



**Five-Year
Strategic Framework
2019-2023**

TABLE OF CONTENTS

1		Executive Summary
5		Overview
5		Mission
5		Vision
6		Data Highlights: Current Conditions and Outcomes in Tobacco Control for Mississippi
8		Key Milestones in the History of Mississippi Tobacco Control
9		Partner Profiles
14		Five-Year Practical Vision for Mississippi
16		Underlying Contradictions: Potential Barriers to Five-Year Impact
17		Strategic Directions
20		2019-2023 Action Plan
28		Mississippi Tobacco Control Network Members

Facilitation and Strategy Development by



Partners in Strategy. A Resource for Solutions.®



FIVE-YEAR STRATEGIC FRAMEWORK **JANUARY 1, 2019 – DECEMBER 31, 2023**

STRATEGY AT-A-GLANCE

OVERVIEW

In 2007, the Mississippi State Legislature mandated that an Office of Tobacco Control be created (§41-113-1 of the Mississippi Code of 1972). That same year, the Legislature established the Office of Tobacco Control (OTC) within the Mississippi State Department of Health (MSDH). The Office of Tobacco Control is a comprehensive statewide tobacco control program that operates consistently with the Centers for Disease Control (CDC) and Prevention's Best Practices. The components of the Office of Tobacco Control are -- Infrastructure, Administration, and Management; Youth Programs; Statewide Systems Change Interventions; Community Programs; Cessation; 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.

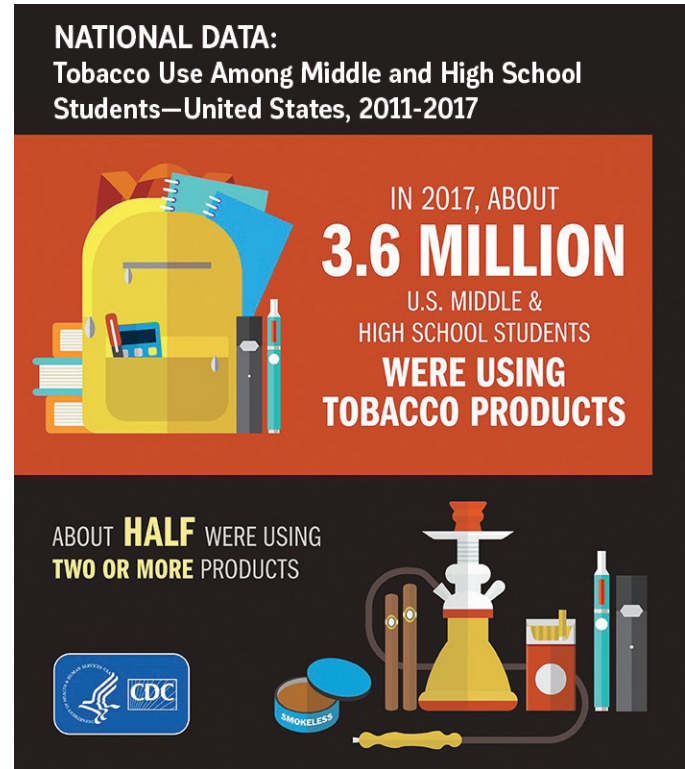
HIGHLIGHTS OF CURRENT OUTCOMES 1998 - 2017

Positive Outcomes in Tobacco Control (Youth)

- ↓93%** | Smoking among public middle school students has decreased by 93% since 1998, leading to 20,468 fewer young smokers.
- ↓76%** | Smoking among public high school students has decreased by 76% since 1998, leading to 30,649 fewer young smokers.
- ↓54%** | The prevalence of having ever tried smokeless tobacco (SLT) has decreased by 54% since 1998, leading to 10,395 fewer middle school students who have tried SLT.
- ↓43%** | The prevalence of having ever tried SLT has decreased by 43% since 1998, leading to 14,860 fewer high school students who have tried SLT.
- ↓82%** | Current cigar smoking among public middle school students has decreased by 82% since 1998, leading to 14,467 fewer young cigar smokers.
- ↓62%** | Current cigar smoking among public high school students has decreased by 62% since 1998, leading to 18,442 fewer young cigar smokers.

Opportunities for Improvement in Tobacco Control (Youth)

- In the past, year the prevalence of public high school students having ever tried smoking has not changed significantly (2016 is 32.1% compared to 32.9% in 2017).
- Though the prevalence of having ever tried SLT has not changed significantly, in the past year data shows an increase among both middle school students and high school students.
 - ◆ High School Students - 15.0% increase from 14.2% in 2016
 - ◆ Middle School Students – 8.4% increase from 7.9% in 2016
- Current electronic cigarette use among public high school students increased in 2017 to 11.5% from 10.3% in 2016.
- Among public high school students 26.7% or slightly over 1 in 4 have ever tried an electronic cigarette.
- SLT use among 12th graders increased 3.5% from 1998 to 2017.
- High School Caucasians are more likely to be current smokers or have ever tried cigarettes than African-Americans.
- High School males are more likely to currently use smokeless tobacco than females.
- High School Caucasians are more likely to currently use e-cigarettes than African-Americans.



Opportunities for Improvement in Tobacco Control (Adult)

- Current cigarette use among adults age 18 and over is 15.6%
- Adults age 25-44 were 2.4 times as likely as adults age 65 and older to be exposed to secondhand smoke in their home.
- Adults age 25-44 were 5.2 times as likely as adults age 65 and older to be exposed to secondhand smoke in their vehicle
- The percentage of adults who were exposed to secondhand smoke at work in the past 7 days was significantly higher for males (28.4%) than for females (15.1%).
- Adults age 25-44 were 14.7 times as likely as adults age 65 and older to be exposed to secondhand smoke at their work.
- Adults age 18-24 were 2.2 times as likely as adults age 65 and older to be exposed to secondhand smoke in an indoor public place.
- Seventy-seven percent (77%) of Mississippi Adults support raising age of purchase to 21.

- 87.2% of Mississippians surveyed in the Mississippi Social Climate Survey of Tobacco Control believe that indoor common hallways and stairways of multi-unit housing should be smoke-free
- Among Blacks, Whites, and Hispanics, Mississippi's black population had the highest mortality rate due to: hypertension, stroke, diabetes, renal disease, HIV/AIDS, cancer, and homicide. Blacks also had the highest infant mortality rate.
- This population also had the higher prevalence of: coronary heart disease, hypertension, obesity, diabetes, current childhood asthma, HIV, and permanent teeth extractions.
- Among Mississippi's Black, White, and Hispanics, Mississippi's whites had the higher prevalence of: coronary heart disease and high cholesterol. This population also had the highest mortality rate due to unintentional injury and suicide.
- As of December 2018, 152 municipalities and 5 counties in Mississippi have implemented comprehensive, smoke-free ordinances, which protects only 34% of Mississippi. If every Mississippi municipality passed a comprehensive smoke-free ordinance only 55% of Mississippians would be protected. The rest live in rural areas outside of municipalities.



