

**MISSISSIPPI  
TOBACCO  
CONTROL  
NETWORK**

# **MISSISSIPPI'S FIVE-YEAR STRATEGIC PLAN FOR TOBACCO CONTROL**

January 1, 2024 — December 31, 2028

## ACKNOWLEDGEMENTS

We extend our heartfelt gratitude to the many dedicated partners who have tirelessly contributed to our shared vision of a smoke-free Mississippi. Your unwavering commitment, innovative strategies, and collaborative efforts have been instrumental in driving progress and fostering healthier communities across our state. From public health organizations and community groups to policymakers and educators, each partner has played a crucial role in advancing our mission. Together, we are making significant strides towards reducing tobacco use and its harmful impacts, creating a brighter, healthier future for all Mississippians. Thank you for your steadfast support and continued dedication to this vital cause.

# MISSISSIPPI TOBACCO CONTROL NETWORK

## PARTNER ORGANIZATIONS

American Lung Association  
American Cancer Society  
American Heart Association  
Blacks Against Tobacco  
Building Healthy Military Communities  
Caffee, Caffee & Associates Public Health Foundation, Inc.  
Centene Corporation  
Community Health Center Association of Mississippi  
Greenwood Leflore Hospital  
Institute for the Advancement of Minority Health  
L.I.F.E of Mississippi  
MAGnet-HCCN  
Mississippi State University Social Science Research Center  
Molina Healthcare  
Mississippi Academy of Family Physicians Foundation  
Mississippi Association of Coaches  
Mississippi Attorney General's Office  
Mississippi Band of Choctaw Indians  
Mississippi Department of Education, Office of Healthy Schools  
Mississippi Department of Mental Health  
Mississippi Department of Rehabilitation Services  
Mississippi Department of Mental Health  
Mississippi Division of Medicaid  
Mississippi Housing and Urban Development  
Mississippi Institutes of Higher Learning  
Mississippi Insurance Commission  
Mississippi Medical Association  
Mississippi Public Health Association  
Mississippi Quitline  
Mississippi Rural Health Association  
Mississippi Tobacco Free Coalitions  
Mississippi State Department of Health  
My Brother's Keeper  
Partnership for a Healthy Mississippi  
University of Mississippi Medical Center  
University of Southern Mississippi  
Vail Family Clinic  
Youth Villages

*The list of Mississippi Tobacco Control Network members is not all inclusive. The work towards a smoke-free Mississippi includes the efforts of countless school districts, healthcare providers, faith-based organizations, and community organizations.*



# TABLE OF CONTENTS

1		Overview
1		Mission of the MSDH Office of Tobacco Control
2		About the Mississippi Tobacco Control Network
2		Data Highlights: Current Conditions and Outcomes in Tobacco Control for Mississippi
8		Limitations of Data
9		Understanding Changes in the Landscape
10		Establishing a Vision for Our Desired Impact
12		2024 – 2029 Goals
13		Aligning Metrics for Success with Data Collection
15		Highlighted Measures of Success for 2029
17		Defining Our Strategic Actions: Key Actions And A Timeline Of Actions To Support Implementation
22		Closing
23		Appendix: Funded Partners

---

***Our vision is a healthier Mississippi free from the harms of tobacco.***

— Mississippi Tobacco Control Network

---



## OVERVIEW

Tobacco control is crucial to safeguarding the health of Mississippians, as tobacco use remains a leading cause of preventable disease and death in our state. Over the past five years, concerted efforts have led to notable successes in our journey towards a smoke-free Mississippi. Smoking rates among adults have declined, and more communities have adopted comprehensive smoke-free policies, reflecting a positive shift towards healthier living.

Despite these achievements, significant challenges persist. Approximately 20% of adults in Mississippi continue to smoke, and nearly 13% of high school students use e-cigarettes, underscoring the ongoing threat of tobacco-related harm. Addressing these challenges requires sustained commitment to effective tobacco control strategies, focusing on prevention, cessation support, and robust policy implementation. The next five years present the opportunity to address the social drivers of health, harness the power of multi-sector collaborations, advocate for impactful policy changes, and further transform our cultural norms to address the social stressors that contribute to tobacco use. This will allow the state to increase efforts to help reduce the burden of tobacco among target populations. By building on our successes and leveraging these opportunities, we can move closer to our ultimate goal: a smoke-free Mississippi where every resident can enjoy a healthier, more vibrant future.

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 OF THE MSDH OFFICE OF TOBACCO CONTROL

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.

# ABOUT THE MISSISSIPPI TOBACCO CONTROL NETWORK

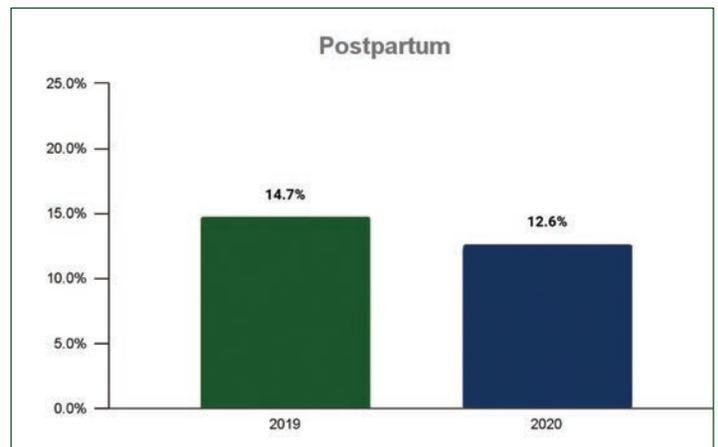
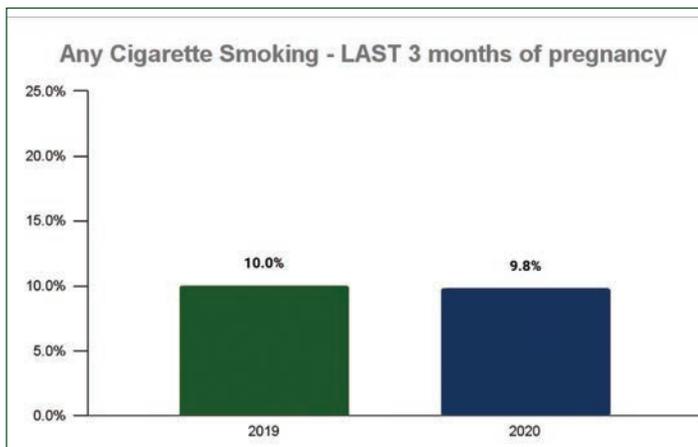
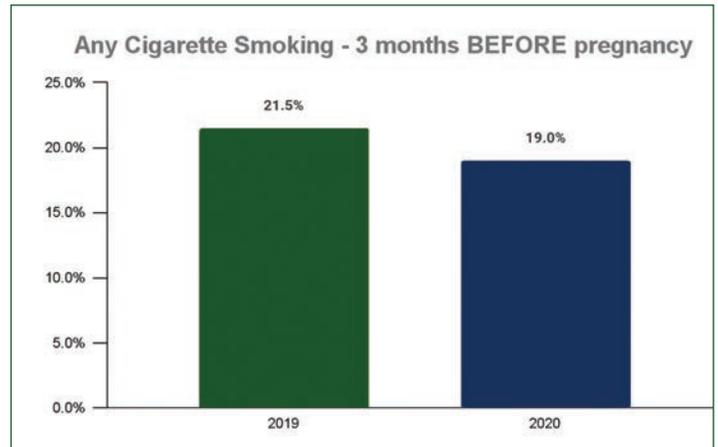
The Mississippi Tobacco Control Network (MSTCN) is dedicated to creating a healthier Mississippi by reducing the impact of tobacco through comprehensive prevention, education, advocacy, and cessation programs. We strive to empower individuals and communities to live tobacco-free lives, thereby improving public health and reducing the burden of tobacco-related diseases. Through collaboration with local, state, and national partners, we aim to foster environments where every Mississippian can thrive without the harm caused by tobacco. Our commitment is to promote equity, support evidence-based policies, and ensure access to resources that enable tobacco-free living for all.

