control (OTC) has established relationships with organizations that do not receive funding from the OTC. The Mississippi State Medical Association, Blue Cross Blue Shield, Eliza Pillars Nurses Association, Mississippi Nurses Association, Delta Health Alliance, River Region Health System, United Healthcare Mississippi, Mississippi Hospital Association, Mississippi Alliance for School Health, Mississippi Area Health Education Center, and Pfizer signed a resolution in support of Smoke-free Air Mississippi. Some of these organizations attended meetings of the Mississippi Tobacco-Free Coalitions, provided technical assistance with data collection, and/or hosted meetings for representatives from the Office on Smoking and Health at the CDC.

The CDC's *Best Practices* recognizes the importance of community support and involvement at the grassroots level in implementing highly effective policy interventions, such as creating smoke-free environments.

The Mississippi State Department of Health (MSDH) Office of Tobacco Control (OTC) continues to collaborate with the Mississippi Department of Mental Health during FY 2014 to increase the number of alcohol and drug treatment specialists who are trained on evidence-based treatment strategies to improve the overall health and well being of their clients by referring them for tobacco dependence treatment.

III. MASS-REACH HEALTH COMMUNICATION INTERVENTIONS

The Mississippi State Department of Health Office of Tobacco Control implemented a statewide media campaign to prevent the initiation of tobacco use among youth and to promote tobacco cessation services among Mississippians.

The CDC's *Best Practices* recommends that an effective state health communication intervention should deliver strategic, culturally appropriate, high-impact messages in sustained and adequately funded campaigns integrated into the overall state tobacco control program. The Office of Tobacco Control works with the MSDH Office of Health Communications to provide a statewide media campaign that builds from existing prevention programs.

REJECT ALL TOBACCO

- RAT TV commercials, website activities, and school manuals
- Generation FREE social media (Facebook, Twitter, Instagram), monthly manuals
- Parents and Kids monthly magazine article, RAT puzzle page, and "Find Terrance" contest
- National CDC Tips From Former Smokers Campaign: TV, newspaper, radio, online, and theatres





RAT Dance Troupe camp, where 40 performers from Madison, Hinds, Rankin, Jackson, Lafayette, and Washington counties learn interactive ways to teach K-6th graders the dangers of tobacco throughout the state.



Leigh Lamkin, program director for the MS Tobacco-Free Coalition of Attala, Leake, and Winston counties, held a tobacco-free pledge awareness event with high school students across Attala County. The event included activities and a Free Style event with Partnership for a Healthy Mississippi.



Baldwyn Mayor's Youth Council, sponsor Demi Hughes, and Mayor Michael James participate in the LEAD Conference held in Corinth on February 7th.

Rescue Social Change Group

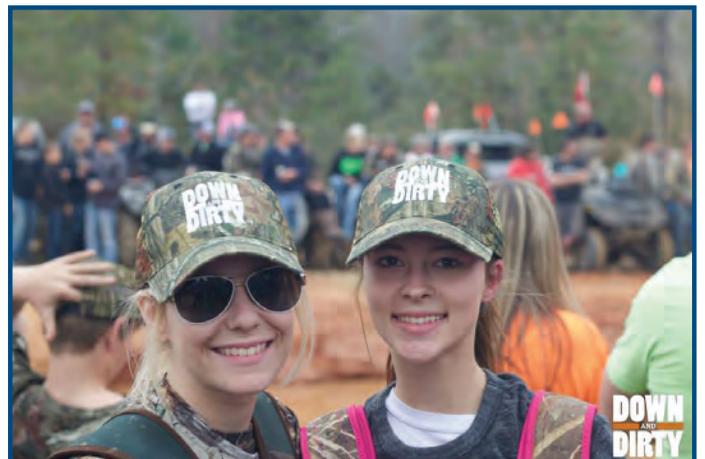
In Fiscal Year 2014, the OTC utilized Rescue Social Change Group to conduct formative research to:

- Identify Mississippi teens at risk for tobacco use and the social characteristics that increase risk
- Understand how characteristics increase risk of tobacco use
- Identify values that are important and relevant to Mississippi teens
- Identify tobacco-related messages to motivate tobacco-free living
- Distinguish effective and ineffective TV ad characteristics

The research included focus group recruitment surveys with 561 youth and 18 subsequent focus groups with 164 high school-aged teens from eight schools in both urban and rural areas across the state.

