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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 percent to 18 percent), 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, and 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 Prevention, as periodically amended.

mission + values.

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.

comprehensive tobacco control programs.



INFRASTRUCTURE • ADMINISTRATION • MANAGEMENT

The CDC's *Best Practices* recognizes 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 (\$9.4 million) in FY 2016 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



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, 2016

Since 2007, Mississippi's Office of Tobacco Control (OTC) has worked to develop and implement evidence-based tobacco education, prevention, and cessation programs. Statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates and tobacco-related deaths and diseases. These initiatives operate with the following objectives:



OBJECTIVES

- 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.



In fiscal year 2015-2016, OTC oversaw the following programs and activities:

Mississippi Tobacco-Free Coalitions (MTFC's):

- 34 coalitions with a presence in each of the state's 82 counties
- Charged with providing awareness activities, advocacy and policy work, offering cessation assistance, programmatic activities, and communications for adults and youth in their service areas

Youth Programs:

- Administered through a grant provided to the Partnership for a Healthy Mississippi (PHM)
- Generation FREE activities in grades 7-12
- RAT Troupe shows for grades K-6
- Development and Implementation of youth conferences (IFLY and LEAD)

State Partners:

- Mississippi Academy of Family Physicians Foundation (MAFPF)
- Mississippi Chapter of the American Academy of Pediatrics (MSAAP)
- Mississippi Rural Health Association (MRHA)
- The Institute for Disability Studies (IDS)
- Mississippi Nurses Foundation (MNF)
- Mississippi Primary Health Association (MPRHA)

Mississippi Tobacco Quitline:

- Provides training and presentations in conjunction with state-wide partners and MTFC's
- Professional counselors evaluate and develop treatment plans for callers who phone the Quitline and/or use the web-based services

ACT Center for Tobacco Treatment, Education, and Research (ACT):

- Provides treatment including Nicotine Replacement Therapy (NRT) as well as non-nicotine medications.
- Professional counselors provide face-to-face cessation treatment
- Provides training and presentations in conjunction with state-wide partners and MTFC's

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.

appropriations.

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 Section 2.a-f 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.

FY13	FY14	FY15	FY16	FY17	RECIPIENT
\$9,700,000	\$9,400,000	\$9,400,000	\$9,400,000	\$9,127,341	MSDH OTC
\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$4,918,750	University of MS Medical Center Cancer Institute
\$3,600,000	\$3,600,000	\$3,600,000	\$3,600,000	\$3,541,500	Mary Kirkpatrick Haskell-Mary Sprayberry Public School Nurse Program
\$800,000	\$800,000	\$800,000	\$800,000	\$787,000	MS Attorney General's Office of Alcohol and Drug Enforcement
\$700,000	\$700,000	\$700,000	\$700,000	\$688,625	University of MS Medical Center ACT Center
\$200,000	\$200,000	\$200,000	\$200,000	\$196,750	Myocardial Infarction Program (STEMI)
	\$300,000	\$300,000	\$300,000	\$295,125	Skool ADS - school poster program (62 schools)

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



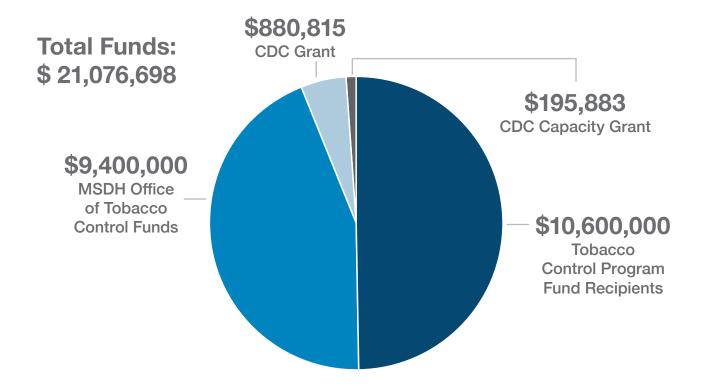
• In FY 2016, *Mississippi ranked 16th* among all • states in the funding of tobacco prevention programs.

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- In each of the five fiscal years that tobacco control has been charged to the 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 1

- \$880,815 CDC Core Grant funding was used to prevent initiation of tobacco use by youth, to promote cessation, to eliminate tobaccorelated disparities, and to reduce exposure to secondhand smoke.
- \$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.



TOBACCO CONTROL FUNDING (IN \$ MILLIONS)

Per Capita Funding	Health Communication	Cessation Interventions	State & Community	Surveillance & Evaluation	Administration & Management
CDC Best Practices, 2016 Recommendations	\$1.37	\$5.06	\$4.19	\$1.06	\$0.53
MS Tobacco Control Program fund FY 2016	\$0.09	\$0.88	\$2.81	\$0.38	\$0.27

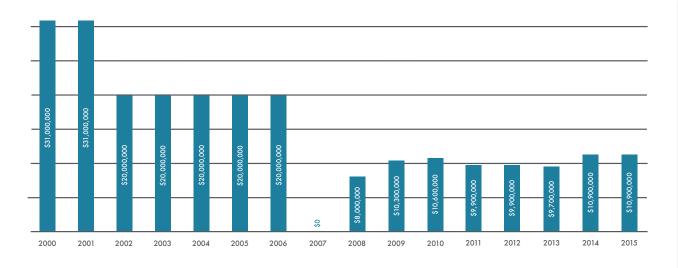
During FY 2015, total tobacco funding from federal and state sources was \$21,076,698 in Mississippi. While \$20 million was appropriated for tobacco control, only \$10.4 million was available to the MSDH Office of Tobacco Control to implement an evidence-based comprehensive tobacco program. The Centers for Disease Control recommends \$36.5 million based on the CDC *Best Practices*.

economic impact.

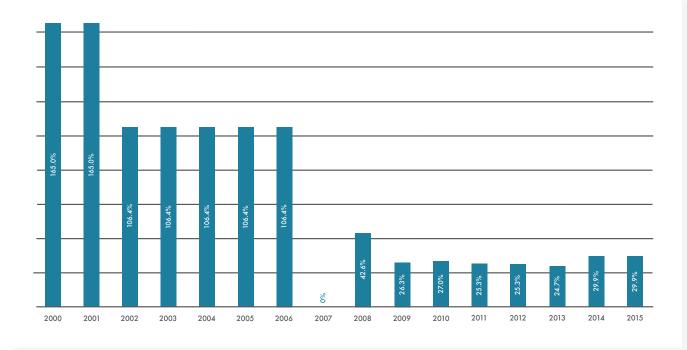


{SPENDING FOR TOBACCO CONTROL TRENDS}

ANNUAL STATE SPENDING FOR TOBACCO PREVENTION FOR MS | 2000-2015



PERCENT OF CDC MINIMUM RECOMMENDED FUNDING | 2000-2015



Source: Campaign for Tobacco-Free Kids



Healthcare costs in Mississippi directly caused by smoking Portion covered by the state Medicaid program Residents' state & federal tax burden from smoking-caused government expenditures Smoking-caused cost to Mississippi businesses: lost productivity \$1.23 billion* \$319.7 million \$1,031 per household \$5.28 billion*

Source: Campaign for Tobacco-Free Kids, 2016

*Source: Mississippi State University, Department of Agricultural Economics, 2016

economic impact.