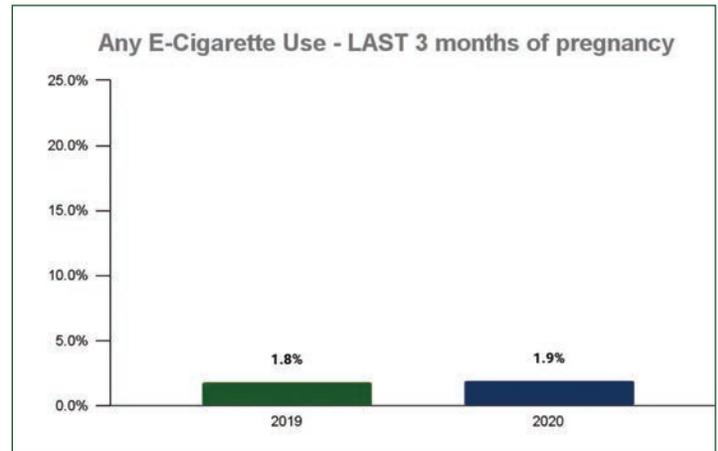
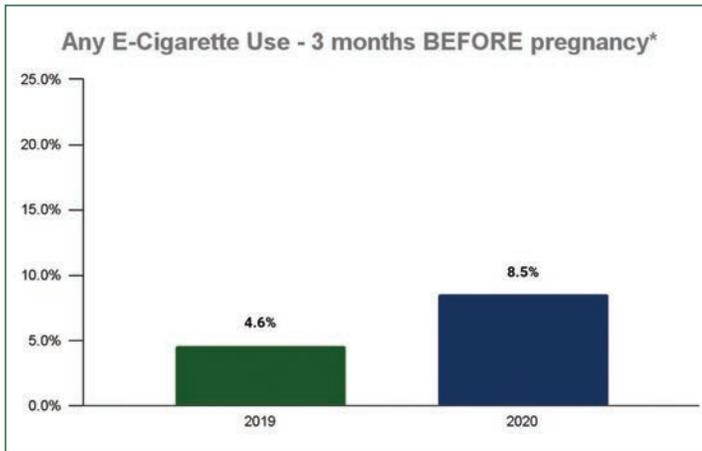
## DATA HIGHLIGHTS:

### Current Conditions and Outcome Measures for Tobacco Control in Mississippi

Since 2008, the Mississippi State University, Social Science Research Center (SSRC) has provided surveillance and evaluation services for the comprehensive tobacco control program. This includes the data collection and reporting for programs and services administered by the Mississippi State Department of Health, Office of Tobacco Control (MSDH). Annually, SSRC provides the Mississippi Tobacco Data report to the members of the Mississippi Tobacco Control Network to inform their strategies. The data presented below is based on the January 2024 reporting by the research team at SSRC. Though the reporting year is 2024, the most recent data year is 2020 or 2022 as specified.

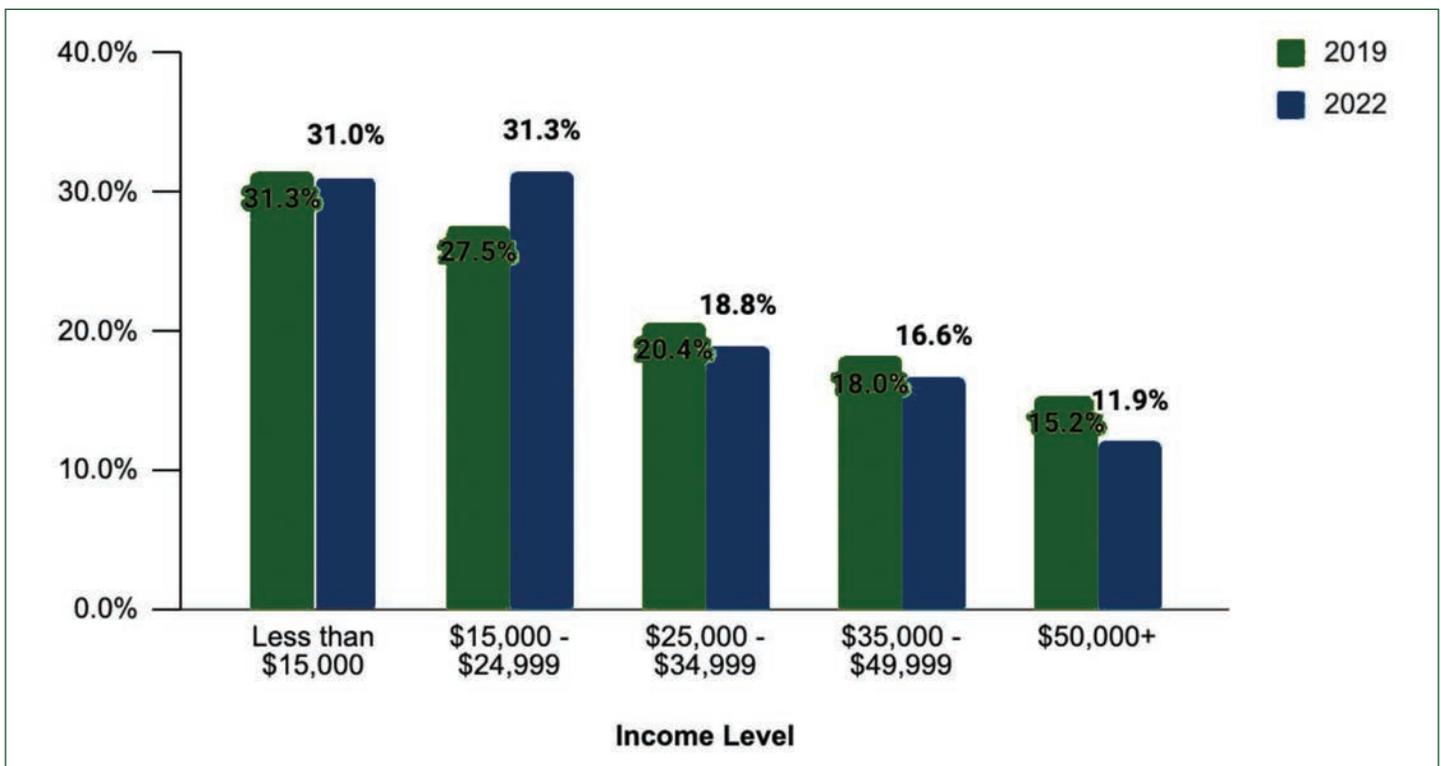
**Figure 1. Pregnant Women of Child-Bearing Age, Mothers**





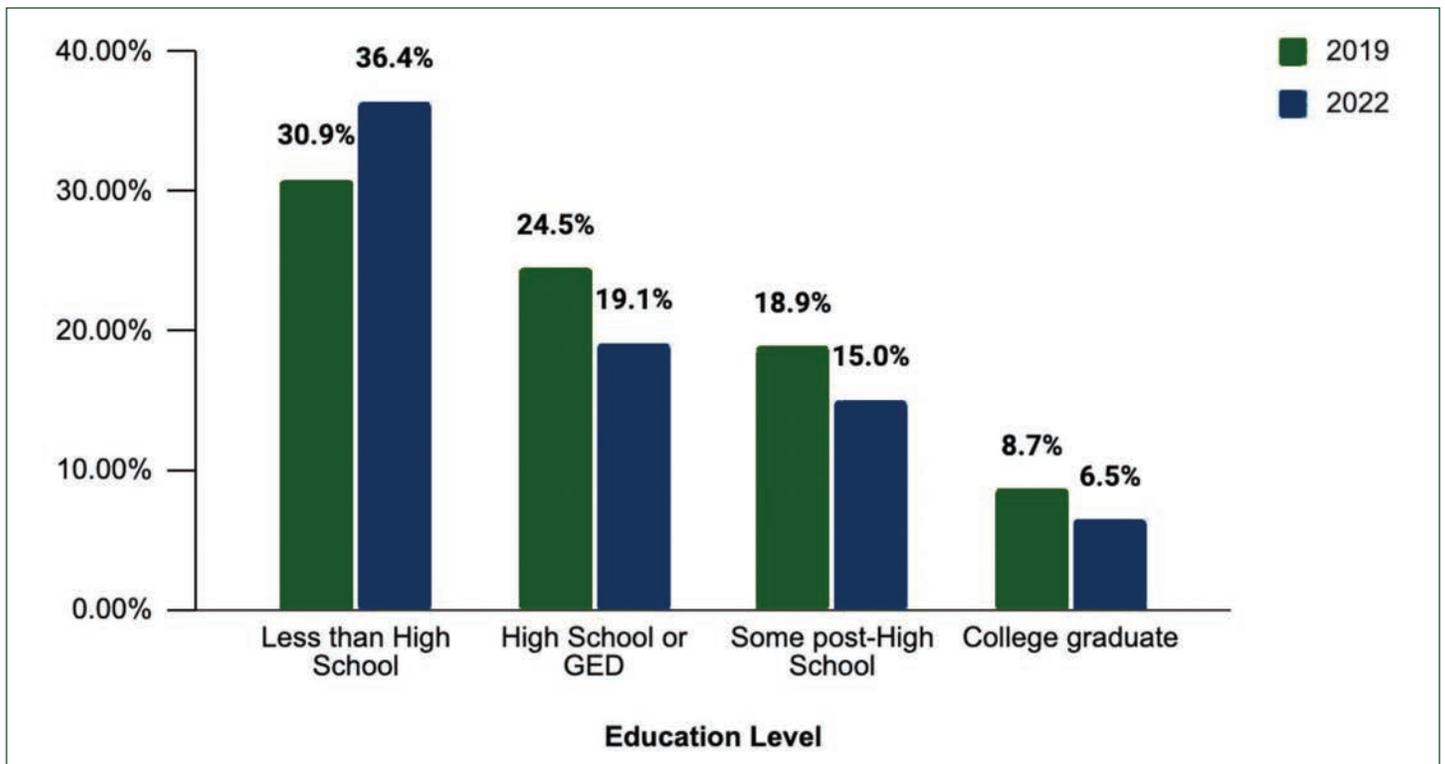
**Explanation of Data:** Data reported for this population is from the Perinatal High Risk Management Infant Services Systems (PHRMISS) using the most recent data brief released publicly in 2020. PHRMISS data is not directly collected by SSRC and is shared through its partnership with the Mississippi State Department of Health. The data reported shows a slight decrease in women reporting any cigarette use three months prior to pregnancy and post-partum when comparing usage data from 2019 to 2020. For e-cigarette use, however the data shows a significant increase in usage from 4.6% to 8.5% among women three months before pregnancy.