Key findings from the research included the following insights:

- Not all teens are at risk for tobacco use. Unlike traditional segmentation approaches that focus on demographic data, psychographic segmentation based on identity, peer crowds, and lifestyles is necessary to truly understand teen tobacco use risk.
- Peer crowds are a reliable measure of tobacco use risk. Congruence between focus groups and research phases suggests that peer crowds can be used as a reliable measure of tobacco use risk in Mississippi.
- Country and Hip Hop influences accounted for most tobacco use in Mississippi.
- Tobacco use varies by peer crowd – Country teens were the most likely to use chew, while Hip Hop teens were the most likely to use cigarillos.

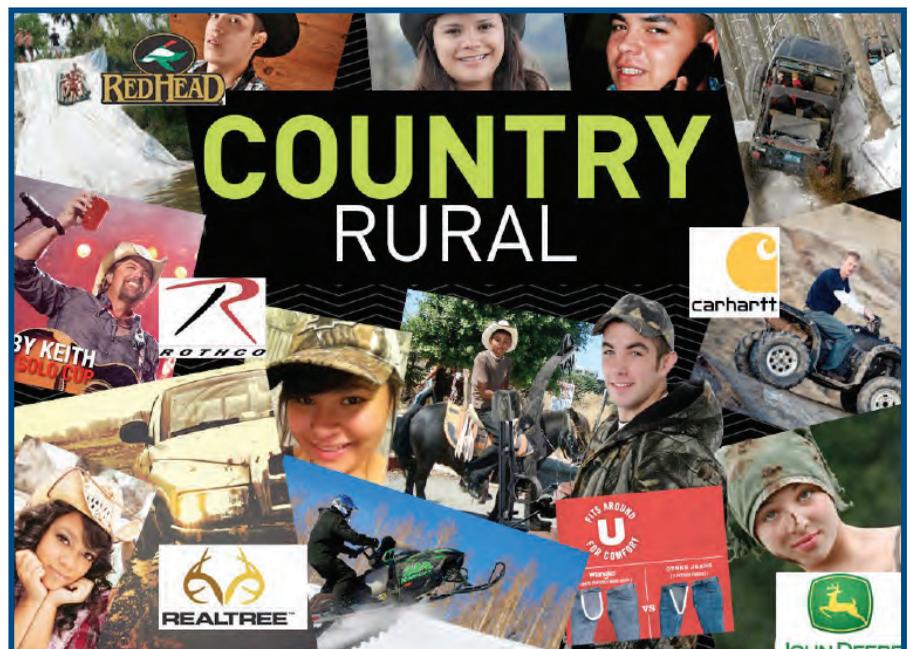


A variety of anti-tobacco advertisements were tested during the focus groups. Feedback from participating youth indicated the following characteristics of effective teen tobacco prevention ads in Mississippi:

- Teens are concerned about how their behavior affects siblings.
- Serious and interesting ads that feature relatable actors are most effective.
- Targeted ads that “speak” the language of the target population can cause passionate responses from targeted teens.
- Minimize the use of humor when discussing important tobacco messages.



Based upon this information, OTC continues to work with Rescue SCG to create tobacco prevention messages that are relevant to at-risk youth.



Care For Their Air Program



Kendrick Head Start in Corinth, MS



Victory Childcare Learning Center Fayette, MS

Care for Their Air Program is a program for MS childcare centers to educate parents and caregivers about the health risks to children from secondhand smoke exposure and to encourage them to commit to providing a smoke-free environment in their homes and cars. An estimated 11 percent of U.S. children six years and younger are regularly exposed to secondhand smoke in homes and cars. Exposure to secondhand smoke can cause asthma, increases the risk for Sudden Infant Death Syndrome (SIDS), and leads to increased risk of respiratory infections as well as increased risk of middle ear infections. Tobacco-Free Coalition directors trained over 600 childcare givers and 1,514 parents in 2013.