VISION

The vision of the Office of Tobacco Control is to significantly improve the health of Mississippians and to reduce the disease and economic burden that tobacco use places on Mississippians of all ages.

COMMON THEMES ON POTENTIAL BARRIERS TO FIVE-YEAR IMPACT

- Overburdened stakeholders and resources
- Political influence and will
- Outdated political perspectives on value and impact of public health interventions
- Data gaps and inconsistencies
- Strong and pervasive tobacco advertising
- Misinformation and outdated information and policies related to new tobacco products
- Alignment and collaboration among network members



2019-2023 GOALS

Goal 1: Increase and expand policies that promote healthy environments and behaviors.

- Objective 1: Maximize utilization and enforcement of existing policies that support tobacco control
- Objective 2: Expand public policies that increase access and protective environments for healthy living

Goal 2: Increase the capacity of the Mississippi Tobacco Control Network to advance efforts statewide.

- Objective 1: Increase capacity at the grassroots level to engage and influence local stakeholders
- Objective 2: Strengthen the statewide tobacco network to advance collective work and promote outcomes

Goal 3: Increase awareness on the effects of all tobacco use among adults and youth.

- Objective 1: Provide education opportunities and resources to key stakeholder groups that will expand reach of the network through “surrogate messengers”
- Objective 2: Expand communications and messaging for targeted populations to address emerging tobacco use trends
- Objective 3: Increase the availability and use of population level data among network partners

Goal 4: Eliminate tobacco-related health disparities and reduce tobacco use prevalence among targeted populations.

ELIMINATING HEALTH DISPARITIES

To achieve overall improvements in tobacco control outcomes statewide over the next five-year period, specific strategies have been identified reduce health disparities in targeted populations.

- Objective 1: Decrease tobacco use and exposure among pregnant women and mothers.
- Objective: Decrease tobacco use and exposure among economically disadvantaged (low-income) populations.
- Objective 3: Decrease tobacco use and exposure among individuals with mental illness, particularly those suffering from substance use disorder.
- Objective 4: Decrease tobacco use and exposure among college students.
- Objective 5: Decrease tobacco use and exposure among individuals with high chronic disease burden.
- Objective 6: Decrease tobacco use and exposure among middle and high school students.

Data Sources:

2017 Mississippi Tobacco Control Data; Social Science Research Center, Mississippi State University; www.mstobaccodata.org

2015 Mississippi Health Disparities and Inequalities Report; Mississippi State Department of Health, Office of Health Disparity Elimination, Office of Health Data and Research



FIVE-YEAR STRATEGIC FRAMEWORK JANUARY 1, 2019 – DECEMBER 31, 2023

OVERVIEW

In 2007, the Mississippi State Legislature mandated that an Office of Tobacco Control be created (§41-113-1 of the Mississippi Code of 1972). That same year, the Legislature established the Office of Tobacco Control (OTC) within the Mississippi State Department of Health (MSDH). The Office of Tobacco Control is a comprehensive statewide tobacco control program that operates consistently with the Centers for Disease Control (CDC) and Prevention's Best Practices. The components of the Office of Tobacco Control are -- Infrastructure, Administration, and Management; Youth Programs; Statewide Systems Change Interventions; Community Programs; Cessation; 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 OTC utilizes a systematic approach which includes each of the components of the Centers for Disease Control and Prevention's evidence-based *Best Practices for Comprehensive Tobacco Control Programs, 2014*:

- I. Infrastructure, Administration, and Management
- II. State and Community Interventions
- III. Cessation Interventions
- IV. Mass-Reach Health Communication Interventions
- V. Surveillance and Evaluation

VISION

The vision of the Office of Tobacco Control is to significantly improve the health of Mississippians and to reduce the disease and economic burden that tobacco use places on Mississippians of all ages. This vision includes a set of core values:

- Implement strategies to ensure smoke-free air for everyone;
- Respect the effort it takes to quit smoking and stay quit;
- Provide innovative leadership;
- Cultivate cooperative relationships with traditional and nontraditional partners; and
- Do not accept funding from, or collaborate with, the tobacco industry.

DATA HIGHLIGHTS

Current Conditions and Outcomes in Tobacco Control in Mississippi

- Smoking among public middle school students has decreased by 93% since 1998, leading to 20,468 fewer young smokers.
- Smoking among public high school students has decreased by 76% since 1998, leading to 30,649 fewer young smokers.
- The prevalence of having ever tried smokeless tobacco (SLT) has decreased by 54% since 1998, leading to 10,395 fewer middle school students who have tried SLT.
- The prevalence of having ever tried SLT has decreased by 43% since 1998, leading to 14,860 fewer high school students who have tried SLT.
- Current cigar smoking among public middle school students has decreased by 82% since 1998, leading to 14,467 fewer young cigar smokers.
- Current cigar smoking among public high school students has decreased by 62% since 1998, leading to 18,442 fewer young cigar smokers.



- In the past year, the prevalence of public high school students having ever tried smoking has not changed significantly (2016 is 32.1% compared to 32.9% in 2017).
- Though the prevalence of having ever tried SLT has not changed significantly, in the past year data shows an increase among both middle school students and high school students.
 - ◆ High School Students - 15.0% increase from 14.2% in 2016
 - ◆ Middle School Students – 8.4% increase from 7.9% in 2016

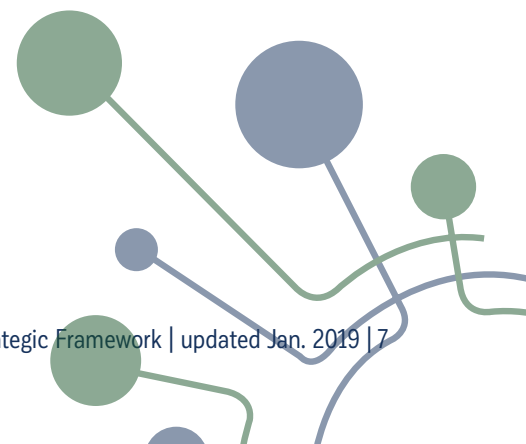


- Current electronic cigarette use among public high school students increased in 2017 to 11.5% from 10.3% in 2016.
- Among public high school students 26.7% or slightly over 1 in 4 have ever tried an electronic cigarette.
- SLT use among 12th graders increased 3.5% from 1998 to 2017.
- High School Caucasians are more likely to be current smokers or have ever tried cigarettes than African-Americans.
- High School males are more likely to currently use smokeless tobacco than females.
- High School Caucasians are more likely to currently use e-cigarettes than African-Americans.