MedicaidCosts SecondhandSmoke

	ATTRIBUTABLE POPULATION RISK	TOTAL COSTS	COSTS ATTRIBUTABLE TO EXPOSURE TO SECONDHAND SMOKE
POPULATION - BIRTH TO AGE 17			•
LOW BIRTH WEIGHT CODES -	18.0%	\$85,240,444	\$15,343,280
ICD CODES THAT BEGIN WITH 765	10.0 /0	705,240,444	\$15,545,200
ACUTE LOWER RESPIRATORY ILLNESS			
(BIRTH TO AGE 5 ONLY) - ICD CODES	25.0%	\$28,551,853	\$7,137,963
THAT BEGIN WITH 480-488, 466			• • •
OTITIS MEDIA AND MIDDLE EAR EFFUSION -	14.0%	¢1,4 501 001	\$2.210.244
ICD CODES THAT BEGIN WITH 382	14.0%	\$16,501,901	\$2,310,266
ASTHMA - ICD CODES THAT BEGIN WITH 493	35.0%	\$28,344,206	\$9,920,472
	•		• •
POPULATION - AGES 18+			
HEART ATTACKS AND OTHER HEART DISEASES -	6.9%	\$12,149,244	\$838,298
ICD CODES THAT BEGIN WITH 410	0.7 /0	\$12,147,244	3030,∠70
LUNG CANCER - ICD CODES	4.9%	\$12.204.424	\$500,027
THAT BEGIN WITH 162	4.7	\$12,204,636	\$598,027
	• • •	\$182,992,284	\$36,148,306

DATES OF SERVICE: 07/01/2012 - 06/30/2013

SPECIFIED DIAGNOSIS PRESENT IN EITHER THE PRINCIPLE DIAGNOSIS FIELD OR OTHER DIAGNOSIS CODES 1-4 POSITIONS



- According to the U.S. Surgeon General, our nation's leading authority on health, the scientific
 evidence indicates that there is no risk-free level of exposure to secondhand smoke and eliminating
 smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke.
- Most Mississippi adults support a statewide law in Mississippi prohibiting smoking in most public
 places, including workplaces, offices, restaurants, and bars (77.3%), while only 14.7% oppose
 such a law.
- Moreover, a recent survey of Mississippi restaurant owners and managers found that 69.9% of restaurateurs support this law, while less than 20 percent (18.7) oppose.

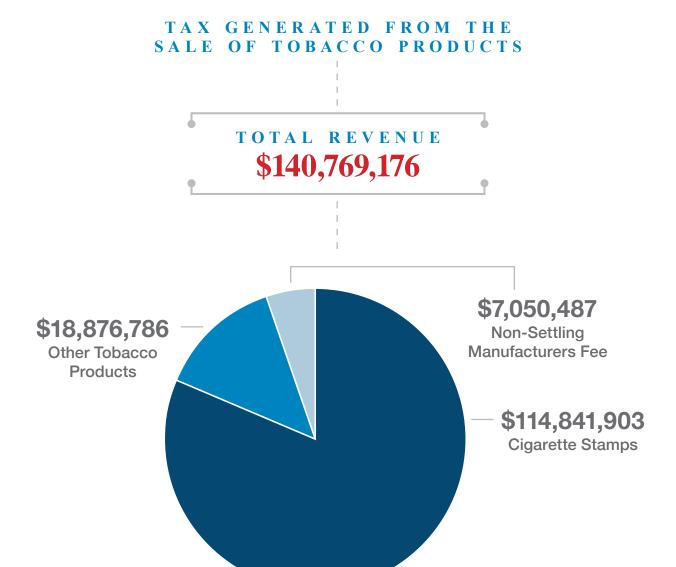
Source: 2014 Medicaid Costs & Secondhand Smoke Factsheet | Mississippi Tobacco Data

economic impact.



tobacco tax revenue.



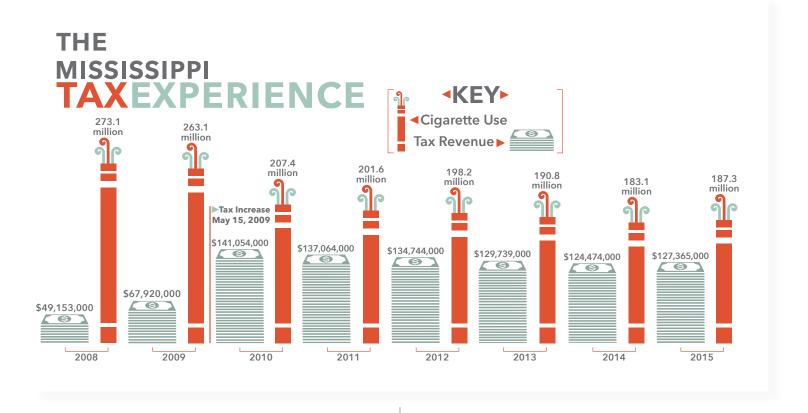


- \$114,841,903 from cigarette stamps (Cigarette stamps are purchased by wholesalers.)
- \$18,876,786 from other tobacco products (Excluding cigarettes.)
- \$7,050,487 from non-settling manufacturers fee (Fee covers tobacco manufacturers that were not part of the master settlement.)



tobacco tax.

• Increasing tobacco tax decreases cigarette use and increases tax revenue. •



These data from tax records clearly demonstrate that following the 2009 increase in the state cigarette tax, the number of packs of cigarettes sold in Mississippi decreased by more than 30%, while tax revenue from cigarette sales almost tripled.

tobacco tax.



STATE CIGARETTE EXCISE TA

rates & rankings: 2016



Mississippi ranks 39th, with 37 states and Washington D.C. placing a higher state tax on cigarettes. Moreover, the 68 cent tax in Mississippi is substantially lower than the average state cigarette tax of \$1.61.

SOURCE

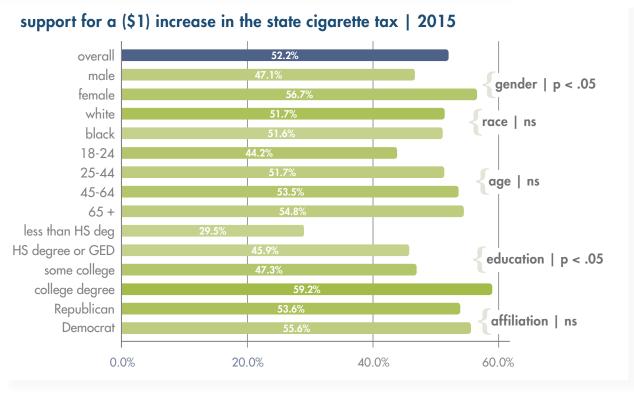
State Cigarette Excise Tax Rates and Rankings, Campaign for Tobacco-Free Kids, 2016

RANK	STATE	CIGARETTE TAX
1	NEW YORK	\$4.35
2	CONNECTICUT	\$3.90
3	RHODE ISLAND	\$3.75
4	MASSACHUSETTS	\$3.51
5	HAWAII	\$3.20
6	VERMONT	\$3.08
7	WASHINGTON	\$3.03
8	MINNESOTA	\$3.00
9	WASHINGTON D.C.	\$2.90
10	NEW JERSEY	\$2.70
11	WISCONSIN	\$2.52
12	ALASKA	\$2.00
	ARIZONA	\$2.00
	MAINE	\$2.00
	MARYLAND	\$2.00
	MICHIGAN	\$2.00
17	ILLINOIS	\$1.98
18	NEVADA	\$1.80
19	NEW HAMPSHIRE	\$1.78
20	MONTANA	\$1.70
	UTAH	\$1.70
22	NEW MEXICO	\$1.66
23	DELAWARE	\$1.60
	OHIO	\$1.60
_	PENNSYLVANIA	\$1.60
26	SOUTH DAKOTA	\$1.53
27		\$1.33
28	TEXAS	
28	IOWA FLORIDA	\$1.36 \$1.34
30	OREGON	\$1.32
31		
	KANSAS	\$1.29
32	WEST VIRGINIA	\$1.20
33	ARKANSAS	\$1.15
34	LOUISIANA	\$1.08
35	OKLAHOMA	\$1.03
36	INDIANA	\$1.00
37	CALIFORNIA	\$0.87
38	COLORADO	\$0.84
39	ALABAMA	\$0.68
	MISSISSIPPI	\$0.68
41	NEBRASKA	\$0.64
42	TENNESSEE	\$0.62
43	KENTUCKY	\$0.60
	WYOMING	\$0.60
45	IDAHO	\$0.57
	SOUTH CAROLINA	\$0.57
47	NORTH CAROLINA	\$0.45
48	NORTH DAKOTA	\$0.44
49	GEORGIA	\$0.37
50	VIRGINIA	\$0.30
51	MISSOURI	\$0.17



tobacco tax.





Source: 2015 Mississippi Social Climate Survey of Tobacco Control | Mississippi Tobacco Data

tobacco data.