Lewis Memorial Daycare Grenada, MS



Mississippi Tobacco-Free Coalitions

The Office of Tobacco Control provided funding to 33 Mississippi Tobacco-Free Coalitions (MTFC) to work in all 82 counties to implement tobacco control programs at the grassroots level (Appendix III).

Each MTFC:

- Conducted tobacco control programmatic and awareness activities throughout the year that contain messages for youth and adults
- Worked to increase tobacco-free policies in municipalities statewide
- Promoted the use of tobacco prevention curricula in schools throughout the state

The MTFC's evidence-based programs have been designed to lead to:

- Preventing the initiation of tobacco use
- Creating a social norm change to non-tobacco use
- Supporting implementation of comprehensive smoke-free air policies
- Offering cessation assistance to tobacco users
- Reducing tobacco-use prevalence among youth and adults
- Reducing tobacco-related mortality and morbidity
- Decreasing tobacco-related disparities.

The Office of Tobacco Control and its partners work with the Coalitions to educate citizens — both young and old — on the dangers of tobacco use. To learn more about the Coalitions, please visit the Mississippi Tobacco Free Coalitions webpage at www.tobaccofreems.org.



Baldwyn Mayor's Youth Council, sponsor Demi Hughes, and Baldwyn Mayor Michael James proudly display an award from Smoke-free MS which they received for their efforts in passing a smoke-free ordinance for their city.



IV. CESSATION INTERVENTIONS

Mississippi Tobacco Quitline

The Mississippi Tobacco Quitline, 1-800-784-8669, provides free telephone and web-based treatment to adult Mississippi residents. The CDC's *Best Practices* recommendations for tobacco cessation interventions clearly outline the importance of quitlines. In FY 2014, the Mississippi Tobacco Quitline received 16,448 calls for treatment (MS Tobacco Quitline, 2014).

The Office of Tobacco Control provides funding for Information and Quality Healthcare (IQH) to provide services for individuals who wish to utilize the Mississippi Tobacco Quitline. Professional counselors evaluate and develop a plan of action for callers. Services that callers receive include access to nicotine replacement therapies, referrals to physicians with experience in tobacco cessation counseling, and/or referrals to the nearest ACT Center for Tobacco Treatment, Education and Research.

The Mississippi Tobacco Quitline also provides training for community groups, organizations, healthcare providers, and the general public on the dangers of tobacco use, the benefits of not using tobacco, and the dangers of secondhand smoke exposure.

The ACT Center for Tobacco Treatment, Education and Research

A program of the University of Mississippi Medical Center, the ACT Center provides intensive treatment including Nicotine Replacement Therapy (NRT) and non-nicotine medications to Mississippi residents interested in quitting tobacco. Through funds provided by the Office of Tobacco Control, the ACT Center, located in Jackson, MS, subcontracts with hospitals throughout the state for satellite tobacco treatment clinics (Appendix IV). In FY 2014, approximately 1,807 Mississippi residents participated in the intensive tobacco treatment program provided by the ACT Center.



V. SURVEILLANCE AND EVALUATION

The Office of Tobacco Control implements an annual surveillance and evaluation system, as recommended by the CDC's *Best Practices*, to monitor and provide short-term, intermediate, and long-term intervention outcomes. The data is used to influence program and policy direction, ensure accountability, and demonstrate effectiveness.

Collecting baseline data related to each objective and performance indicator is critical to ensuring that program-related effects can be clearly measured. Surveillance and Evaluation services are provided by the Mississippi State University (MSU) Social Science Research Center (SSRC). The SSRC subcontracts with the University of Southern Mississippi for tobacco control program evaluation activities and with Southern Research Group for media-tracking services.