- Current cigarette use among adults age 18 and over is 15.6%.
- Adults age 25-44 were 2.4 times as likely as adults age 65 and older to be exposed to secondhand smoke in their home.
- Adults age 25-44 were 5.2 times as likely as adults age 65 and older to be exposed to secondhand smoke in their vehicle.
- The percentage of adults who were exposed to secondhand smoke at work in the past 7 days was significantly higher for males (28.4%) than for females (15.1%).
- Adults age 25-44 were 14.7 times as likely as adults age 65 and older to be exposed to secondhand smoke at their work.
- Adults age 18-24 were 2.2 times as likely as adults age 65 and older to be exposed to secondhand smoke in an indoor public place.
- Seventy-seven percent (77%) of Mississippi Adults support raising age of purchase to 21.
- 87.2% of Mississippians surveyed in the Mississippi Social Climate Survey of Tobacco Control believe that indoor common hallways and stairways of multi-unit housing should be smoke-free.
- Among Blacks, Whites, and Hispanics, Mississippi's black population had the highest mortality rate due to: hypertension, stroke, diabetes, renal disease, HIV/AIDS, cancer, and homicide. Blacks also had the highest infant mortality rate.
- This population also had the higher prevalence of: coronary heart disease, hypertension, obesity, diabetes, current childhood asthma, HIV, and permanent teeth extractions.
- Among Mississippi's Black, White, and Hispanics, Mississippi's whites had the higher prevalence of: coronary heart disease and high cholesterol. This population also had the highest mortality rate due to unintentional injury and suicide.
- As of December 2018, 152 municipalities and 5 counties in Mississippi have implemented comprehensive, smoke-free ordinances, which protects only 34% of Mississippi. If every Mississippi municipality passed a comprehensive smoke-free ordinance only 55% of Mississippians would be protected. The rest live in rural areas outside of municipalities.

HIGHLIGHTING THE MISSISSIPPI TOBACCO CONTROL NETWORK HISTORICAL NARRATIVE

- Our network boasts a longevity and history of engaging diverse stakeholders.
- The Mississippi Tobacco Control Network has grown to become an intentional space to exchange resources, work together, and advance common goals.
- MSDH, Office of Tobacco Control has served as a backbone organization, convener, and facilitator to advance the work.
- Commitment to integrity – the Mississippi Tobacco Control Network does not and will not collaborate with the tobacco industry.
- There are 150 diverse stakeholders in the network.
- The Mississippi Tobacco Control Network boasts four goal-driven work groups: Prevention, Cessation, Secondhand Smoke, and Health Disparities.



KEY MILESTONES

in the History of the Mississippi Tobacco Control Network

Strong advocates secure funding and advance tobacco systems change in challenging times

Kick off of a new tobacco tax campaign

Cigarette smoking at an all time low for middle and high school better than the national average

2012-2017

MS receives the national smoke free challenge award five years in a row with a first or second place recognition

A statewide tobacco tax campaign is initiated and within the year, passed

Mississippi became the first state to file a Medicaid-related lawsuit against the tobacco industry

2018



Youth Advocate of the Year Award (YAYA)

147 smoke free communities

5 smoke free counties

2017



First Youth Advocate of the Year Award (YAYA) for Mississippi

Mississippi's tobacco data collection and reporting receive national recognition (TRAPS)

2008-2009



2016



2007



MS State Legislature mandates the creation of the Office of Tobacco Control

1994



Efforts have impacted training of workforce on addressing tobacco cessation

PARTNER PROFILES



STRENGTHS

Cessation knowledge
 Ability to reach a large portion of the states' population
 Tobacco awareness resources and outreach to disparate populations



CONSIDERATIONS

TIPS Campaign increases our activity and stretches our resources during certain times of the year. Any activities that would drive activity towards the Quitline should be considerate of these times



EXPECTATIONS

To be an integrated part of what other agencies/ organizations are doing to achieve our agreed upon goals



WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Communication as to how the plan is moving forward
 Collaboration among all the partners in the network



STRENGTHS

Access to an "in place" network of physicians statewide
 Relationship with University of Mississippi Medical Center
 Relationship with four medical residency programs



CONSIDERATIONS

Due to competing issues and priorities, there can be instances where there is a lack of interest on this issue on the part of physicians
 Practice difficulties require consideration of physicians' time i.e., seeing certain number of patients in a day, can limit time available for tobacco counseling



EXPECTATIONS

To make available to physicians helpful materials for them to educate their patients on tobacco cessation/treatment
 Eventually train all our physicians on tobacco cessation techniques



WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Effective communication
 Availability and sharing of information
 Strategies that message benefit to family physicians

PARTNER PROFILES



STRENGTHS

Academic Health Center
 Academic Cancer Center
 Strong lung cancer program
 Lung cancer screening program
 Lung module program
 ACT Center studying cessation
 Tobacco control outreach
 Education across health care disciplines



CONSIDERATIONS

Time
 Adequate funding
 Broaden academic coalitions
 Insurance coverage provision
 Limited targeting of disparate populations



EXPECTATIONS

Report that will be used, not shelved
 Improve access to services
 That we be intentional about decreasing smoking prevalence
 Statewide clean air
 Elevated tobacco tax
 Link screening and cessation activities



WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Clear, strong goals
 Greater outreach
 Sustainability
 Scalability

Mississippi Tobacco-Free Coalitions



STRENGTHS

Very diverse
 Community-oriented
 Involvement in public schools and charter schools
 Ability to partner with most groups
 Ability to train or facilitate workshops / seminars to groups



CONSIDERATIONS

Grants i.e, limited availability and competitiveness
 Time and competing priorities
 Managing multiple tasks
 Need for clarity in scopes of work



EXPECTATIONS

Become a community resource
 Act as a connector for the community of Hinds County
 Be a leader in tobacco education and cessation
 Be seen as a resource for direction and guidance in the tobacco control space



WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Flexibility
 Give time and consideration to the missions, goals, and objectives of partners
 Focusing on mutual goals of the partners

PARTNER PROFILES



STRENGTHS

Presents an ability for interagency collaboration
Ability to apply for / access to CMS waivers to support community health