(adults)

CURRENT SMOKING

cigarette smoking among adults: 2015

NK	STATE	PREVALENCE	LOWER CI	UPPER CI
	KENTUCKY	26.0%	24.3%	27.6%
	WEST VIRGINIA	25.7%	24.3%	27.1%
	ARKANSAS	24.9%	22.6%	
1	MISSISSIPPI	22.6%	20.9%	24.2%
5	MISSOURI	22.3%	20.8%	23.8%
6	OKLAHOMA	22.2%	20.6%	23.7%
7	TENNESSEE	21.9%	20.2%	23.6%
	LOUISIANA	21.9%	20.2%	23.6%
,	OHIO	21.6%	20.2%	23.0%
0	ALABAMA	21.4%	20.0%	22.8%
1	MICHIGAN	20.7%	19.5%	21.9%
2	INDIANA	20.6%	18.9%	22.2%
3	SOUTH DAKOTA	20.1%	18.3%	21.9%
4	SOUTH CAROLINA	19.7%	18.5%	20.8%
5	MAINE	19.5%	18.1%	20.8%
6	ALASKA	19.1%	17.0%	
	WYOMING	19.1%	17.3%	20.9%
8	NORTH CAROLINA	19.1%	17.3%	20.2%
9	MONTANA	19.0%	17.8%	20.5%
	MONIANA NORTH DAKOTA	18.7%	17.3%	20.3%
0	IOWA	18.1%	16.7%	19.5%
			16.7%	19.5%
3	PENNSYLVANIA GEORGIA	18.1%		
3		17.7%	16.1%	
	KANSAS	17.7%	17.1%	18.4%
5	NEVADA	17.6%	15.2%	
6	NEW MEXICO	17.5%	16.0%	
7	DELAWARE	17.4%	15.6%	
8	WISCONSIN	17.3%	15.9%	18.8%
9	NEBRASKA	17.1%	16.2%	18.0%
	OREGON	17.1%	15.7%	18.5%
1	VIRGINIA	16.5%	15.4%	17.7%
2	MINNESOTA	16.2%	15.4%	17.0%
3	VERMONT	16.0%	14.7%	17.2%
	WASHINGTON D.C.	16.0%	13.5%	
5	NEW HAMPSHIRE	15.9%	14.6%	17.2%
6	FLORIDA	15.8%	14.7%	16.9%
7	COLORADO	15.7%	14.6%	16.7%
3	RHODE ISLAND	15.5%	14.0%	17.0%
>	NEW YORK	15.2%	14.3%	16.1%
	TEXAS	15.2%	14.1%	
	ILLINOIS	15.1%	13.8%	16.5%
	MARYLAND	15.1%	13.7%	16.6%
3	WASHINGTON	15.0%	14.1%	15.8%
1	HAWAII	14.1%	12.8%	15.3%
	ARIZONA	14.1%	12.8%	15.3%
	MASSACHUSETTS	14.0%	13.0%	
7	IDAHO	13.8%	12.5%	
3	CONNECTICUT	13.5%	12.5%	14.4%
	NEW JERSEY	13.5%	12.5%	14.6%
0	CALIFORNIA	11.7%	10.9%	
1	UTAH	9.1%	8.4%	9.8%



Mississippi ranks 4th among the 50 states and Washington D.C. in the prevalence of current smoking among adults.

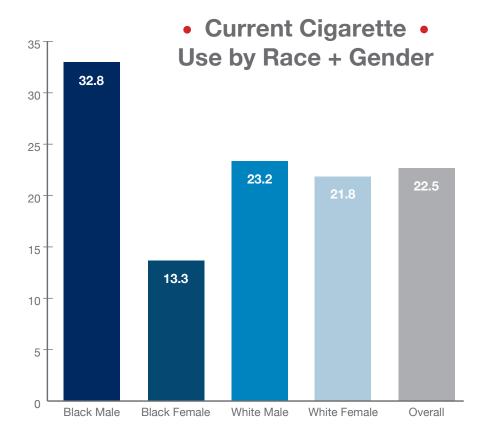
SOURCE

2015 Behavior Risk Factor Surveillance System, Centers for Disease Control and Prevention



ms tobacco data.

(adults)



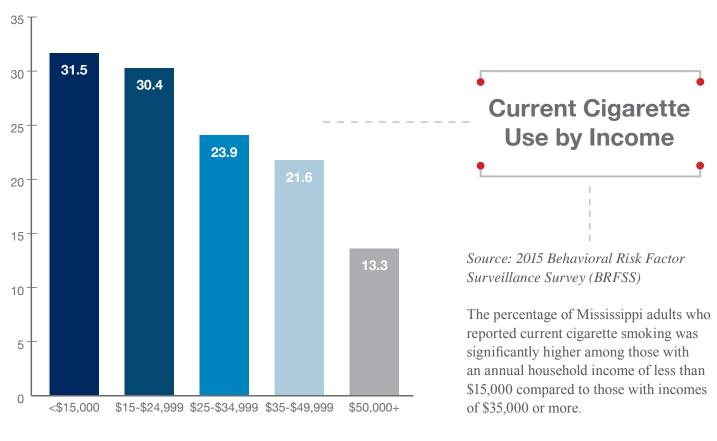
Source: 2015 Behavioral Risk Factor Surveillance Survey (BRFSS)

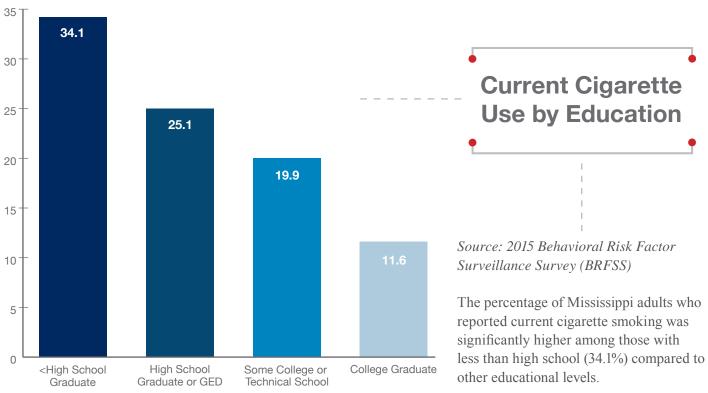
The percentage of Mississippi adults who reported being current smokers was significantly higher among black males (32.8) compared to other gender and race groups, and the percentage among black females (13.3%) was significantly lower compared to their counterparts.

ms tobacco data.



(adults)

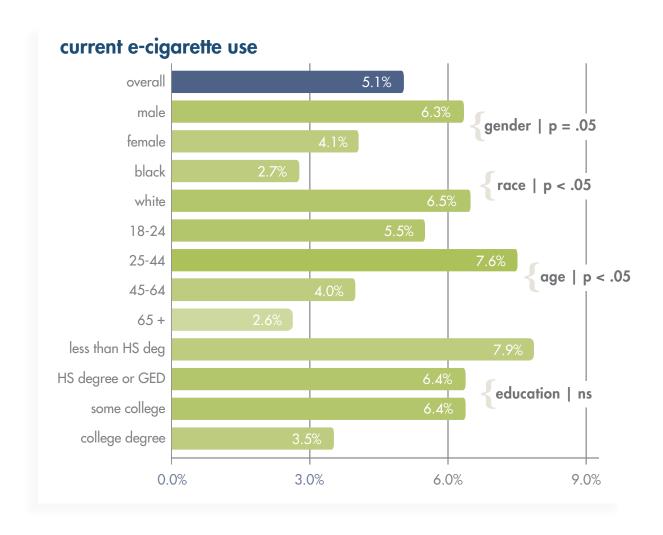






ms tobacco data.

(adults)



Source: 2015 Mississippi Social Climate Survey of Tobacco Control

statewide interventions.



19,436 people impacted

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 and services through their healthcare providers, staff, and related programs.

66 Tobacco cessation more than doubles when evidence-based intervention programs are utilized. 33

- AAFP

ENGAGING MISSISSIPPI'S FAMILY PHYSICIANS

Family physicians have real power in the fight against tobacco, smoking, and nicotine.

- At least 70% of people who use tobacco products in the United States see a physician each year.
- Approximately 42,000 lives could be saved, if physicians would advise 90% of smokers to quit, and offer them medication or other assistance.