**Figure 2. Economically Disadvantaged Populations – Income Level**



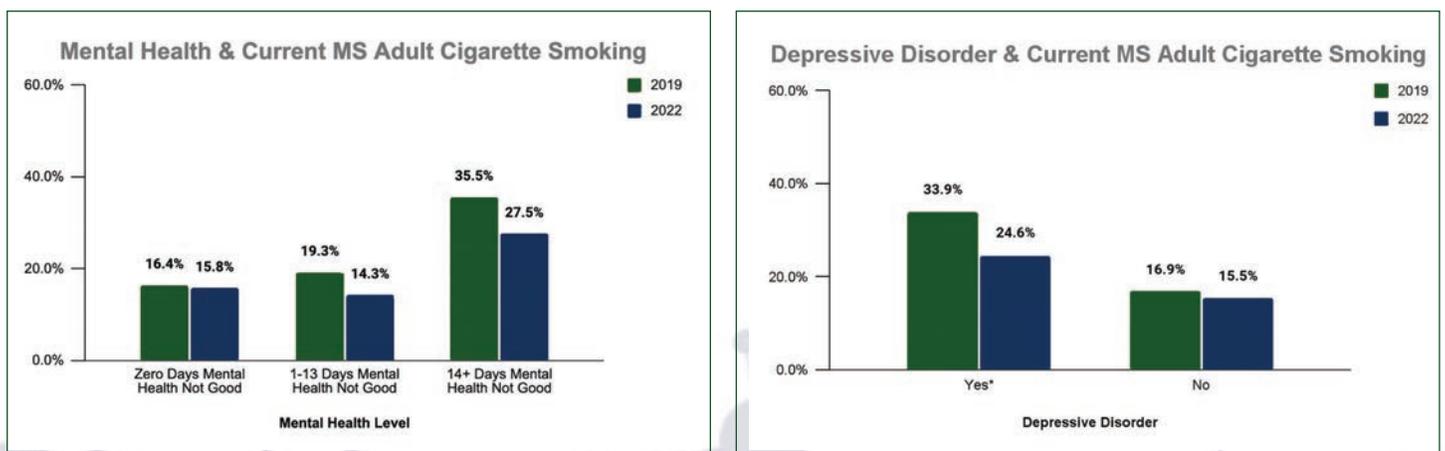
**Explanation of Data:** Data reported for this population is from the Behavioral Risk Factor Surveillance System (BRFSS). The data reported is based on the most recent data released publicly in 2022. In looking at the correlation between income level and adult cigarette smoking rates, the data shows cigarette smoking was highest among populations earning the lowest income and usage declining as income levels increased. In 2022 smoking rates increased for populations earning \$15,000 - \$24,999 compared to usage in 2019. For all other income levels, smoking rates declined slightly from 2019 to 2022.

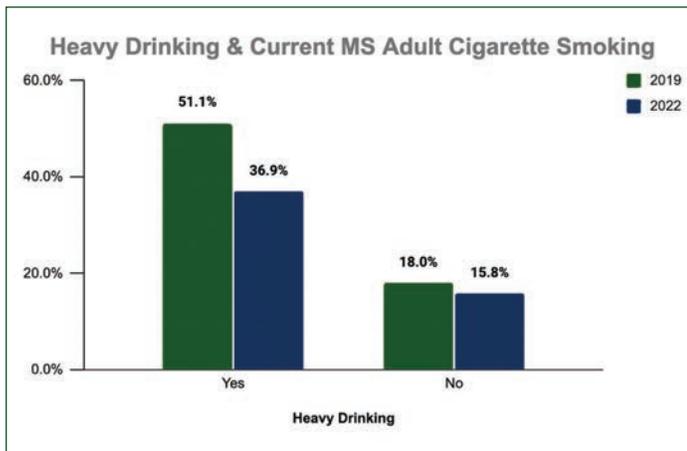
**Figure 3. Economically Disadvantaged Populations – Education Level**



**Explanation of Data:** Similar to the income level data, cigarette smoking rates based on education level are collected through the BRFSS. In 2022 cigarette smoking rates declined for populations with a high school or GED, those with some post-high school education, and those with a college degree. For populations with less than a high school diploma or GED, smoking rates increased from 30.9% to 36.4% from 2019 to 2022. Populations with the highest level of education had the lowest rate of education showing a correlation between the rates of cigarette smoking and the level of education attained.

**Figure 4. Mental Illness, Behavioral Health, Substance Use Disorders**

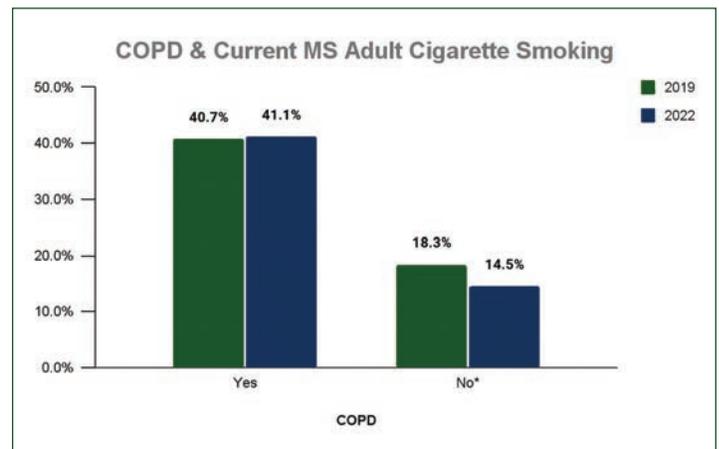
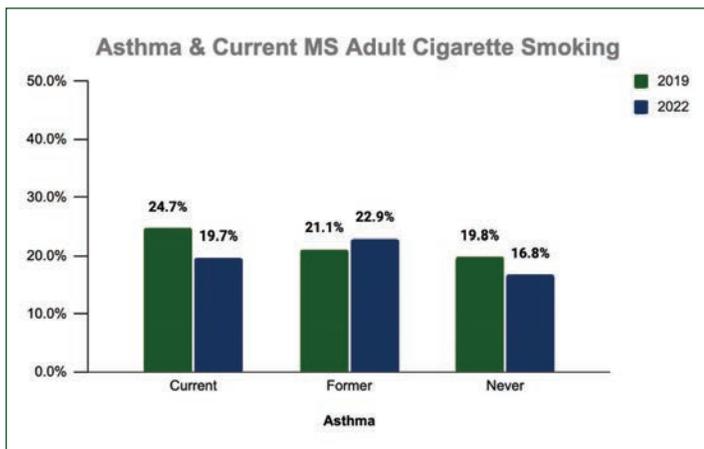
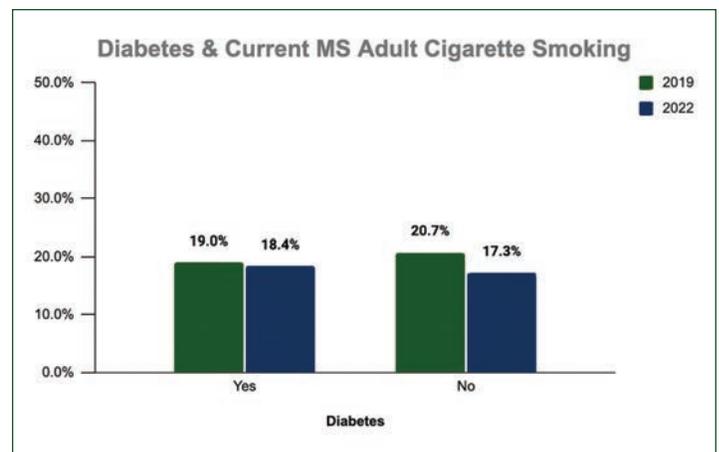
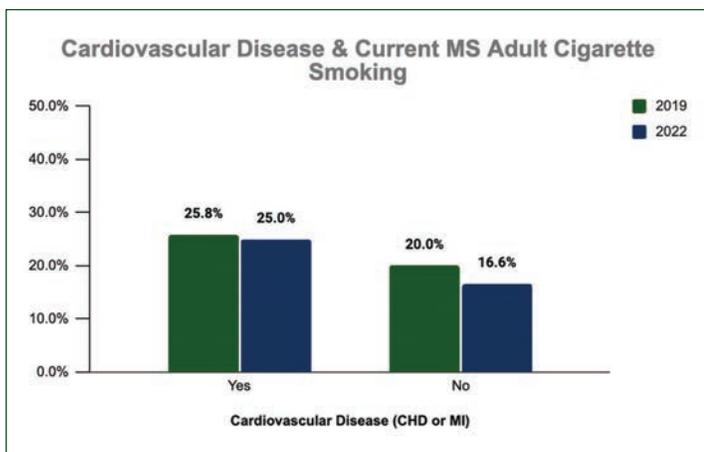