CONSIDERATIONS

Funding – the Division of Medicaid is not fully funded. Therefore, adding coverage for new services that are not mandated is difficult



EXPECTATIONS

Strategies that will include consideration of coverage and policies to support access to needed services



WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Understanding that the regulations within the Division of Medicaid must be followed



American Heart Association®



STRENGTHS

Providing the science / facts
Volunteer network
History
National organization alliance
High level volunteers / board
Lobbying / policy advocacy



CONSIDERATIONS

AHA has multiple policy platforms & priorities
Mississippi AHA lead also works in multiple states
Funding for campaigns is limited and competitive



EXPECTATIONS

True collaboration
Communications
Networking
Follow-through



WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Everyone doing their part
Pulling in more diverse partners
In order to get major campaigns accomplished, we have to work as one and not in silos

PARTNER PROFILES



STRENGTHS

Volunteer network
 Science / research
 Brand identity
 Advocacy
 Statewide presence



CONSIDERATIONS

Competing priorities



EXPECTATIONS

Collaboration
 Regular communication
 Plan implementation



WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Leadership
 Diversify membership
 Communication



THE PARTNERSHIP FOR A HEALTHY MISSISSIPPI



STRENGTHS

Skill, knowledge base, and history
 Teamwork
 Work with youth and youth-serving organizations / schools
 More flexibility than a state / government agency
 Diverse board



CONSIDERATIONS

Grant-driven projects
 Prevention driven
 Political climate
 Youth trends
 Industry trends



EXPECTATIONS

Youth focus
 Act as a major resource
 Stay cutting edge on new trends
 Utilize our policy and advocacy contacts that have been developed for over 20 years



WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Youth focus
 Breaking down silos
 Stay the course
 Necessary resources must be available

PARTNER PROFILES



STRENGTHS

Funding mechanism
 Role as convener
 Science and data



CONSIDERATIONS

Partner engagement / capacity
 Sustainability
 Value other’s opinions, responsibilities
 Considerate of other’s time
 Work ethic



EXPECTATIONS

Strategic framework representative of all stakeholders
 To have all provider membership trained on cessation

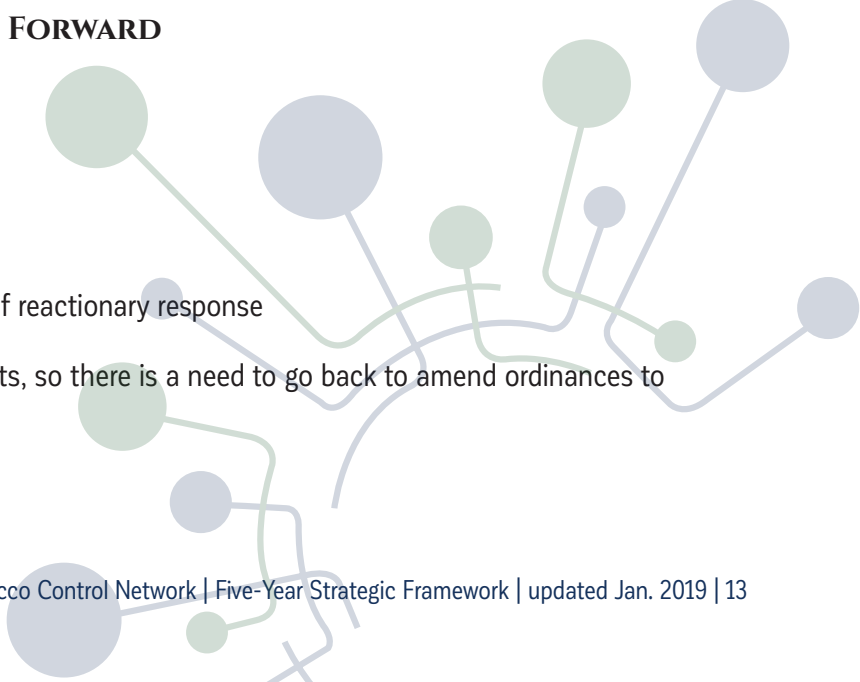


WHAT IT WILL TAKE FOR US TO WORK TOGETHER

Active listening
 Having partners at the table during planning
 Mutual benefits

NETWORK OBSERVATIONS ON MOVING FORWARD

- Opioid and tobacco use
- Marijuana vaping
- “Big marijuana”
- Need to shift to a proactive approach instead of reactionary response
- E-cigarettes are not defined as tobacco products, so there is a need to go back to amend ordinances to reflect emergence of new products into policy
- Remaining policy gap on synthetics