Source: www.aafp.org

Studies have shown that physicians and their staffs can be trained to successfully deliver office-based smoking cessation interventions and that these interventions significantly improve smoking cessation rates. The Office of Tobacco Control provides funding to the Mississippi Academy of Family Physicians Foundation (MAFPF) to train physicians on providing tobacco dependency training, effectively distributing educational literature on tobacco use and secondhand smoke. The OTC also offers technical support on project objectives. The project has impacted 43 family physician clinics.

Mississippi Academy of Family Physicians Foundation

66 education, awareness activities, chart reviews, technical assistance/6,720 people reached



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 in pediatric practice in Mississippi.

The Mississippi Chapter of the American Academy of Pediatrics

93 continuing education presentations, trainings, community advocacy/ 6,016

The Mississippi Primary Healthcare Association

117 awareness, capacity building, chart reviews, cessation promotion/ 588

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 300,000 Mississispians.

66 I look at my work as planting seeds. Those seeds are planted in the hearts and minds of our Tobacco Champions and Co-Champions, the front-line responders in the fight to educate, motive and empower tobacco users to quit. If I can keep the work and the challenge before them, then they will keep it before our patients.

WAYNE MILEY | MISSISSIPPI PRIMARY HEALTHCARE ASSOCIATION

ENGAGING MISSISSIPPI'S NURSES

"If the 3.6 million working nurses in the U.S. each helped one person per year quit smoking, nurses could greatly increase the U.S. quit rate."

— American Nurses Association

Nurses are uniquely provided with the opportunity to intervene in a patients' tobacco use, due to the fact that they are on the front lines working with and interacting with patients daily. The Office of Tobacco Control funded the Mississippi Nurses Foundation (MNF) to train nursing instructors at colleges and universities throughout Mississippi on tobacco control and tobacco cessation programs in nursing curriculums and to provide cessation resource information to nurses who use tobacco.

The Mississippi Nurses Foundation

38 awareness and programmatic activities and trainings - 3,789 people impacted

TOBACCO CONTROL STRATEGIES FOR MISSISSIPPIANS WITH DISABILITIES

The University of Southern MS Institute for Disability Studies IDS

38 monthly education classrooms, leadership meetings, community expos/ 987 Mississippians in attendance People with serious mental illness treated in the public health system die a startling 25 years earlier than those without mental illness. Tobacco-related illnesses including cancer, heart disease and lung disease are among the most common causes of death in this population. Adults with disabilities are more likely to be cigarette smokers than those without disabilities. In 2015, the prevalence of current cigarette smoking among adults with disabilities was 21.5% compared with 13.8% among adults with no disability. The Office of Tobacco Control funded the Institute for Disability Studies (IDS) at the University of Southern Mississippi to implement 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.

4

cessation interventions.

MISSISSIPPI TOBACCO QUITLINE

The Mississippi Tobacco Quitline, 1-800-QUITNOW 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 2015, the Mississippi Tobacco Quitline received 15,814 calls for treatment (MS Tobacco Quitline, 2015).

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. Masters-level professional counselors evaluate and develop a treatment plan with callers. Services that callers receive include access to Nicotine Replacement Therapies, routine behavior change therapy with an assigned counselor, referrals to physicians with experience in tobacco cessation counseling, and/or referrals to the nearest ACT Center for Tobacco Treatment, Education and Research.

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 MSDH Office of Tobacco Control and Office of Communications to implement media promotions of Quitline services via television, social media, and specialty media.

THE ACT CENTER FOR TOBACCO TREATMENT, EDUCATION AND RESEARCH

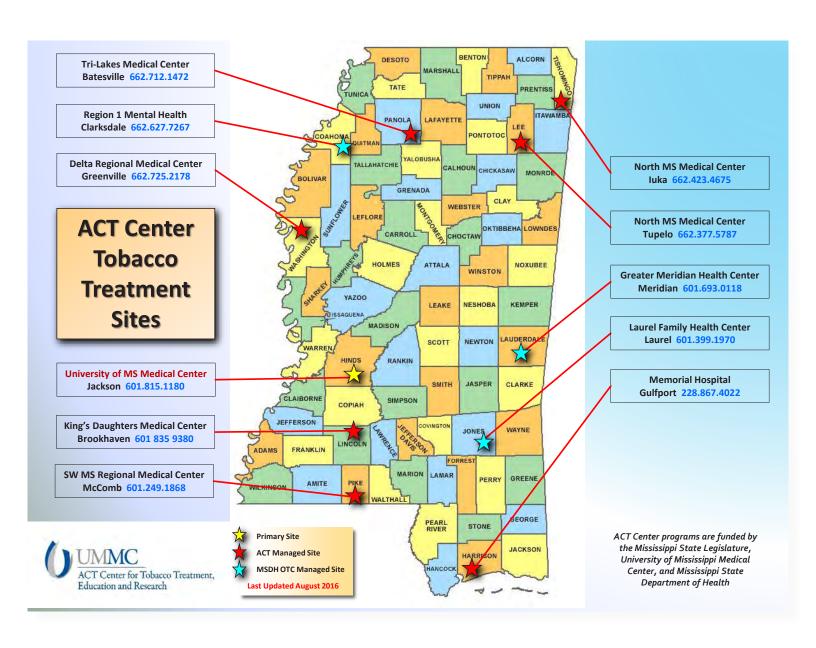
A program of the University of Mississippi Medical Center in Jackson, Mississippi, the ACT Center provides intensive treatment including Nicotine Replacement Therapy (NRT) and non-nicotine medications to Mississippi residents interested in quitting tobacco. Through funds provided by the Office of Tobacco Control, the ACT Center subcontracts with hospitals throughout the state for satellite tobacco treatment clinics (Appendix IV). In FY 2015, approximately 1,613 Mississippi residents participated in the intensive tobacco treatment program provided by the ACT Center.

66 Tobacco use is not only a strong behavior, but a very well defined addiction to nicotine. Our program allows those who are ready to quit, have an option of treatment that individualizes the treatment plan, uses qualified counselors and support to help them make a solid attempt at quitting. It is important for callers to know that we are a tobacco cessation treatment program that happens to be telephonic or online - we are not a crisis line or a tip line.

It is real treatment.

PAMELA LUCKETT | DIRECTOR OF THE MS TOBACCO QUITLINE







community interventions.



MISSISSIPPI TOBACCO-FREE COALITIONS

The Office of Tobacco Control (OTC) and its partners work with the Mississippi Tobacco-Free Coalitions (MTFCs) to educate citizens - both young and old - on the dangers of tobacco use. The OTC provides funding to 34 MTFCs that work in all 82 Mississippi 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



Mississippi Tobacco Free Coalitions (MTFC's)

703,188 people impacted

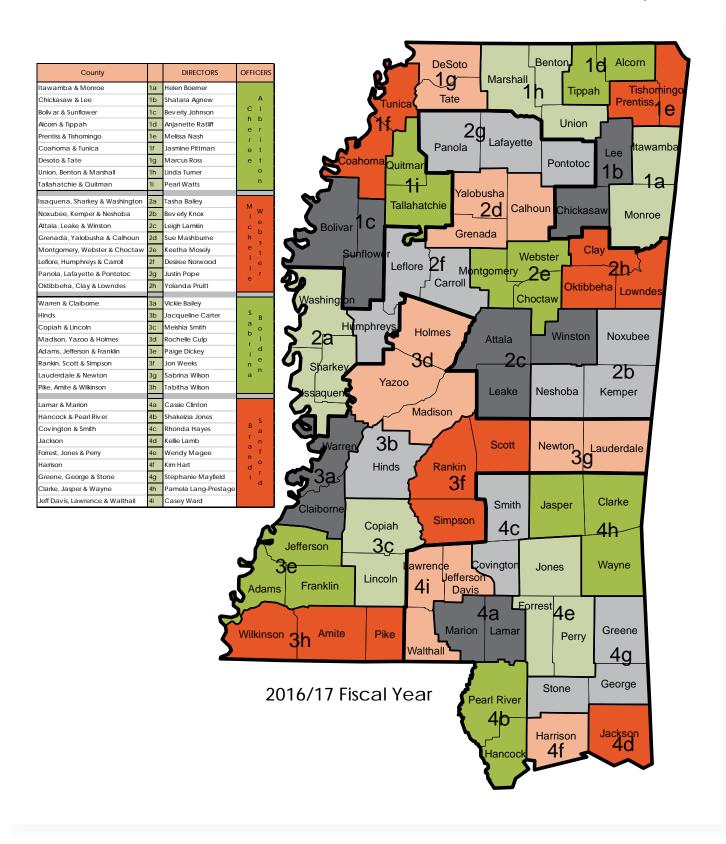
- 34 MTFC's with a presence in each of the 82 counties
- 3,171 General Awareness Presentations with 441,851 people in attendance
- 1,759 Advocacy & Policy Activities with 92,039 people impacted
- 1,058 <u>Cessation</u> Activities with 62,781 people impacted
- 28 <u>Ordinances</u> passed (19 Comprehensive smoke-free & 9 e-cig amendments) with 106,517 residents impacted