**Explanation of Data:** Data reported for this population is from the Behavioral Risk Factor Surveillance System (BRFSS). The reporting is based on the most recent data released publicly in 2022. SSRC accesses this data through the National Mississippi dataset and not internal MSDH Mississippi dataset. For this population it is anticipated that an expansion of data sources may be helpful in identifying key measures for reporting. For 2024, SSRC will work with MSDH to determine if Quitline data on mental health conditions and completion rate of completion of cessation protocols is helpful for determining impact of interventions. For adults reporting

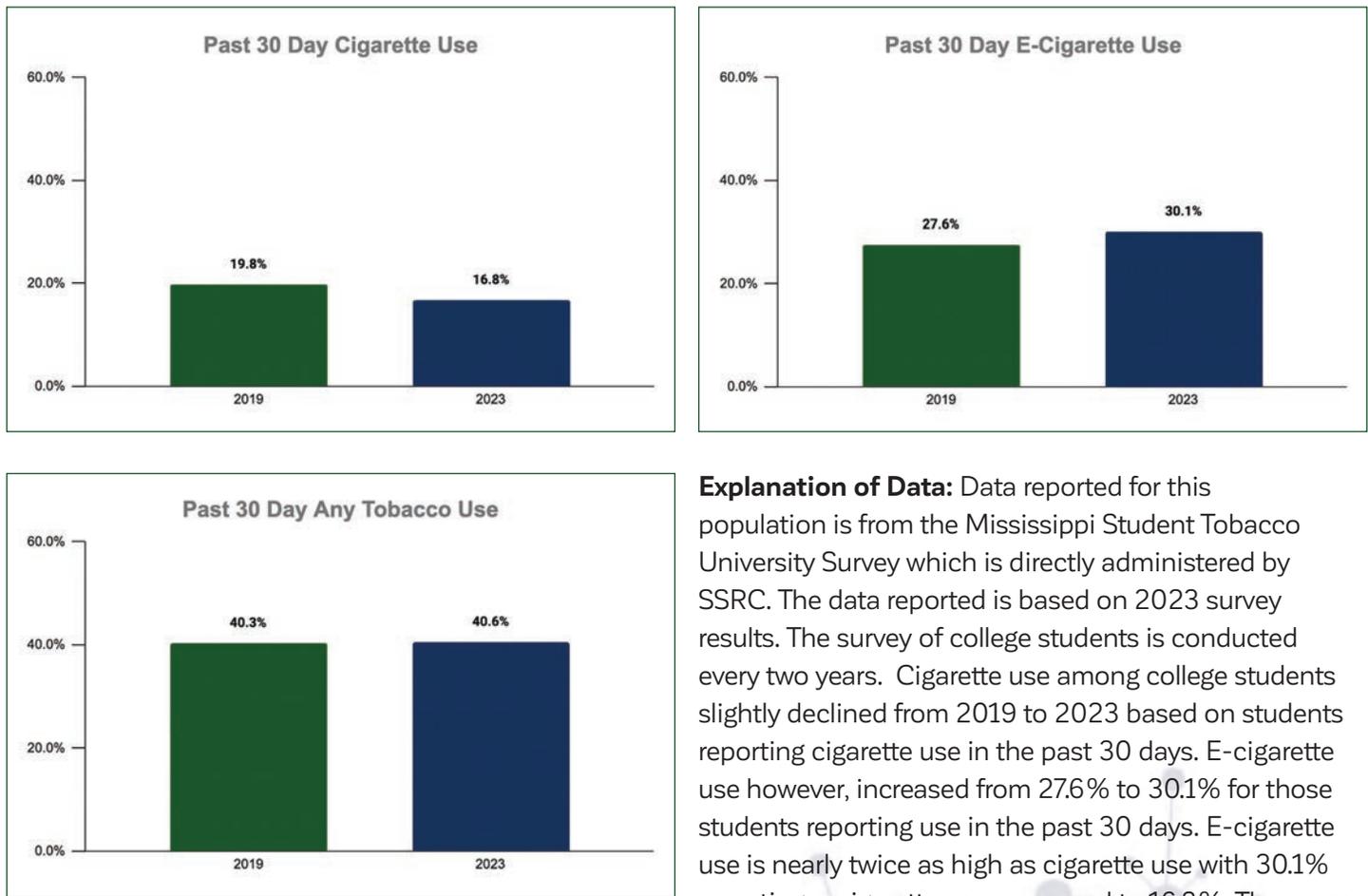
14 or more “Not Good” **mental health days** in a month, the cigarette smoking rate was highest when compared to those reporting zero “Not Good” mental health days and those with one to 13 “Not Good” mental health days. Those with the greatest number of reported “Not Good” mental health days smoked at rate over twice that of those with zero “Not Good” mental health days. Cigarette smoking rates declined across all populations in this measure from 2019 to 2022. When asked whether they had **depressive disorder**, adults that responded “Yes” had a higher rate of smoking over those that responded “No”. For both those reporting “Yes” and “No”, the smoking rate declined when comparing the rates from 2019 to 2022. For adults that reported “**Heavy Drinking**” the cigarette smoking rate was over twice the rate of that for populations that responded “No” if asked about heavy alcohol consumption. Rates for both those reporting “Yes” and “No” related to heavy alcohol consumption declined from 2019 to 2022. In 2019 51.1% of those that reported heavy drinking compared to 36.9% in 2022.

**Figure 5. High Chronic Disease Burden**



**Explanation of Data:** Data reported for this population is from the Behavioral Risk Factor Surveillance System (BRFSS). The reporting is based on the most recent data released publicly in 2022. SSRC accesses this data through the National Mississippi dataset and not internal MSDH Mississippi dataset. For adults reporting **cardiovascular disease**, the percentage reporting cigarette smoking remained relatively unchanged from 2019 to 2022 at 25%. The smoking rate for those reporting no cardiovascular disease the smoking rate in 2022 was 16.6%. In comparing the cigarette smoking rate for those with **diabetes** versus those that responded “No” the smoking rate was only slightly higher at 18.4% for those adults with diabetes compared to 17.3% for 2022. For those adults with **asthma** that identified as current smokers, the rate declined from 24.7% to 19.7%. As expected the rate of those that reported being former smokers increased from 2019 to 2022. In 2022, 41.1% of adults with COPD reporting cigarette use which was relatively unchanged from 2019 at 40.7%.