OUR PRACTICAL VISION FOR MISSISSIPPI IN FIVE YEARS

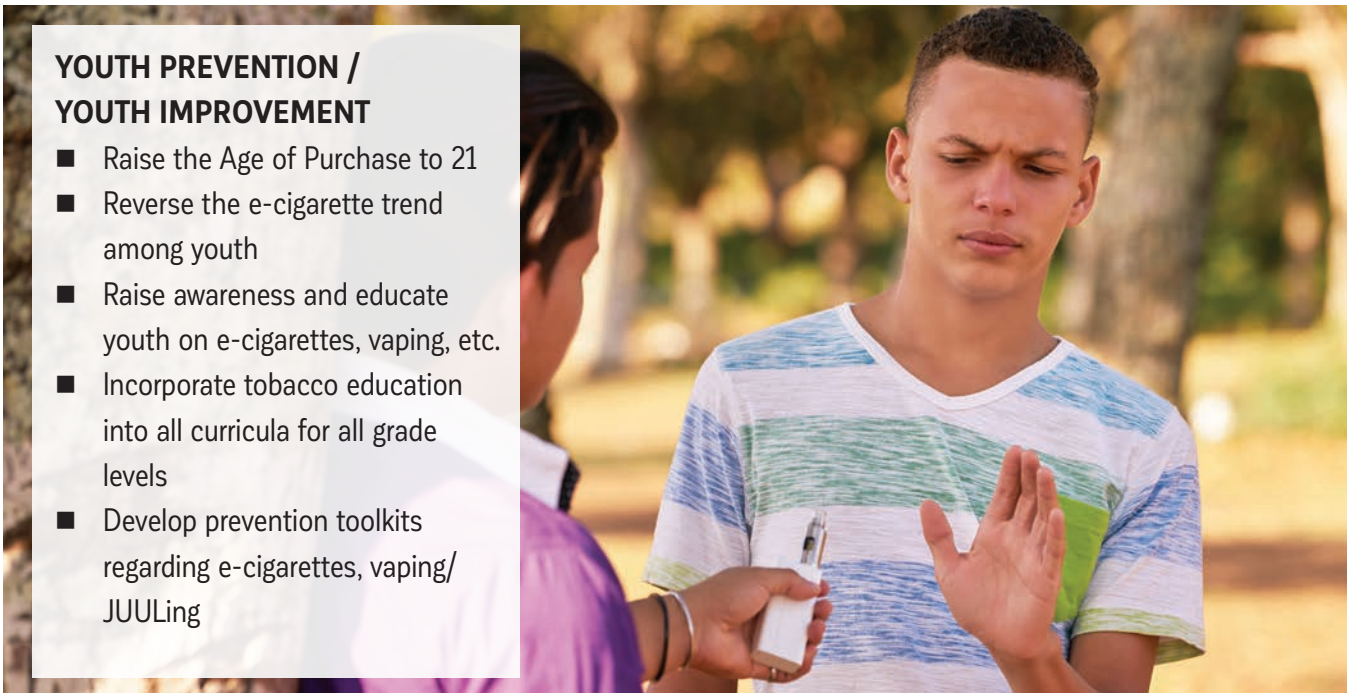


PROTECTION FROM SECONDHAND SMOKE

- Implement tobacco policies within all community mental health facilities-address tobacco use with patients
- Recognize ENDS as a tobacco product in the state
- Improve air quality
- All housing units are smoke free
- Implement statewide, comprehensive, policy surrounding a statewide smokefree air law
- Increase the number of county wide ordinances
- Amend existing ordinances/public policies to include e-cigarettes and synthetic nicotine
- Increase the number of smoke-free casinos
- Increase the number of smoke-free hotels
- Ensure that at least 50% of Mississippians are protected by a comprehensive smoke-free workplace law
- Ensure comprehensive tobacco-free policies among universities and colleges

YOUTH PREVENTION / YOUTH IMPROVEMENT

- Raise the Age of Purchase to 21
- Reverse the e-cigarette trend among youth
- Raise awareness and educate youth on e-cigarettes, vaping, etc.
- Incorporate tobacco education into all curricula for all grade levels
- Develop prevention toolkits regarding e-cigarettes, vaping/ JUULing





EFFECTIVE POLICY TACTICS TO SUPPORT HEALTHY BEHAVIORS

- Increase tobacco tax
- Sustain funding for prevention
- Ensure tobacco use is at all time low in MS among adults and youth
- Continue sustainable funding
- Exclude cessation medications from monthly Medicaid limit
- Increase access to cessation resources
- Ensure Medicaid coverage of cessation counseling is available to all populations
- Automatically address cessation in treatment for people with mental illness and substance use disorder

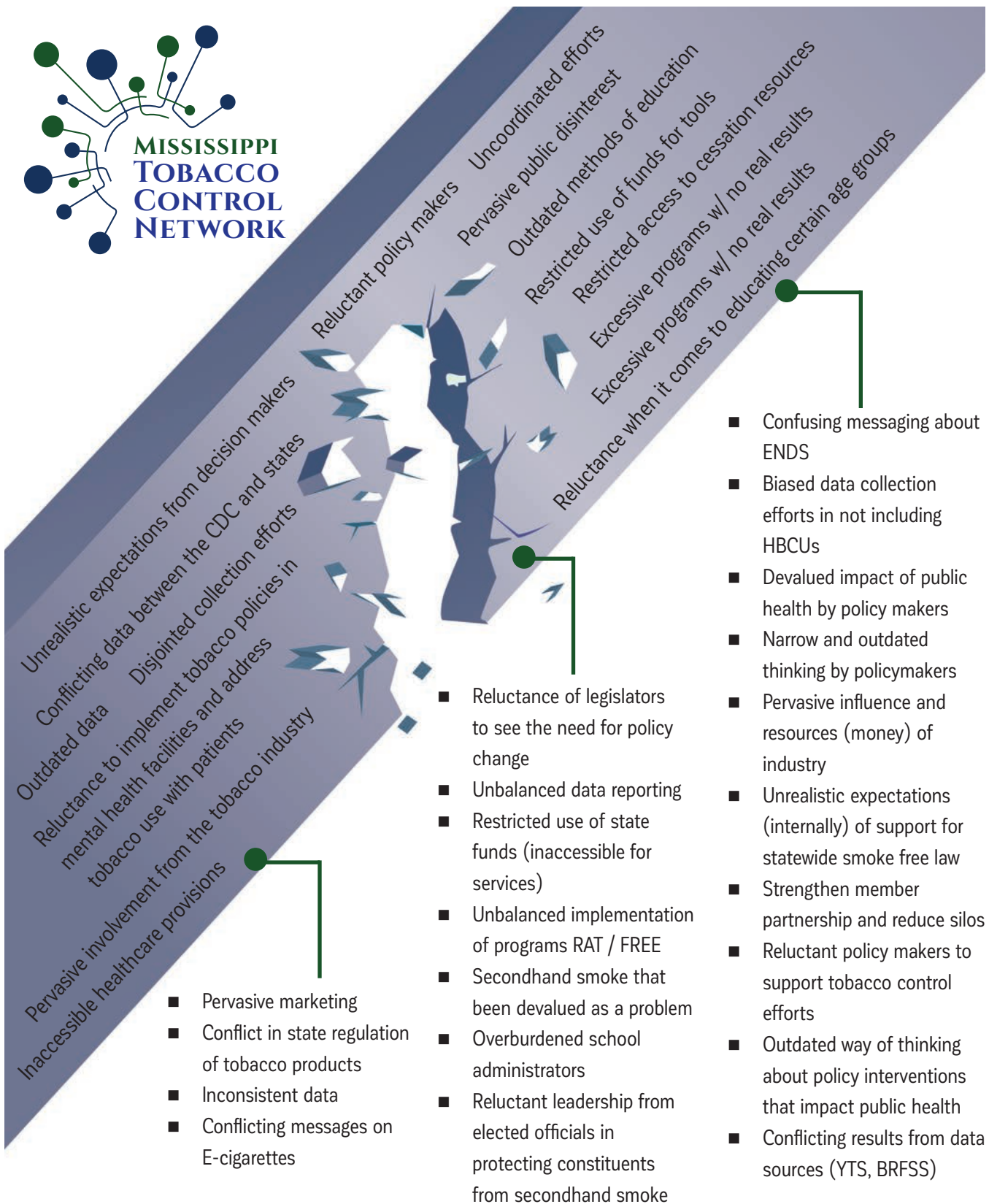
ADEQUATE, TIMELY DATA FOR PROACTIVE STRATEGIES

- Increase participation in tobacco cessation surveys among HBCUs and community colleges
- Ensure timely, comprehensive, disaggregated tobacco data is available