Collectively, the MTFC's directly impacted 527,192 Mississippians through their work with youth teams (85,341) and awareness activity presentations/activities (441,851) alone. Some of the activities include but are not limited to:

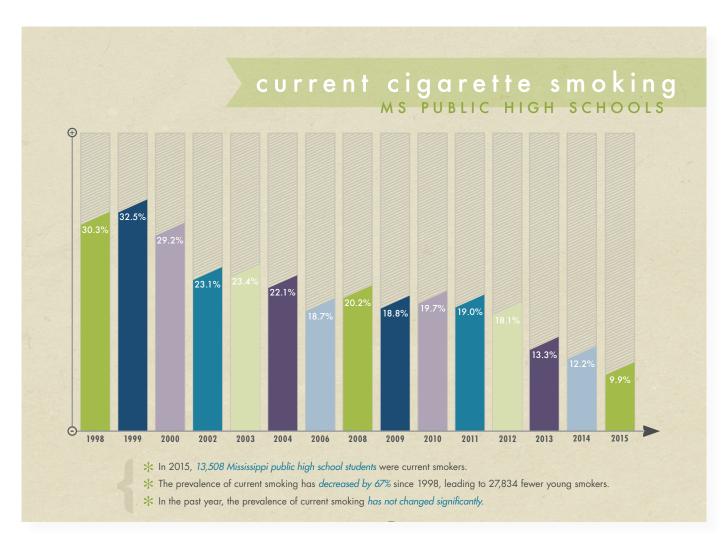
Awareness Presentations 1,286 events with 178,809 people in attendance; Health Fairs; Field Days; School/teacher orientations; RAT jeopardy with youth; Sawmill Festival; Watermelon Festival; Open House; Tobacco information disseminated; Second hand smoke presentations; Church events, etc.

Source: 2016 Annual State Tobacco Prevention and Control Evaluation Report | Mississippi Tobacco Data

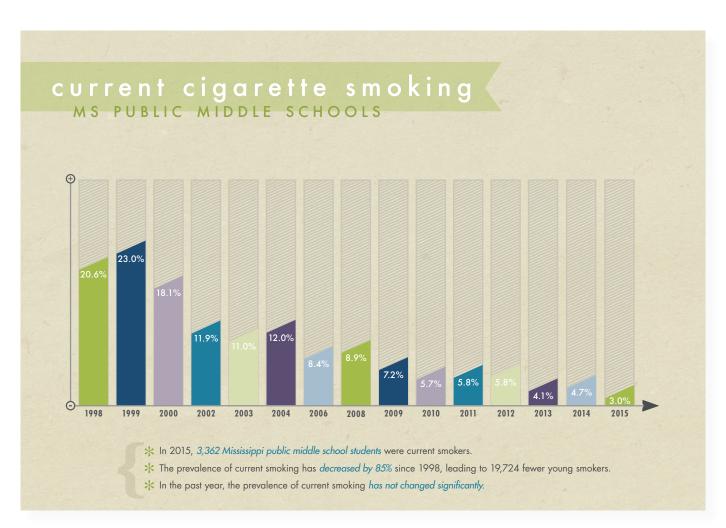




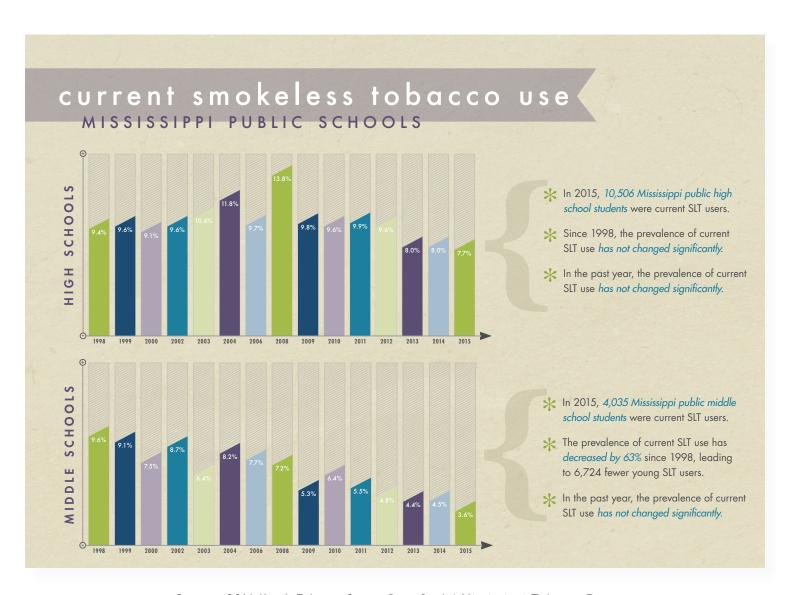
Source: 2016 Annual State Tobacco Prevention and Control Evaluation Report | Mississippi Tobacco Data



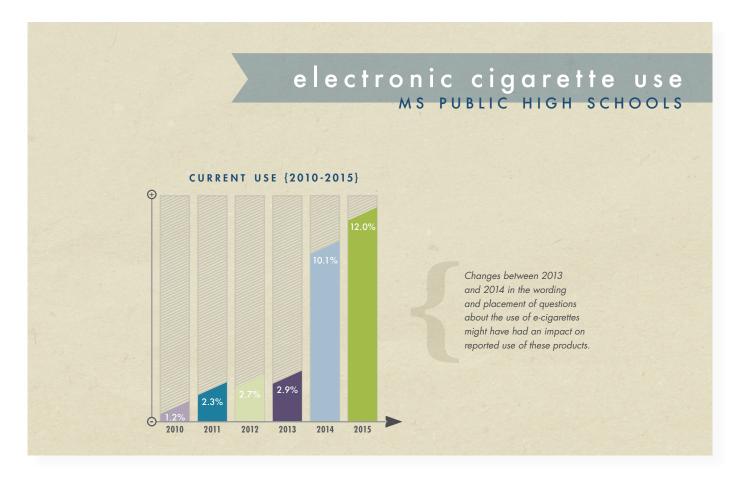
Source: 2016 Youth Tobacco Survey Data Book | Mississippi Tobacco Data



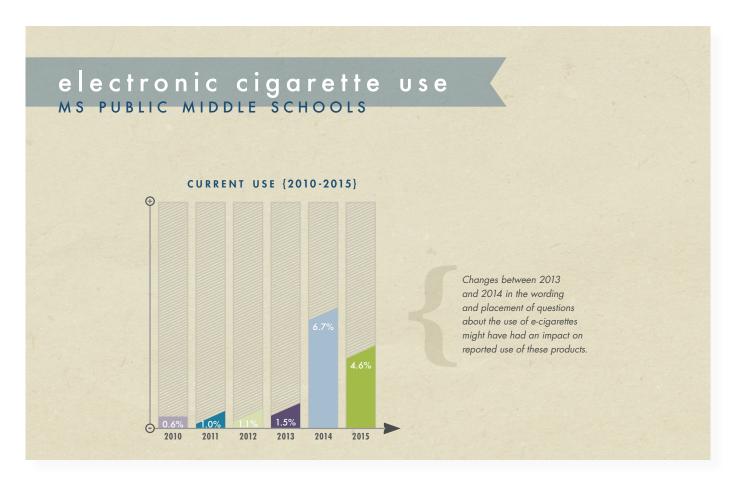
Source: 2016 Youth Tobacco Survey Data Book | Mississippi Tobacco Data