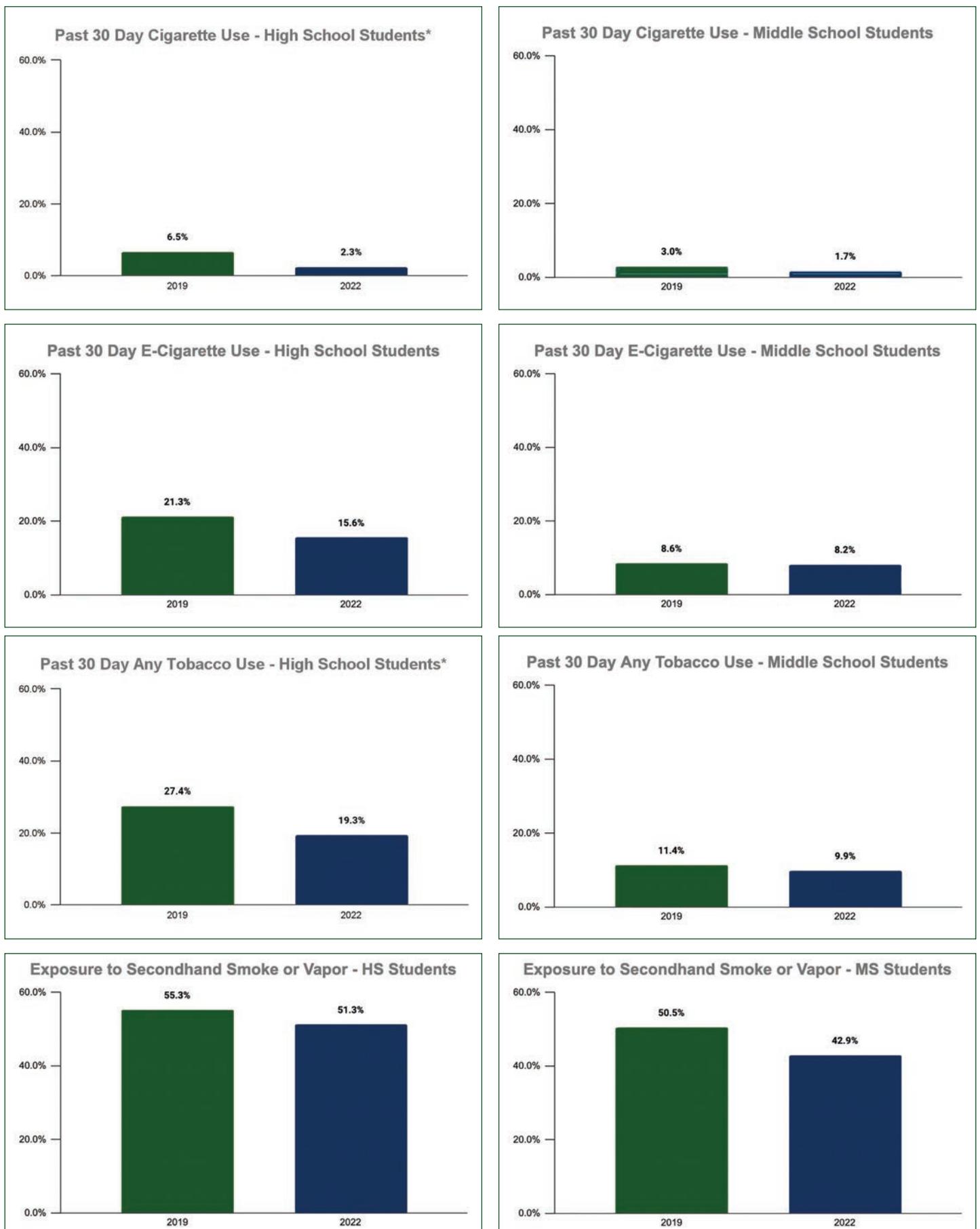
**Figure 6. College Students**



**Explanation of Data:** Data reported for this population is from the Mississippi Student Tobacco University Survey which is directly administered by SSRC. The data reported is based on 2023 survey results. The survey of college students is conducted every two years. Cigarette use among college students slightly declined from 2019 to 2023 based on students reporting cigarette use in the past 30 days. E-cigarette use however, increased from 27.6% to 30.1% for those students reporting use in the past 30 days. E-cigarette use is nearly twice as high as cigarette use with 30.1% reporting e-cigarette use compared to 16.8%. There was

no significant change in college students that reported any tobacco use in the past 30 days in comparing 2019 to 2023 usage. The rate remained steady of a high rate of approximately 40%.

**Figure 7. High School and Middle School Students**



**Explanation of Data:** Data reported for this population is from the Mississippi Youth Tobacco Survey which is directly administered by SSRC. The data reported is based on 2022 data. The Youth Tobacco Survey is conducted annually with data available each spring. This survey represents the most robust data set from SSRC. **High school** students reporting cigarette use in the past 30 days declined in 2022 from 6.5% in 2019 to 2.3%. E-cigarette use also declined among high school students from 21.3% in 2019 to 15.6% in 2022. Secondhand smoke or vapor remains a priority to address with 51.3% of high school students reporting exposure. The cigarette smoking rate for **middle school** students remained low with a slight decrease to only 1.7% in 2022. E-cigarette use for this population was relatively unchanged from 2019 to 2022 at a little over 8%. Similar to the high rates seen in high school students, 42.9% of middle school students reported exposure to secondhand smoke or vapor.



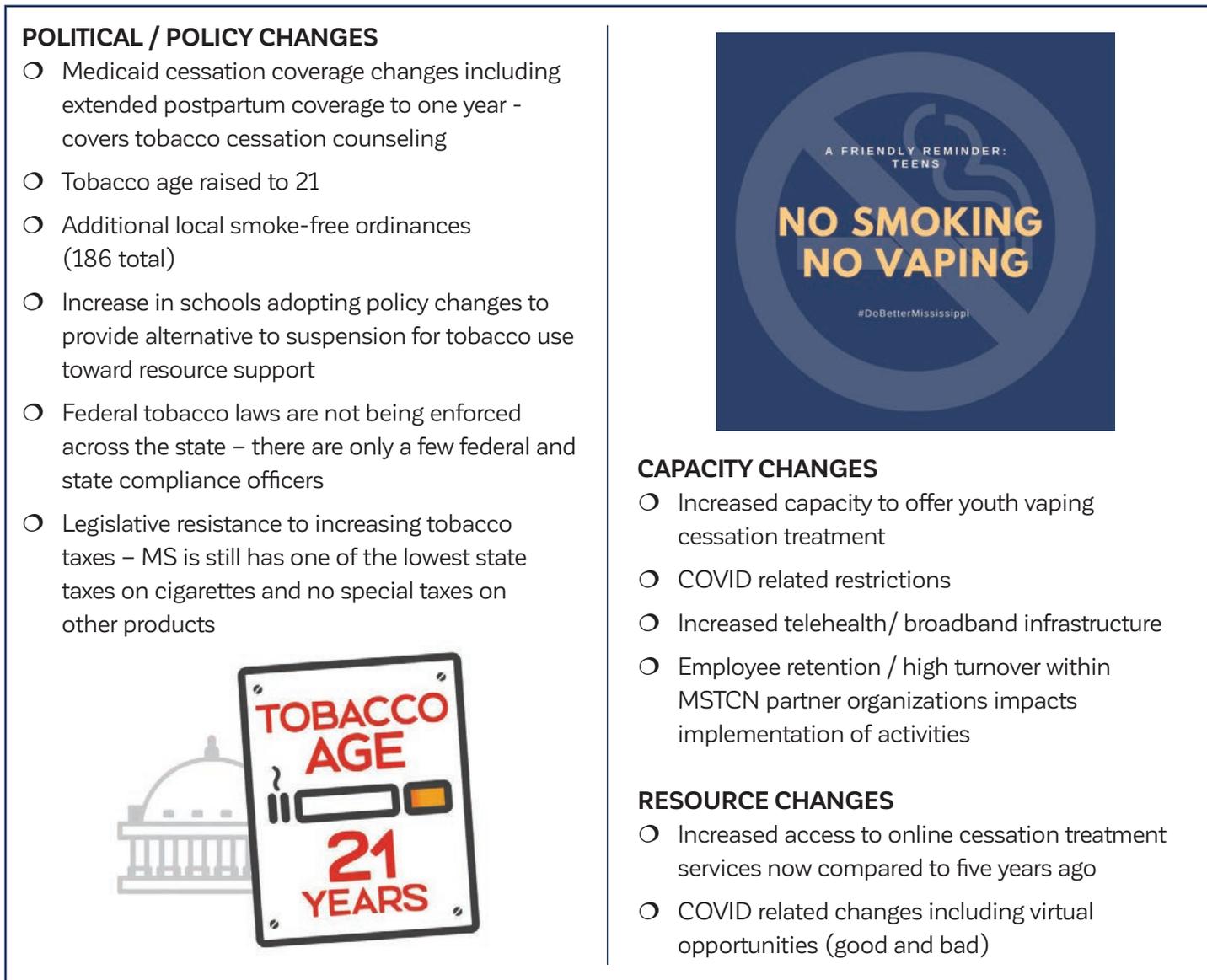
## NOTE ON LIMITATIONS OF DATA

Historically, data on the social drivers of health for African American / Black men in the Mississippi Delta tell the story of the burden of health this population faces due to inequitable access to education opportunities, low wage employment, limited transportation, historical trauma, and generational power dynamics that have limited full civic influence. Therefore, identifying this population for targeted tobacco cessation efforts over the next five year is part of a larger alignment of efforts to reduce the chronic disease burden for African American / Black men in the region. Currently, for the Mississippi Tobacco Data reporting the sample size is so small meaning the response rate is low and SSRC does not have access to county level data. The MSDH manages this data set through the BRFSS. The collection, analytics and reporting on this specific population would require an expansion of the scope of work between SSRC and MSDH therefore, comparable baseline data through the Mississippi Tobacco Data Report is unavailable. Additionally, other MSTCN partners, specifically are conducting survey and assessments on the population currently which will provide more a larger sample size. Lastly, it should be noted that data on college student usage is based on the university tobacco survey administered by the Social Science Research Center and does not include responses from all four-year universities. Several historically black colleges and universities in the state do not participate in the survey.