UNDERLYING CONTRADICTIONS

Potential Barriers to Five-Year Impact

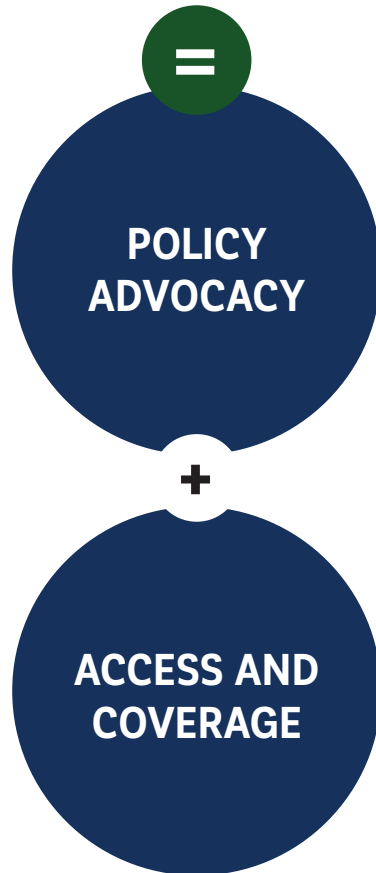


STRATEGIC DIRECTIONS

Strategic Direction #1

POLICY TO SUPPORT HEALTHY ENVIRONMENTS AND BEHAVIORS

Goal 1: Increase and expand policies that promote healthy environments and behaviors.



- Bridge gap between legislature and their understanding
 - Establish public funding support for sustainability of tobacco cessation activities
 - Create methodologies to illustrate the importance of timely policy changes
 - Initiate conversations that appeal to human nature / constituents
 - Build bipartisan support for tobacco control issues
 - Support raising of age of purchase to 21
 - Reformulate materials for educating legislators on ordinances – more simplistic– visual aids beyond data
 - Make it an election issue
 - Expand partner networks to include policy makers
 - Mandate coverage of cessation services through state laws
-
- Strengthen collaboration w/ Medicaid to increase coverage for Medicaid plan participants
 - Expand healthcare access to cessation resources
 - Expand tobacco cessation services in mental health facilities



Strategic Direction #2

ENHANCE NETWORK COLLABORATION AND INFLUENCE

Goal 2: Increase the capacity of the Network to effectively advance tobacco control efforts statewide.

- Empower volunteer advocates
- Build youth coalitions to engage their communities
- Generate passion among youth to not let these companies control them
- Engage key and diverse stakeholders
- Engage more youth in legislative process

- Strengthen already established resources and partnerships
- Analyze and modify existing programs and partnerships (pruning the tree)
- Enhance partners' knowledge for creative solutions (partnership / network capacity building – enhancing network capacity)



Strategic Direction #3

ONGOING EDUCATION AND OUTREACH

Goal 3: Increase awareness on the effects of all tobacco use among adults and youth.



- Initiate tobacco education into health curriculums
- Bridge gap with healthcare providers on E-cigarettes
- Develop training opportunities
- Support school administrators in their efforts
- Bridge relationships between managed care to focus on common goals

- Renovate tools we use to educate
- Develop creative and consistent ENDS messaging (i.e., talking points, fact sheets, presentations)
- Modify how we discuss, i.e., not just tobacco
- Develop and launch ENDS toolkit for educating youth
- Create culturally specific materials to engage all targeted populations
- Engage the public in an awareness campaign of the dangers of E-cigarettes
- Pursue new ways to include and teach underserved populations

- Reformulate demographic surveying
- Develop a statewide data repository
- Develop innovative strategies to engage HBCUs and other universities (in data collection)
- Revive outdated data
- Generate a plan for state data collection and publishing to mirror/coincide with national process
- Analyze inconsistencies in collecting and reporting state vs. federal data
- Use data to streamline programs to increase effectiveness and efficiency of services
- Expand county level data collection

Strategic Direction #4

ELIMINATING HEALTH DISPARITIES

Goal 4: Eliminate tobacco-related health disparities and reduce tobacco use prevalence among targeted populations



- Conduct trainings with providers on available tobacco cessation services and reimbursement processes
- Establish population specific peer support groups in communities
- Identify institutions where cessation services have been limited such as correctional facilities, employers, and mental health facilities
- Create counter narrative and proactive messaging to negate tobacco support advertising
- Partner with public agencies to increase tobacco cessation education in administrative services
- Identify nontraditional community partners that can act as dissemination hubs for cessation information (e.g. school coaches, barbers, faith-based leaders)
- Build and strengthen relationships with providers to serve as dissemination hubs for cessation education information
- Collaborate with chronic disease programs to identify and to leverage community engagement opportunities
- Maximize partnerships with traditional clinical / health providers to expand cessation education outreach (e.g. drug stores, flu shot providers, dentists)



2019-2023 ACTION PLAN



Strategic Direction Goal 1: PROMOTE PUBLIC POLICIES THAT SUPPORT HEALTHY ENVIRONMENTS AND BEHAVIORS

Objective 1:

Increase utilization and enforcement of existing policies that support tobacco control

First Year Targeted Accomplishments

- Build grassroots capacity to advance local education and outreach campaigns
- Development communications and messaging tools for targeted audiences
- Identify policy champions at the state and local levels to support tobacco control policy
- Develop an advocacy 101 training for community members and members of the tobacco control network

Year 5 Success Indicators

- \$1.50 sales tax to drive healthy behaviors and decrease tobacco tax burden
- Population covered by smoke-free policies and/or laws increases by XX%

Objective 2:

Expand public policies and practices that increase access to tobacco control services and protective environments that support health living

First Year Targeted Accomplishments

- Research and compile data on cessation services offered by MS insurers
- Partner with MS Division of Medicaid to increase utilization of existing tobacco control services
- Partner with mental health facilities to identify barriers to cessation and provide resources to support smoke-free facilities.