Source: 2016 Youth Tobacco Survey Data Book | Mississippi Tobacco Data



Source: 2016 Youth Tobacco Survey Data Book | Mississippi Tobacco Data



Source: 2016 Youth Tobacco Survey Data Book | Mississippi Tobacco Data



youth programs

The Partnership for a Healthy Mississippi (PHM) partners with the Office of Tobacco Control to educate Mississippi's youth about the dangers of tobacco use. This is accomplished in two primary ways: the development of RAT (Reject All Tobacco) activities and programs designed for children

in grades K-6 and Generation FREE activities and conferences, designed for youth in grades 7-12. Curriculum is developed and distributed to MTFC's so that youth teams can be established. Additionally, PHM is responsible for RAT Troupe shows for children enrolled in public and private elementary schools (K-6) across the state. In FY 2015-2015, 72 RAT Troupe shows were conducted reaching approximately 25,057 children all around the state (see map 7). Five teachers were selected from each performance to fill out a questionnaire. When asked what they liked best about the performance, teacher responses included:

- The student involvement
- Interaction with students and student knowledge of information
- Live performers, conveying an important message to the students

Six LEAD Conferences were held in November 2015. Locations were Southaven, Pearl, Hattiesburg, Oxford, Starkville, and Greenwood. In the spring, six iFLY events were held in Southaven, Hattiesburg, Jackson, Oxford, Starkville, and Greenwood.

With over 85,000 students participating in MTFC youth teams in school and community settings, the reach of the Partnership extends beyond the numbers reflected here.

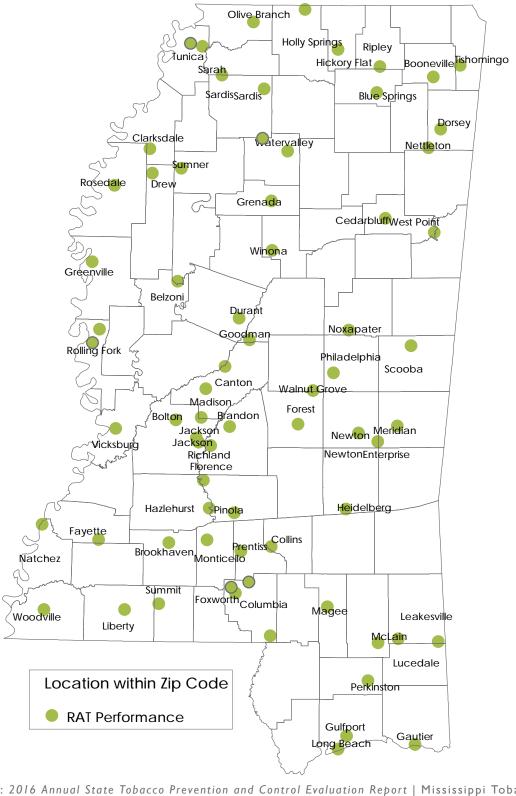


The Partnership for a Healthy Mississippi Youth Activities 45,496 youth impacted

- 72 RAT Troupe Performances for 25,057 K-6th graders
- 6 LEAD conferences with 1,649 9th -12th students attending
- 6 iFLY conferences with 1,294 7th & 8th grade students attending
- 130 FreeStyle Events reaching 12,775 in 7th- 12th grade
- 37 activities & A3 training sessions for 4,411 YAB students
- Facebook & Twitter users (310)



2015-2016 RAT Troupe Performances (72)



Source: 2016 Annual State Tobacco Prevention and Control Evaluation Report | Mississippi Tobacco Data





The Office of Tobacco Control (OTC) collaborates with the Mississippi High School Activities Association (MHSAA) to provide coaches, athletes and spectators with tobacco education in order to help reduce tobacco initiation/prevalence rates with citizens from across Mississippi.

The partnership with OTC and MHSAA focuses on reducing smokeless tobacco rates with MHSAA coaches and athletes. Coaches are very influential in the lives of their athletes and their health choices. MHSAA serves over 600 middle and high schools, approximately 55,000 athletes and over 4,000 coaches. OTC attended conferences and championship games hosted by MHSAA to reach targeted audiences across Mississippi.

The following list contains the various tobacco education delivery methods that were used during MHSAA events:

- On site information table/booth at the Mississippi Association of Athletic Administrators Conference for distribution of information on youth tobacco-prevention programs
- On site information table/booth and Full page ad in Soccer and Basketball Championship game programs
- Tobacco-Free announcements prior to and during each Baseball Championship game at Trustmark Park
- Generation Free 30-second commercial focusing on tobacco usage reduction aired on outfield video board at least twice per game during Football Championship games
- RAT coloring sheet focusing on smokeless tobacco usage reduction included in soccer and baseball game program
- On site information table/booth for Mississippi Tobacco Quitline for distribution of information/incentives to game attendees
- Terrance the RAT mascot on site to interact with youth
- Access to all State Basketball championship games for OTC FREEstyle interactive activities at games
- Access to Trustmark Park for OTC FREEstyle interactive activities at baseball games



Care for Their Air Program is a program for Mississippi child care centers and Head Start centers to educate parents and caregivers about the health risks to children from secondhand smoke exposure. It is also designed to encourage them to commit to providing a smoke-free environment in their homes and cars. An estimated 11 percent of U.S. children ages 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 and middle ear infections.



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 (OTC) works with the MSDH Office of Communications to provide a statewide media campaign that builds on existing prevention programs.

REJECT ALL TOBACCO (RAT)

- 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









RESCUE SOCIAL CHANGE AGENCY (RESCUE)

In FY16 the Office of Tobacco Control (OTC) continued its partnership with Rescue. Down and Dirty (D&D), the youth tobacco prevention program, continues with its aims of changing what it means to be a Country teen and shifting social norms by breaking the association between tobacco use and the Country culture. D&D specifically targets this peer crowd because prior research indicated Mississippi Country teens are at significantly higher risk of using chewing tobacco and cigarette smoking than their peers. This targeting is completed through social media and event attendance.

Through the use of social media, highly targeted paid digital advertising, and experiential "event" marketing, D&D targets the high-risk Country teen peer crowd with anti-tobacco messages that align with the audience's values, interests, attitudes and beliefs. The goal in 2016 was to continue to build the brand's credibility and social authority among high-risk Country teens while delivering tobacco-free messages through stronger and better-integrated social marketing activities both online and off.





D&D EVENT ACTIVITIES AND METRICS



D&D has participated in events across the state, including a Mud Bog and a Demolition Derby near Kiln, two fishing tournaments on the Mississippi coast, rodeos in Pontotoc and Southaven, and a professional bull riding tour that made stops in multiple cities across the state. In February, D&D attended the annual Dixie National Rodeo in Jackson. The events are staffed by brand ambassadors: young people who embody the Country peer crowd image and live a tobacco-free lifestyle. During the events, these ambassadors interact with local youth to build relationships through the delivery of a tobacco-free lifestyle message.

Event Metric	Total
Total Estimated Event Attendance	37,000
Total Contact Cards Collected	875
Total Brand Ambassadors Trained	37
Total Mailing Addresses Collected	823
Total Email Addresses Collected	780



youth prevention.



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 was 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 REOUIRES STATES TO:

- Enforce such laws in a manner that can reasonably be expected to reduce the extent to 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 outlets 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 state's overall success during the previous fiscal year in reducing tobacco availability to youth; the state's method of conducting inspections and identifying outlets to inspect; and the state's 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.



protecting the public.



SECONDHAND SMOKE

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. Secondhand smoke may increase the risk of breast 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).







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).

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. In 2015, Mississippi received national recognition from Americans for Nonsmokers' Rights for passing the most smoke-free ordinances of any state.