Surveillance efforts are designed to measure and detail progress toward short-term, intermediate, and long-term goals using numerous primary and secondary data sources. These data sets include the:

- Mississippi Youth Tobacco Survey
- Youth Risk Behavior Surveillance System
- Mississippi University Student Survey of Tobacco Control
- Mississippi Social Climate Survey of Tobacco Control
- Behavioral Risk Factor Surveillance System

The Tobacco Control Unit of the MSU SSRC administers the following surveys:

- Mississippi Social Climate Survey of Tobacco Control
- Mississippi Youth Tobacco Survey
- Mississippi University Student Survey of Tobacco Control

In addition, this unit maintains a website that serves four primary functions:

- Serves as a repository for reports, slides, and fact sheets generated by the evaluation and surveillance efforts, and provides supporting links and references for tobacco control data
- Serves as an interactive programmatic data collection mechanism for evaluation efforts
- Contains a data query module that allows visitors to generate interactive tables from primary data
- Contains several interactive charts that provide vivid illustration of the profound changes states have experienced after raising their state cigarette tax or passing statewide smoke-free laws.

The recent Surveillance and Evaluation Report, along with other state specific tobacco control surveillance and evaluation data, can be accessed at www.MSTobaccoData.org.

Appendix I

TOBACCO CONTROL ADVISORY COUNCIL

The Mississippi Tobacco Control Advisory Council consists of 13 members who are appointed by state and university officials. The Mississippi Tobacco Control Advisory Council has maintained an active role in the development and implementation of the programs within the Office of Tobacco Control.

Name	Location	Affiliation/Appointment
Berthold “Bert” Beisel, MD	Columbia	Governor Appointment
Dr. Ricardo Brown, PhD	Jackson	Jackson State University/School of Health Sciences/ College of Public Service
“Bob” K. Collins, MD	Mississippi State University	American Lung Association Appointment
Ford J. Dye, MD	Oxford	MS State Medical Association Appointment
Clay Hays, MD	Jackson	American Heart Association Appointment
Mike Moore, Attorney	Flowood	Attorney General Appointment
Christine Philley	Jackson	State Superintendent of Public Education Appointment
Dana Solomon, RN	Grenada	Governor Appointment
Gena Vail	New Albany	MS Nurses Association/Lt. Governor Appointment
Ralph Vance	Jackson	American Cancer Society/Speaker of the House Appointment
Jericho Bell	Jackson	University of Mississippi Medical Center Appointment
Michael Forster, PhD	Hattiesburg	University of Southern Mississippi Appointment

Appendix II

100% SMOKE-FREE COMMUNITIES IN MISSISSIPPI

Year	City/Town	Date Implemented	Year	City/Town	Date Implemented	
2002	Metcalfe	09/03/2002	2012	Monticello	1/18/2013	
2005	Mayersville	09/17/2005		Canton	1/19/2013	
2006	Starkville	05/20/2006		Georgetown	3/12/2013	
	Tupelo	10/05/2006		Anguilla	3/28/2013	
	Mantachie	11/05/2006		Duncan	4/5/2013	
2007	Oxford	11/17/2006		Durant	5/4/2013	
	Hattiesburg	01/01/2007		Verona	5/4/2013	
	Hernando	03/08/2007		Arcola	5/9/2013	
	Aberdeen	03/22/2007		Booneville	6/1/2013	
	Mathison	04/15/2007		Shuqualak	6/1/2013	
	Ridgeland	07/09/2007		New Augusta	2013	
	Greenwood	08/17/2007		Moss Point	6/14/2013	
	Kosciusko	11/02/2007		Sumner	7/4/2013	
	Amory	11/02/2007		Alligator	7/5/2013	
	Corinth	11/09/2007		Forest	9/6/2013	
2008	Flora	12/13/2007		Ethel	11/1/2013	
	Petal	12/20/2008		Indianola	11/6/2013	
	Ecru	03/12/2008	2013	Cary	12/8/2013	
	Pontotoc	05/01/2008		Moorhead	1/11/2013	
Collins	06/08/2008	Wiggins		1/17/2013		
Clinton	08/14/2008	Lucedale		2/1/2013		
2009	Laurel	12/04/2009		Baldwyn	7/5/2013	
	Grenada	01/08/2009		Plantersville	7/6/2013	
2010	Hollandale	12/03/2010		Pascagoula	7/19/2013	
	Meridian	02/19/2010		Morton	9/1/2013	
	Batesville	03/04/2010		Magee	11/19/2013	
	Bassfield	03/10/2010		Walnut	12/5/2013	
	Prentiss	04/17/2010		Woodville	12/30/2013	
	Lumberton	06/01/2010	2014	Bruce	1/1/2014	
	Madison	06/01/2010		Friars Point	1/8/2014	
	Sumrall	06/01/2010		Itta Bena	1/16/2014	
	Crystal Springs	06/15/2010		Farmington	2/20/2014	
	Jackson	07/01/2010		Louisville	4/3/2014	
	Wesson	07/01/2010		Mendenhall	4/4/2014	
	Belzoni	07/01/2010		Duck Hill	4/9/2014	
	Pearl	09/01/2010		Weir	4/10/2014	
	Jonestown	10/11/2010		Sledge	6/4/2014	
	2011	Rienzi		01/01/2011	Picayune	7/17/2014
		Flowood		05/04/2011	Southaven	8/4/2014
Marks		07/14/2011		Crawford	9/2/2014	
Calhoun City		09/02/2011		Beulah	9/4/2014	
Brookhaven		10/05/2011		Isola	9/4/2014	
Centreville		10/05/2011		Clarksdale	9/10/2014	
New Albany		12/01/2011		Senatobia	11/20/2014	
Coldwater		12/1/2011				
Byram		12/7/2011				
Rolling Fork		12/15/2011				