Year 5 Success Indicators

- Increase in Medicaid funding for cessation coverage
- At least 1 mental health facility has implemented a smoke-free policy and offers cessation services

Strategic Direction Goal 2: STRENGTHEN ALIGNMENT AND CAPACITY OF THE NETWORK TO ADVANCE LOCAL AND STATEWIDE EFFORTS

Objective 1:

Increase the capacity of local partners to engage and influence local decision-makers

First Year Targeted Accomplishments

- Develop tobacco cessation education materials (toolkit) designed to engage key stakeholders including healthcare providers, youth, local elected officials, and at-large community members
- Recruit and train local partners, providers and advocates representing diverse populations (age, gender, ethnicity, geographic location)
- Build youth coalitions for peer to peer engagement
- Train college youth to engage in the legislative process

Year 5 Success Indicators

- Increase the number of youth advocates in the tobacco control network from X to X
- Increase the number of high schools and colleges with active peer engagement tobacco cessation programs
- Increase in the number of trained volunteer advocates from X to X
- Increase in the number of colleges adopting the “MVSU” model policy
- Increase in # or % of state population covered by smoke-free policy

Objective 2:

Strengthen the statewide tobacco network to advance collective work and promote outcomes

First Year Targeted Accomplishments

- Develop a network data and information sharing platform
- Document and map existing partner resources, services, and/or programs to identify opportunities, gaps, and duplications
- Modify program offerings to eliminate ineffective or duplicate efforts maximizing network resources
- Develop shared learning opportunities for the all network partners to promote best-practices and innovative solutions

Year 5 Success Indicators

- Network mapping of resources and services
- Increase linkages / leveraging with Medicaid MCOs and mental health providers



Strategic Direction Goal 3:

INCREASE AWARENESS OF THE EFFECTS OF TOBACCO USE AMONG ALL ADULTS AND YOUTH (OUTREACH AND EDUCATION)

Objective 1:

Provide education opportunities and resources to key stakeholder groups that will expand reach of the network through surrogate messengers

First Year Targeted Accomplishments

- Engage Medicaid managed care organizations (MCOs) and mental health providers to standardize inclusion of tobacco cessation as part of patient education
- Identify education target stakeholder groups and develop education materials
 - ◆ health care providers
 - ◆ mental health providers
 - ◆ school officials and coaches
 - ◆ parents / family
 - ◆ elected / public officials
 - ◆ community at-large
 - ◆ FBOs and CBOs

Year 5 Success Indicators

- Decrease in misconceptions about E-cigarettes and other new products
- Increase in reach of network
- Increase in stakeholder knowledge and promotion
- Increased integration of tobacco cessation services in patient care
- % increase of health care and mental health providers reporting cessation counseling

Objective 2:

Expand communications and messaging for targeted populations to address emerging tobacco use trends

First Year Targeted Accomplishments

- Develop culturally / stakeholder specific communications and messaging toolkits that can also be used by network partners and stakeholders
- Develop and disseminate communications collateral for use by business partners (i.e., window decals and signage)
- Expand social media outreach which includes use of all social media platforms, appropriate to targeted populations

Year 5 Success Indicators

- Increase in awareness among general public
- Social climate survey on changes in population perceptions
- Number of provider partners disseminating cessation materials to patients
- Number of community awareness programs for people in disparate populations
- Number of resources created for tobacco users in disparate populations
- Reach of anti-tobacco messaging through social media platforms

Objective 3:

Increase the availability and use of population level data among network partners

First Year Targeted Accomplishments

- Increase in number and diversity of colleges and universities participating in tobacco control data collection efforts

Year 5 Success Indicators

- Increase in available disaggregated data on college students
- Increase in dissemination and use of data reporting among Network partners
- Increase in use of tobacco control data among decision makers to inform decision making

Strategic Direction Goal 4:

ELIMINATE TOBACCO RELATED HEALTH DISPARITIES AND REDUCE TOBACCO USE PREVALENCE AMONG TARGETED POPULATIONS.

Target Population:

Pregnant Women, Women of Child-Bearing Age, and Mothers

Messaging and Method

- Customized message by product – teen / young moms and women focus is Juul and E-cigarettes; all other moms and women focus on cigarette use
- Family-centered messaging to reduce exposure to second-hand smoke
- Messaging focused on “your health is your baby’s health” or “give your baby a healthy start”

Barriers and Competing Issues To Be Addressed

- Messaging, education and relationship-building to counter the belief among some ObGyn’s that cessation during pregnancy stresses the fetus
- Maximize the existing Safe Sleep Initiative, Breast Feeding and Childbirth classes to incorporate education on tobacco use and perinatal care

Protections To Be Addressed

- Establish a tobacco-free household program
- Increase legal age to 21



- Identify barriers and education strategy to support providers that have not been able to get reimbursement for tobacco cessation counseling. Recognize that some providers may not be motivated / incentivized without reimbursement
- There is a lack of peer support groups in the state so promoting the development of support groups and group therapy partnering with Division of Medicaid to maximize reimbursement for group therapy
- There is strong false narrative that vaping is not as bad as cigarettes, therefore public education and targeted youth messaging will include counter messaging on harmful effects of all tobacco products

Community Engagement Plan

- Engage this population through their healthcare / peri-natal providers to include ObGyn, dentists, and primary care
- Engage moms through WIC programs to continue cessation after delivery

Indicators

- Reduced prevalence of the population reporting exposure to secondhand smoke in public places
- Reduced smoking prevalence among pregnant women, women with children, and women of child-bearing age
- Increased number of tobacco free households
- Increased number of municipalities to adopt a vehicle smoke free air policy
- Health policy updates for tobacco reports on tobacco related illnesses; tobacco related morbidity and mortality reports
- Increased number of tobacco cessation support groups for mothers
- Number of WIC centers providing tobacco cessation materials to mothers
- Number of physicians reached through disseminated cessation education materials



Target Population:

Individuals Living at or Below Federal Poverty Level, Low Income Communities, Uninsured and Under-Insured

Messaging and Method

- Advertising and messaging is very targeted to this population so broader counter-messaging, public awareness campaign, and messaging through trusted community partners/institutions
- Messaging around or with a social justice framing
- Establish peer to peer education (through religious and community organizations)

Protections To Be Addressed

- Expand restricted space outside of state/public buildings
- Encourage smoke-free areas in casinos and incentivize this through business usage e.g. agencies and organizations commit to only hosting events at smoke-free facilities
- Increase legal age to 21
- Pass state-wide smoke free laws
- Increase public funding (sustainable) for tobacco cessation

Barriers and Competing Issues To Be Addressed

- Support individuals recently released from incarceration to ensure they have access to cessation resources. This is recognizing that some go into institutions as non-smokers and come out as smokers
- Focus on low income / labor employers and promote smoke free work places and other wellness programs using incentives where possible

Target Population: Individuals with Mental Illness and/or Substance Use Disorder

Messaging and Method

- Messaging that “you can quit during treatment”
- Combine messaging of addressing nicotine and opioid addiction