There are IN MISSISSIPPI

> $^\star 77$ of which have ordinances THAT INCLUDE RESTRICTIONS ON ELECTRONIC CIGARETTES

Partial Smoke-free COMMUNITIES in Mississippi

- August 6, 1996 | West
- October 2007 | Greenville
- November 15, 2007 | McComb
- January 10, 2008 | Summit
- May 1, 2008 | Gulfport
- July 31, 2008 | Walls
- January 6, 2010 | Columbus
- June 3, 2010 | Goodman

Woodville

CENTREVILLE

- October 5, 2010 | Rienzi June 2011 | Olive Branch
- June 6, 2012 | Vaiden
- July 3, 2014 | Gautier

Southaven WALNUT (orinth FARMINGTON)
HERNANDOHOLLY SPRINGS
LUKG FRIARS New albany BALDWYN
POINT Sledge Oxford Saltillomantachie

Coahoma Batesville Bates Bate anguilla Louiseed en MAYERSVILLE pickens SHUQUALAK Cary Canton Walnut Grove Flora ridgeland

ridgeland

Meridian

Jackson Brandon forest Pearl Byram FLORENCE
Crystal Springs MENDENHALL
M a g e e Shubuta
Fayette W E S S O N Georgetown Laure

brookhaven monticello COLLINSELLISVILLE Prentiss **BASSFIELD**

state line SumrallPetal

hattiesburg LEAKESVILLE New Augusta

LUMBERTON

Wiggins lucedale poplarville

PICAYUNE Moss Point

Diamondhead pascagoula

2016 • mississippi tobacco data



Key

YEAR LOCAL ORDINANCES DATE IMPLEMENTED % OF MS POP. PROTECTED

2002 | METCALFE | SEPTEMBER 3RD | 0.03%

2002 | METCALFE | SEPTEMBER 3RD | 0.03%
2005 | MAYERSVILLE | SEPTEMBER 16TH | 0.05%
2006 | STARKVILLE | MAY 20TH | 0.89%
2006 | TUPELO | OCTOBER 5TH | 2.08%

2006 | MANTACHIE | NOVEMBER 4TH | 2.12%
2006 | OXFORD | NOVEMBER 16TH | 2.84%
2007 | HATTIESBURG | JANUARY 1ST | 4.41%
2007 | HERNANDO | MARCH 8TH | 4.92%

2007 | ABERDEEN | MARCH 22ND | 5.10%
2007 | MATHISTON | APRIL 15TH | 5.13%
2007 | RIDGELAND | JULY 19TH | 5.94%
2007 | GREENWOOD | AUGUST 16TH | 6.46%
2007 | KOSCIUSKO | NOVEMBER 1ST | 6.70%

2007 | AMORY | NOVEMBER 1ST | 6.94% 2007 | CORINTH | NOVEMBER 6TH | 7.44% 2007 | FLORA | DECEMBER 13TH | 7.50%

2007 | PETAL | DECEMBER 20TH | 7.86%

2008 | ECRU | MARCH 12TH | 7.89%

2008 | PONTOTOC | MAY 1ST | 8.09%

2008 | COLLINS | JUNE 6TH | 8.17%

2008 | CLINTON | AUGUST 14TH | 9.02%

2008 | LAUREL | DECEMBER 4TH | 9.65%

2009 | GRENADA | APRIL 8TH | 10.09%

2009 | HOLLANDALE | DECEMBER 3RD | 10.17%

2010 | MERIDIAN | FEBRUARY 18TH | 11.51%

2010 | BATESVILLE | MARCH 4TH | 11.76%

2010 | BASSFIELD | MARCH 10TH | 11.77%

2010 | PRENTISS | APRIL 17TH | 11.80%

2010 | MADISON | JUNE 3RD | 12.65%

2010 | CRYSTAL SPRINGS | JUNE 15TH | 12.82%

2010 | JACKSON | JULY 15T | 18.54%

2010 | WESSON | JULY 1ST | 18.60% 2010 | BELZONI | JULY 1ST | 18.67% 2010 | LUMBERTON | JULY 3RD | 18.74% 2010 | SUMRALL | JULY 3RD | 18.80% 2010 | PEARL | SEPTEMBER 1ST | 19.68% 2010 | JONESTOWN | OCTOBER 13TH | 19.72% 2011 | OKOLONA | APRIL 15TH | 19.81%

2011 | CENTREVILLE | APRIL 17TH | 19.86%

2011 | FLOWOOD | MAY 4TH | 20.15%

2011 | MARKS | JULY 14TH | 20.20%

2011 | CALHOUN CITY | SEPTEMBER 1ST | 20.26%

2011 | BROOKHAVEN | NOVEMBER 17TH | 20.68%

2011 | NEW ALBANY | DECEMBER 1ST | 20.97%

2011 | BYRAM | DECEMBER 10TH | 21.36%

2011 | ROLLING FORK | DECEMBER 15TH | 21.42%

2012 | MONTICELLO | JANUARY 18TH | 21.48%

2012 | CANTON | JANUARY 19TH | 21.93%

2012 | GEORGETOWN | MARCH 12TH | 21.94%

2012 | DUNCAN | APRIL 5TH | 21.96%

2012 | ANGUILLA | APRIL 27TH | 21.98%

2012 | DURANT | MAY 3RD | 22.06%

2012 | VERONA | MAY 3RD | 22.17%

2012 | ARCOLA | MAY 10TH | 22.18%

2012 | SHUQUALAK | MAY 31ST | 22.19% 2012 | BOONEVILLE | JUNE 1ST | 22.49%

2012 | NEW AUGUSTA | JUNE 12TH | 22.51%

2012 | MOSS POINT | JUNE 14TH | 22.97%

2012 | SUMNER | JULY 5TH | 22.98%

2012 | ALLIGATOR | JULY 5TH | 22.98%

2012 | FOREST | SEPTEMBER 6TH | 23.17%

2012 | FLORENCE | SEPTEMBER 19TH | 23.28%

2012 | ETHEL | NOVEMBER 1ST | 23.33%

2012 | INDIANOLA | NOVEMBER 7TH | 23.67%

2012 | CARY | DECEMBER 8TH | 23.68%

2013 | MOORHEAD | JANUARY 11TH | 23.75%

2013 | WIGGINS | JANUARY 17TH | 23.91%

2013 | LUCEDALE | FEBRUARY 1ST | 24.01%

2013 | BALDWYN | JULY 5TH | 24.12% 2013 | PLANTERSVILLE | JULY 6TH | 24.16%

AMENDED DEFINITION OF SMOKING TO INCLUDE E-CIGARETTES WITHIN ORIGINAL ORDINANCE.

CREATED A NEW ORDINANCE THAT PROHIBITED E-CIGARETTE USE IN PLACES WHERE ORIGINAL ORDINANCE PROHIBITED SMOKING.

ORIGINAL ORDINANCE INCLUDED E-CIGARETTES.



key

YEAR LOCAL ORDINANCES DATE IMPLEMENTED % OF MS POP. PROTECTED
2002 | METCALFE | SEPTEMBER 3RD | 0.03%

2015 | COURTLAND | APRIL 2ND | 29.31%

2013 | PASCAGOULA | JULY 18TH | 24.90% 2013 | MORTON | OCTOBER 31ST | 25.01% 2013 | MAGEE | NOVEMBER 19TH | 25.16% 2013 | WALNUT | DECEMBER 5TH | 25.19% 2013 | WOODVILLE | DECEMBER 30TH | 25.22% 2014 | BRUCE | JANUARY 1ST | 25.28% 2014 | FRIARS POINT | JANUARY 8TH | 25.32% 2014 | ITTA BENA | JANUARY 16TH | 25.39% 2014 | FARMINGTON | FEBRUARY 20TH | 25.46% 2014 | LOUISVILLE | APRIL 3RD | 25.67% 2014 | MENDENHALL | APRIL 4TH | 25.76% 2014 | DUCK HILL | APRIL 9TH | 25.79% 2014 | WEIR | APRIL 10TH | 25.81% 2014 | NOXAPATER | MAY 1ST | 25.82% 2014 | SLEDGE | JUNE 4TH | 25.84% 2014 | COAHOMA | JULY 3RD | 25.85% 2014 | PICAYUNE | JULY 17TH | 26.21% 2014 | SOUTHAVEN | AUGUST 4TH | 27.94% 2014 | CRAWFORD | SEPTEMBER 2ND | 27.96% 2014 | BEULAH | SEPTEMBER 4TH | 27.98% 2014 | ISOLA | SEPTEMBER 4TH | 28.00% 2014 | CLARKSDALE | SEPTEMBER 10TH | 28.57% 2014 | POPLARVILLE | NOVEMBER 5TH | 28.66% 2014 | SENATOBIA | NOVEMBER 20TH | 28.93%