# UNDERSTANDING CHANGES IN THE PUBLIC HEALTH LANDSCAPE

An environmental scan is a systematic approach to identifying and analyzing external factors that could impact the strategies and outcomes of an organization or coalition effort. For the MSTCN, this involved examining changes in the political landscape, resource shifts, trends or needs, and capacity. Partners of the MSTCN conducted a rapid environmental scan as part of the strategic planning convening. For the MSTCN, the partners felt it was important to define infrastructure changes as capacity changes which was deemed as a way to align their focus from just changes in the healthcare system to also identifying changes in the MSTCN member organizations and efforts to ability to address social drivers. Politically, MSTCN members documented changes in legislation, government priorities, and funding related to tobacco control. This comprehensive analysis helps the network to understand the evolving landscape, anticipate challenges, and tailor strategies effectively to enhance their impact on reducing tobacco use and improving public health outcomes in Mississippi. Figure 8 below outlines the identified changes or influencing factors. It is important to note that the scan process was based on partner observations in an open discussion format.

**Figure 8. 2024 Rapid Environmental Scan**



- Schools provide electronic devices for a small fee
- Broadband access through legislation
- Quitline Text-a-Coach
- ACT Center offers tele-health services
- This is Quitting (youth cessation)
- Fixed amount allocated for OTC so the de facto money going to tobacco programs has decreased
- JUUL settlement



#### TRENDS AND OBSERVATIONS ON NEEDS

- Trend in increased vaping use
- Decrease in Quitline engagement / decrease in Quitline utilization
- Adult smoking rate has decreased

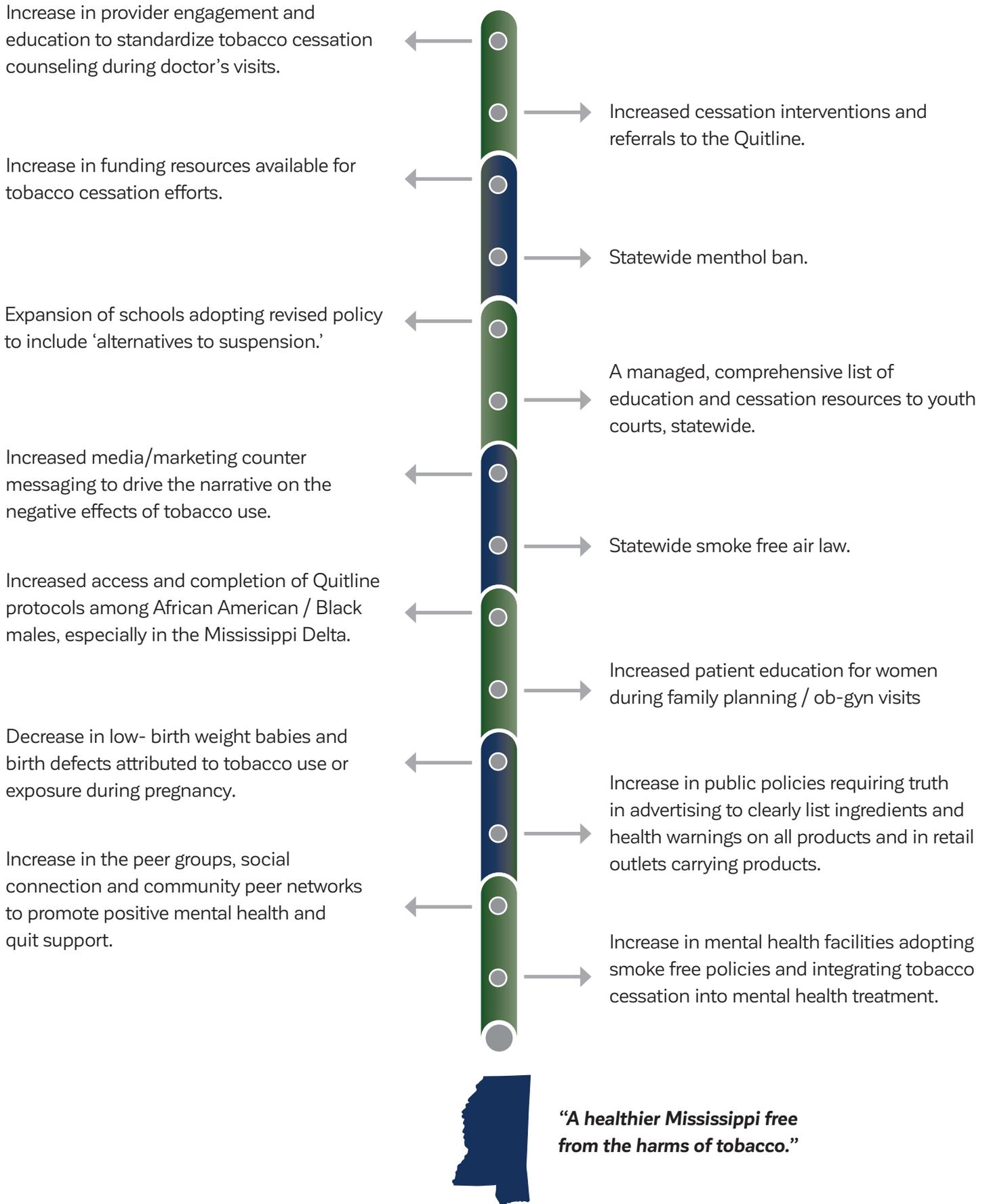
- E-cig use among youth is unchanged, but increased rate of frequency
- Need to increase tax on tobacco products
- FDA changes to menthol/e-cig products
- Lack of a statewide smoke free initiative
- Lack of enforcement rules/laws in contrast to alcohol enforcement infractions
- Decreases in adult smoking rates
- Decrease in frequency of use among youth
- Need for implementation of a statewide school nurse survey
- Begin including marijuana in printed material
- Need to fill vacancies in Mississippi Tobacco Free Coalitions in the coastal region
- Need to expand number of schools adopting supporting policies versus punitive actions for tobacco use among students
- Need to increase awareness of menthol usage
- Need for counter marketing - anti-targeting messaging
- There is still a need for additional resources for parent education on youth vaping



## ESTABLISHING A VISION FOR OUR DESIRED IMPACT

The partners of the MSTCN established as its long-term vision statement, **“A healthier Mississippi free from the harms of tobacco.”** As with any vision statement, the achievement is not time bound and specific indicators or clearly defined changes in conditions that will exist are necessary for incremental tracking of success. The MSTCN adopted the practice of defining a Practical Vision which outlines clear expectations of what will be in place at the end of the strategy period (five years) as a result of their collective efforts. These expectations of what will be in place lead us to defining the desired impact. Through a visioning exercise, partners were asked to compile a list of changes or achievements they expected to see in place by 2029. The Practical Vision takes into account the changes in political landscape, resources, capacity and needs identified as influencing factors during the rapid environmental scan.

**Figure 9. Practical Vision: What we expect to see in place in five years as a result of our efforts**



# 2024 – 2029 GOALS

## **GOAL 1:** **Build Statewide Capacity to Support Tobacco Cessation**

- **Objective 1.1:** Strengthen and maintain the capacity of Mississippi Tobacco Free Coalitions statewide to implement multi-sector, local level strategies.
- **Objective 1.2:** Develop a comprehensive [online] resource hub with tools, materials, and support networks to assist communities and individuals in tobacco cessation efforts.
- **Objective 1.3:** Cultivate and retain qualified public health professionals at the state and local level to support the implementation and resourcing of tobacco cessation efforts statewide.

## **GOAL 2:** **Implement Policy and System Changes That Support the Health of All Mississippians**

- **Objective 2.1:** Advocate for the enactment of state-level smoke-free workplace laws to protect workers from secondhand smoke exposure by the end of the 2027.
- **Objective 2.2:** Partner with primary care providers to strengthen integration of tobacco cessation counseling and resources into doctor's visits for both adult and teen patients.
- **Objective 2.3:** Collaborate with school districts, juvenile courts, and local government leaders to increase the number of middle and high schools that adopt policies to provide resource alternatives to suspension or criminalization of students and reduce student exposure to secondhand smoke.
- **Objective 2.4:** Collaborate with post-secondary institutions, community organizations, and mental health facilities to incorporate tobacco prevention and cessation education into school curricula and programs.