Protections To Be Addressed

- Assess patients (inpatient and outpatient) to determine prevalence of smoking

Barriers and Competing Issues To Be Addressed

- Tobacco has traditionally been used as an incentive in some treatment facilities
- Facilities are not smoke-free. There are many patients that will go to another facility if they are told a facility is smoke-free so there is no business case for facilities to be smoke-free
- Even if facilities are smoke-free enforcement is difficult or not reinforced

Community Engagement Plan

- Outreach and information dissemination through faith-based organizations, school programs, VA, and organizations serving individuals experiencing homelessness
- Expand data collection among the populations referenced above

Indicators

- Number of data systems that study disparate populations and tobacco use
- Smoking prevalence among various racial and ethnic groups
- Smoking prevalence in low income populations
- Smoking prevalence in populations with various levels of educational attainment
- Smoking prevalence in unemployed populations
- Number of community awareness programs for people in disparate populations
- Number of resources created for tobacco users in disparate populations

Community Engagement Plan

- Population would be engaged (data collection, information dissemination) through treatment facilities and support organizations as opposed to direct engagement

Indicators

- Number of mental health and rehabilitative service centers that have tobacco usage policies
- Prevalence of patients in mental health and rehabilitation service centers who currently use tobacco
- Prevalence of patients in mental health and rehabilitation service centers who use tobacco cessation services while in a service center

Target Population: College Age Students

Messaging and Method

- Use of YouTube videos and direct language using social media campaign and music providers (ads on Spotify, etc.)
- Partnership with colleges, community colleges, universities, and technical schools for message placement in student centers on campus
- “De-glamourize” tobacco / vaping products
- Appeal to “vanity” e.g. effects on oral health and physical appearance
- Focus on the “unnatural” ingredients in a health-conscious youth culture e.g. why be gluten free or organic and ingest chemicals from tobacco
- Know what’s in it” campaign for Juul and E-cigarettes

Protections To Be Addressed

- Increase legal age to 21
- Promote and expand the Mississippi Valley State University all-inclusive tobacco policy model among all state schools

Barriers and Competing Issues To Be Addressed

- Tobacco companies were quietly funding some institutions of higher learning so conduct research to identify and raise awareness of tobacco industry funding and the influence on culture (if any in MS)
- Advertising tactics with sponsoring sporting events and music events provides real revenue so eliminating these dollars is not an easy fix
- A significant number of students don’t use the college email addresses which limits broader data collection. Majority of data collection has been focused on predominantly white four-year universities in MS

Community Engagement Plan

- Host college town hall meetings and issue forums
- Expand data collection among institutions that are currently under-represented or not represented in prevalence data this would include HBCUs and community colleges
- Promote peer to peer support and culture shift



Indicators

- Level of support for and enforcement of policies to decrease youth access to tobacco
- Level of support for increasing excise tax on tobacco products
- Prevalence of youth who report never having tried a cigarette
- Prevalence of tobacco use among youth
- Number and diversity of colleges participating in tobacco cessation data collection efforts
- Reach of anti-tobacco messaging through social media platforms
- Proportion of youth reporting they were sold tobacco products by a retailer

Target Population:

Individuals with high chronic disease burden (congestive heart failure, hypertension, diabetes, end-stage renal disease, stroke) in Mississippi, particularly African American males age 35-64

Messaging and Method

- “Cigars is still smoking” to target middle and affluent income males
- Maximize congregational messaging through faith-based organizations
- Partner with barbershops as hubs for promoting tobacco cessation messaging
- Messaging through health care providers and pharmacist reminders when picking up prescriptions
- Addition of smoking contraindications language on pharmacy labels starting with CVS

Protections To Be Addressed

- Passage of sales tax
- Passage of statewide smoke-free legislation
- Expand Section 8 housing policy to include smoke-free language

Barriers and Competing Issues To Be Addressed

- Document results from the new Barbershop Pharmacist Initiative (remove barrier of attending the doctor to get cessation information with a pharmacist on site-working in barbershops)



Community Engagement Plan

- Collaboration with state chronic disease coalitions and programs to incorporate tobacco cessation education
- Increase one-on-one reinforcement in non-traditional community clinic settings (e.g. when customers go to drug store for flu shot tobacco cessation would be added)
- Enhance data collection from the Barbershop Pharmacist Initiative in the Delta to create a best practice that can be scalable to other communities

Indicators

- The number of data sets that are culturally and linguistically competent.
- Number of data systems that study disparate populations and tobacco use
- Smoking prevalence among various racial and ethnic groups
- Leveraged resources and alignment of activities with chronic disease programs
- Smoking prevalence among various racial and ethnic groups
- Prevalence of adult males who report current tobacco use
- Number of health care professional associations that provide training opportunities and are interested in tobacco cessation counseling services



**Target Population:
High School and Middle School Youth**

Messaging and Method

- For white affluent male use of E-cig and Juul create counter message that “vaping is not the safer option” and how vaping can impact your future
- Target sports teams and coaches with messaging on all tobacco products, particularly chewing tobacco or snuff

Protections To Be Addressed

- Increase legal age to 21
- Passage of increase smoking sales tax
- Passage of smoke free statewide legislation

Barriers and Competing Issues To Be Addressed

- There is a strong youth culture, peer pressure and public message in social media that vaping is cool, a sign of maturity and independence

Community Engagement Plan

- Promote peer to peer support
- Host high school and middle school town hall meetings
- Partner with school nurses and coaches to educate and promote healthy behavior as well as truth on effects of smoking

Indicators

- Number of evidenced-based youth tobacco control projects promoted in middle and high schools
- Level of support for and enforcement of policies to decrease youth access to tobacco
- Level of support for increasing excise tax on tobacco products
- Prevalence of youth who report never having tried a cigarette
- Prevalence of tobacco use among youth
- Proportion of youth reporting they were sold tobacco products by a retailer
- Number of middle and high school athletic programs educating students on negative effects of tobacco usage





MEMBERS

Institutions of Higher Learning

American Lung Association- Mississippi

Mississippi State Department of Health

U.S. Housing and Urban Development

Mississippi Division of Medicaid

Mississippi Quitline

Mississippi Band of Choctaw Indians

Mississippi Public Health Association

Mississippi Public Health Institute

Mississippi State University, Social Science Research Center

University of Mississippi

Youth Villages

Mississippi Department of Mental Health

Mississippi Department of Education

My Brothers' Keeper

American Cancer Society – Mississippi

University of Mississippi Medical Center

Mississippi Association of Coaches

Mississippi Department of Finance and Administration

Partnership for a Healthy Mississippi

University of Southern Mississippi

Life of Mississippi

Greenwood Leflore Hospital



Mississippi Tobacco Free Coalition of Hinds County