2015 | IUKA | JANUARY 1ST | 29.03%

2015 | NETTLETON | FEBRUARY 5TH | 29.09%

2015 | SIDON | FEBRUARY 5TH | 29.11%

2015 | CHARLESTON | MARCH 7TH | 29.18%

2015 | TUTWILER | APRIL 2ND | 29.30%

2015 | DREW | APRIL 2ND | 29.37% 2015 | WALNUT GROVE | APRIL 3RD | 29.44% 2015 | PITTSBORO | MAY 5TH | 29.44% 2015 | BRANDON | JUNE 3RD | 30.22% 2015 | FAYETTE | JUNE 11TH | 30.27% 2015 | BROOKSVILLE | JULY 2ND | 30.31% 2015 | STATE LINE | JULY 2ND | 30.33% 2015 | PICKENS | JULY 2ND | 30.37% 2015 | EDEN | AUGUST 13TH | 30.37% 2015 | MACON | SEPTEMBER 17TH | 30.46% 2015 | SALTILLO | SEPTEMBER 18TH | 30.62% 2015 | HOLLY SPRINGS | OCTOBER 1ST | 30.88% 2015 | LOUISE | OCTOBER 1ST | 30.88% 2015 | LYON | OCTOBER 2ND | 30.89% 2015 | LEXINGTON | OCTOBER 11TH | 30.95% 2015 | SHAW | OCTOBER 30TH | 31.01% 2015 | ELLISVILLE | NOVEMBER 5TH | 31.16% 2015 | SHUBUTA | DECEMBER 2ND | 31.18% 2016 | DIAMONDHEAD | JANUARY 2ND | 31.45% 2016 | COLDWATER | MARCH 3RD | 31.51% 2016 | LEAKESVILLE | MARCH 3RD | 31.54% 2016 | CRUGER | APRIL 6TH | 31.55% 2016 | ARTESIA | MAY 5TH | 31.56%

AMENDED DEFINITION OF SMOKING TO INCLUDE E-CIGARETTES WITHIN ORIGINAL ORDINANCE.

CREATED A NEW ORDINANCE THAT PROHIBITED E-CIGARETTE USE IN PLACES WHERE ORIGINAL ORDINANCE PROHIBITED SMOKING.

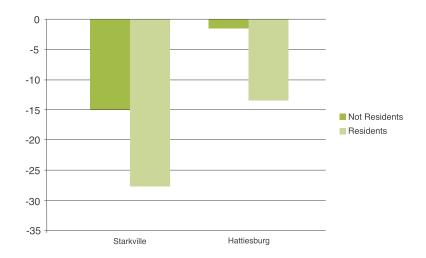
ORIGINAL ORDINANCE INCLUDED E-CIGARETTES.

The Starkville & Hattiesburg Heart Attack Studies

REDUCTIONS IN HEART ATTACK ADMISSIONS FOLLOWING
THE IMPLEMENTATION OF LOCAL SMOKE-FREE ORDINANCES



- STARKVILLE | 27.7% REDUCTION IN HEART ATTACK
 ADMISSIONS, COST SAVINGS OF \$288, 270.
- HATTIESBURG | 13.4% REDUCTION IN HEART ATTACK
 ADMISSIONS, COST SAVINGS OF \$2,367,909.



Starkville implemented a comprehensive smoke-free ordinance that prohibited smoking inside of all indoor public places on May 20, 2006. Seven months later, Hattiesburg implemented a similar comprehensive ordinance on January 1, 2007.

Findings from controlled observational studies demonstrate that hospital admissions for heart attacks in both Starkville and Hattiesburg decreased substantially following the implementation of the smoke-free ordinances. Moreover, the observed decrease in these communities was much higher than that observed in control communities that did not have a smoke-free ordinance.

Source: January 2012 Starkville & Hattiesburg Heart Attack Studies Factsheet | Mississippi Tobacco Data



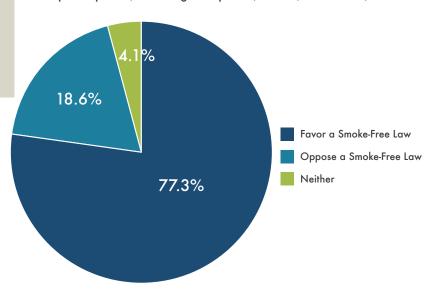
2015 Mississippi Social Climate Survey of Tobacco Control

SUPPORT FOR SMOKEFREE AIR | APRIL 2016

Results from the most recent Social Climate Survey demonstrate strong support for smoke-free air in Mississippi.

- More than three-quarters of Mississippi adults (77.3%) favor a state law prohibiting smoking in most indoor places, including workplaces, public buildings, offices, restaurants, & bars.
- Only 18.6% of Mississippi adults oppose a state law.
- 61.9% of smokers support a state law as opposed to only 32.3% who are opposed.
- Republicans (78.3%) and Democrats (80.0%) are equally supportive of a state law.

Would you favor or oppose a law in Mississippi prohibiting smoking in most public places, including workplaces, offices, restaurants, and bars?



Source: 2015 Mississippi Social Climate Survey of Tobacco Control Mississippi Tobacco Data





Source: June 2016 100% Smoke-Free Communities in Mississippi Factsheet Mississippi Tobacco Data

4

surveillance & 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).

Surveillance efforts are designed to measure and detail progress toward 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.



(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.

TOBACCO CONTROL ADVISORY COUNCIL					
Name	Location Affiliation/Appointment				
Berthold "Bert" Beisel, MD	Columbia	Governor Appointment			
Dr. Dorthy C. Browne	Jackson	Jackson State University/School of Health Sciences/ College of Public Service			
"Bob" K. Collins, MD	MS State University	American Lung Association Appointment			
Nancy Collins, Senator	District 6 Lee, Pontotoc	State Senate/ Lieutenant Governor			
Diane C. Peranich, Representative	District 121 Harrison	State House of Representatives/ Speaker of the House			
Mike Moore, Attorney	Flowood	Attorney General Appointment			
Christine Philley	Jackson	State Superintendent of Public Education Appointment			
Gena Vail	New Albany	MS Nurses Association/ Lt. Governor Appointment			
Jericho Bell	Jackson	University of Mississippi Medical Center Appointment			
Michael Forster, PhD	Hattiesburg	University of Southern MS Appointment			

^{*} Vacant council positions are being reviewed and reappointed.



(mississippi tobacco-free coalitions)

FISCAL AGENT

Adams County Coalition for Children and Youth Aiming for Healthy Families

American Lung Association, Southeast Chapter

Caffee Caffee & Associates

Community Educational Support Systems of MS

Delta Health Alliance

Montgomery Institute

Grenada County School District

Innovative Behavioral Services

Lawrence County School District

Washington County Planning Department

Mississippi Community Education Center

Family Resource Center of Northeast MS

National Council on Alcoholism and Drug Dependence

Northeast Mississippi Healthcare

New Beginning Ministries

North Delta Planning and Development District

Partnership for a Healthy Mississippi

Olive Branch Family YMCA

COUNTY/COUNTIES

Adams, Jefferson, and Franklin

Alcorn, Tippah, Prentiss, and Tishomingo

Hancock, Jackson, Pearl River, and Harrison

Forrest, Jones, Perry, Covington, Smith, Lamar, and Marion

Wayne, Clarke, and Jasper

Coahoma, Tunica, Bolivar, Sunflower, Quitman, and

Tallahatchie

Noxubee, Kemper, and Neshoba

Grenada, Yalobusha, and Calhoun

Lauderdale, Newton, Hinds, Rankin, Scott, and Simpson

Lawrence, Jefferson Davis, and Walthall

Washington, Sharkey, and Issaquena

Montgomery, Choctaw, Webster, Claiborne, Warren,

Attala, Winston, and Leake

Oktibbeha, Lowndes, Clay, Lee, Monroe, Chickasaw, and

Itawamba

Copiah and Lincoln

Union, Benton, and Marshall

George, Green, and Stone

Panola, Lafayette, and Pontotoc

Madison, Yazoo, Holmes, Leflore, Carroll, Humphreys,

Pike, Amite, and Wilkinson

Desoto and Tate