## **GOAL 3:** **Reduce Tobacco Use Among Target Populations**

- **Objective 3.1:** Expand comprehensive educational programs that increase awareness about the dangers of tobacco use among youth, aiming to reduce the prevalence of tobacco use and exposure in middle, high school, and college students.
- **Objective 3.2:** Implement culturally tailored outreach initiatives to engagement and support tobacco cessation among populations that have a high burden of health including low-income communities, rural communities, and racial / ethnic minority communities.
- **Objective 3.3:** Increase public education and outreach focused on the specific risks of tobacco exposure for women and provide accessible cessation resources that will help reduce tobacco exposure among women of reproductive age.
- **Objective 3.4:** Integrate tobacco cessation support into mental health services, ensuring that all patients receiving mental health care have access to the resources necessary to support reduced tobacco usage.

## GOAL 4: Promote Public Initiatives that Address the Social, Economic, and Environmental Factors Contributing to Tobacco Use

- **Objective 4.1:** Advocate to establish and enforce state and local policies that promote healthy conditions for those living in traditionally under-resourced communities.
- **Objective 4.2:** Raise public awareness about the social drivers of health related to tobacco use and promote policies and resources that address economic, educational, and environmental factors contributing to tobacco dependence.
- **Objective 4.3:** Strengthen alignment between healthcare providers and community resources that can help reduce the social and economic burden experienced by those in low-income or rural communities, racial / ethnic minorities, and those with mental health needs.



## ALIGNING METRICS FOR SUCCESS WITH DATA COLLECTION

GOAL	METRICS
<b>Goal 1:</b> <b>Build Statewide            Capacity to Support            Tobacco Cessation</b>	<ul style="list-style-type: none"> <li>○ Number of funded MFTCs – ensuring all 82 counties have staffed MFTCs</li> <li>○ Dollar amount of funding to support local tobacco cessation efforts</li> <li>○ Establishment of hub and number of resources accessed through the hub</li> <li>○ Number of actively engaged MSTCN members / diversity of sector representation</li> <li>○ Retention rate of MSDH, and MSTCN tobacco specific staffing</li> </ul>
<b>Goal 2:</b> <b>Implement Policy and            System Changes That            Support the Health of All            Mississippians</b>	<ul style="list-style-type: none"> <li>○ Adoption / passage of state smoke free law</li> <li>○ Number of employers adopting smoke-free workplace laws annually</li> <li>○ Number of provider and social service provider referrals to the Quitline</li> <li>○ Number of schools or districts adopting alternative policies</li> <li>○ Reduction in the number of out-of-school days or court referrals due to tobacco use</li> <li>○ Percentage of students (middle, high, and college) reporting exposure to secondhand smoke</li> <li>○ Percentage of students (middle, high, and college) reporting any tobacco use in the past 30 days</li> <li>○ Number of mental health / substance use disorder facilities and providers that report changes in counseling practices or smoke free facility policies</li> </ul>

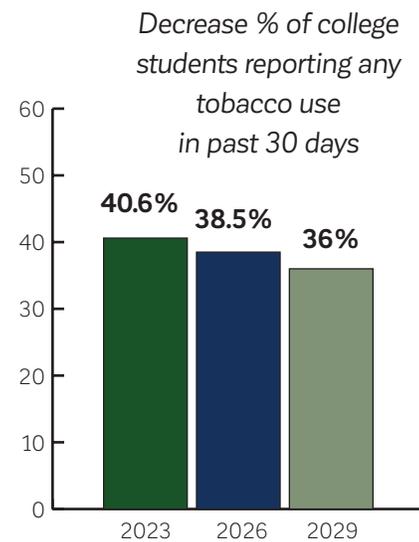
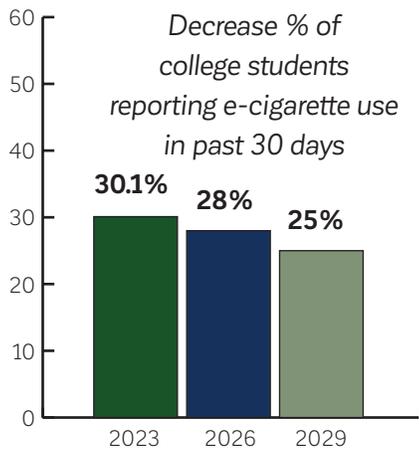
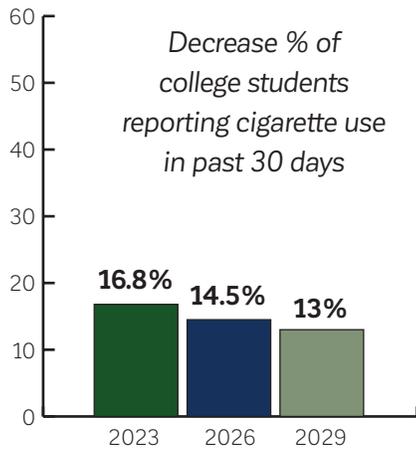
GOAL	METRICS
<p><b>Goal 3:</b>  <b>Reduce Tobacco Use Among Target Populations</b></p>	<ul style="list-style-type: none"> <li>○ Number of students (middle, high, and college) reporting any tobacco use in the past 30 days</li> <li>○ Frequency of any tobacco use among students (middle, high, college) in the past 30 days</li> <li>○ Number of quit attempts among African American / Black males, particularly in the Mississippi Delta</li> <li>○ Number of referrals to Quitline by mental health providers</li> <li>○ Number of people self-reporting mental health needs or disorders that access Quitline resources</li> <li>○ Number of people with chronic disease reporting tobacco use</li> <li>○ Number of pregnant women or postpartum women reporting tobacco use three months before pregnancy</li> </ul>
<p><b>Goal 4:</b>  <b>Promote Public Initiatives that Address the Social, Economic, and Environmental Factors Contributing to Tobacco Use</b></p>	<ul style="list-style-type: none"> <li>○ Number of local smoke free ordinances</li> <li>○ Number of employers adopting smoke free workplace policies</li> <li>○ Number of adults that report workplace exposure to secondhand smoke</li> <li>○ Number of housing units covered by smoke free policies</li> <li>○ Number of Mississippians that have access to tobacco cessation resources through Medicaid</li> <li>○ Number of MSTCN partners, primary care providers, or community service providers reporting patient referrals to supportive resources such as child care, transportation, or economic mobility services</li> </ul>



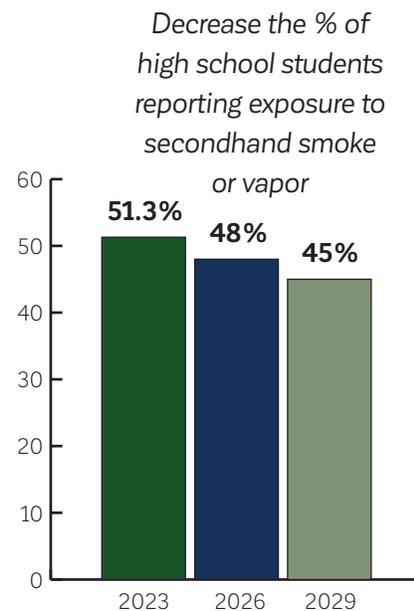
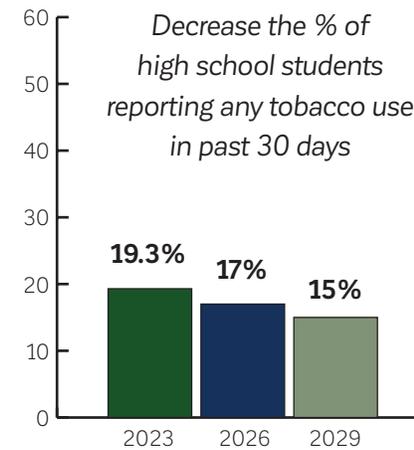
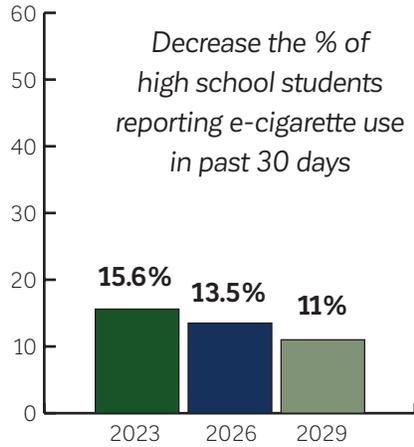
# HIGHLIGHTED MEASURES OF SUCCESS FOR 2029