Appendix III

MISSISSIPPI TOBACCO-FREE COALITIONS

Fiscal Agent	County/Counties
Adams County Coalition for Children and Youth	Adams, Jefferson, and Franklin
Aiming for Healthy Families	Alcorn, Tippah, Prentiss, and Tishomingo
Plain-Gulf, American Lung Association	Pearl River, Hancock, and Jackson
Caffee Caffee & Associates	Forrest, Jones, Perry, Covington, Smith, Lamar and Marion
Community Educational Support Systems of Mississippi	Wayne, Clarke, and Jasper
Delta Health Alliance	Coahoma, Tunica, Bolivar, Sunflower, Quitman, and Tallahatchie
Field Memorial Hospital	Amite, Pike, and Wilkinson
Dream, Inc.	Rankin, Scott, and Simpson
East Central Mississippi Health Network	Noxubee, Kemper, and Neshoba
Grenada County School District	Grenada, Yalobusha, and Calhoun
Hands on Gulf Coast	Harrison
Innovative Behavioral Services	Lauderdale and Newton
Lawrence County School District	Lawrence, Jefferson Davis, and Walthall
Washington County Planning Department	Washington, Sharkey, and Issaquena
Mississippi Community Education Center	Montgomery, Choctaw, Webster, Claiborne, Warren, Attala, Winston, and Leake
Family Resource Center of Northeast Mississippi	Oktibbeha, Lowndes, and Clay
National Council on Alcoholism and Drug Dependence	Copiah and Lincoln
Northeast Mississippi Healthcare	Union, Benton, and Marshall
New Beginning Ministries	George, Green, and Stone
North Delta Planning and Development District	Panola, Lafayette, and Pontotoc
North Mississippi Medical Center	Lee, Monroe, Chickasaw, and Itawamba
Partnership for a Healthy Mississippi	Madison, Yazoo, Holmes, LeFlore, Carroll and Humphreys
West Jackson CDC	Hinds
Olive Branch Family YMCA	Desoto and Tate

Appendix IV

ACT CENTER AND SATELLITE SITES

ACT Center Main Site	Jackson	601.815.1180
Gulport Memorial Hospital	Gulfport	228.867.4022
North Mississippi Medical Center	Iuka	662.423.4675
North Mississippi Medical Center	Tupelo	662.377.5787
Southwest Mississippi Regional Medical Center	McComb	601.249.1868
Tri-Lakes Medical Center	Batesville	662.712.1472
King's Daughters Medical Center	Brookhaven	601.835.9406
Delta Regional Medical Center	Greenville	662.725.1128





MISSISSIPPI STATE DEPARTMENT OF HEALTH

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