## Highlighted Measures for Goal 2

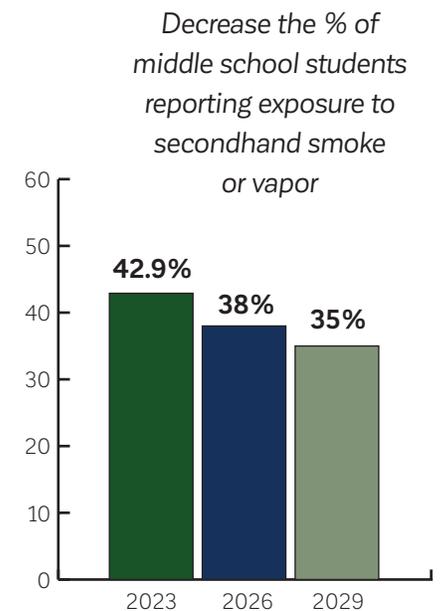
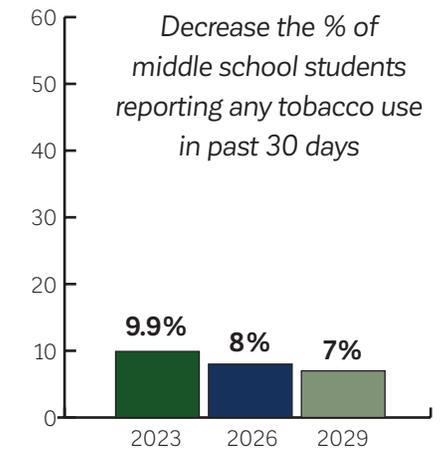
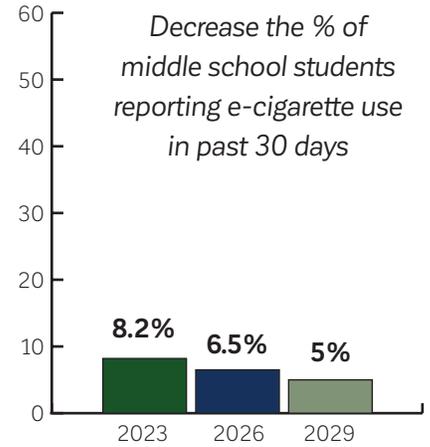
### COLLEGE STUDENTS



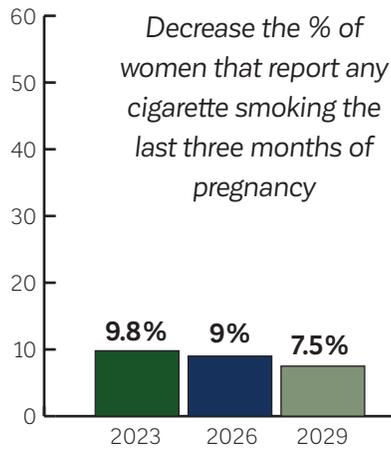
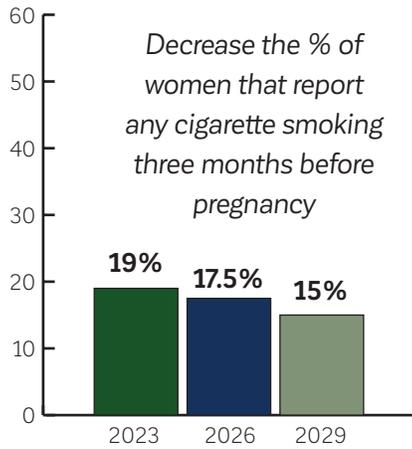
### HIGH SCHOOL STUDENTS



### MIDDLE SCHOOL STUDENTS

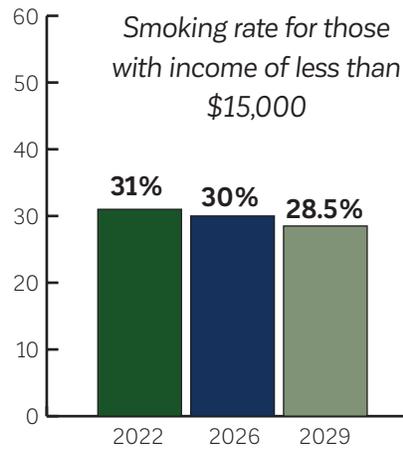
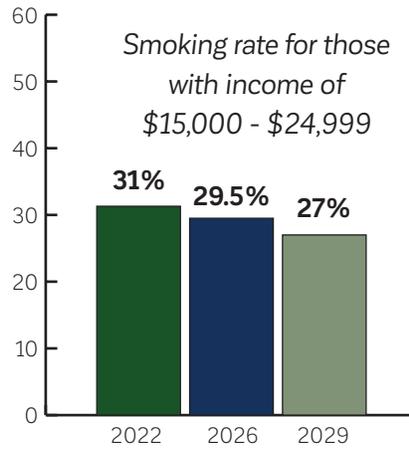


## PREGNANT WOMEN / POSTPARTUM WOMEN



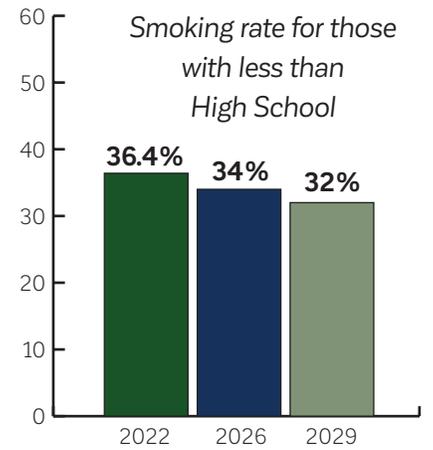
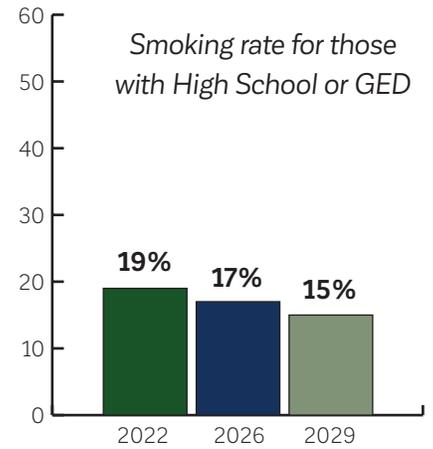
## INCOME LEVEL

Decrease the smoking rate of individuals with income of \$24,999 or less

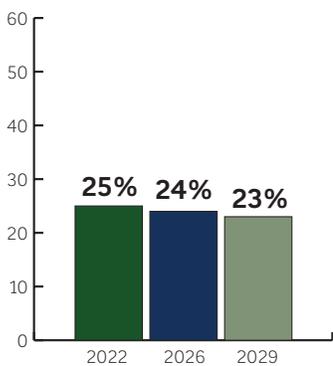


## EDUCATION LEVEL

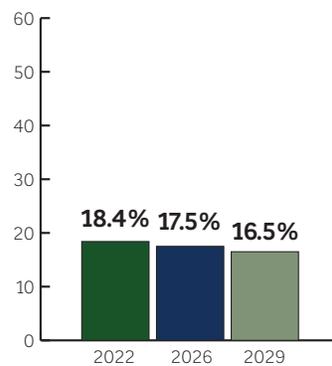
Decrease the smoking rate of individuals with High School / GED or less than High School education



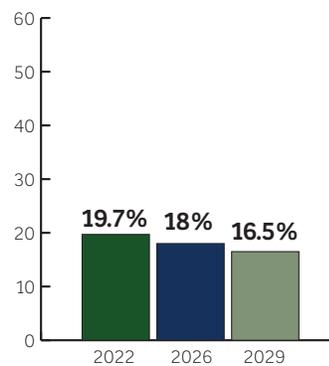
## HIGH CHRONIC DISEASE BURDEN



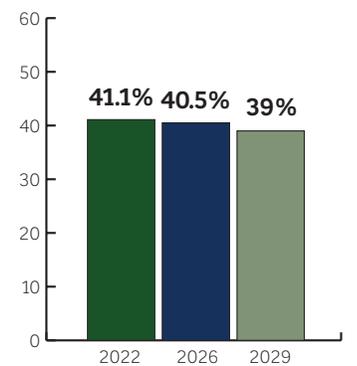
Decrease the smoking rate for adults with cardiovascular disease



Decrease the smoking rate for adults with diabetes



Decrease the % of adults with asthma that report they currently smoke



Decrease the smoking rate for adults with COPD

# DEFINING OUR STRATEGIC ACTIONS

## Key Actions And A Timeline Of Actions To Support Implementation

STRATEGIC ACTIONS	IMPLEMENTATION TIMELINE (Start)
<b>Goal 1: Build Statewide Capacity to Support Tobacco Cessation</b>	
Increase access to disaggregated data by race and gender at the county level for use in the Mississippi Tobacco Data reporting.	2024 – Q4 calendar year
Secure additional funding through grants, state funding, and settlement dollars to increase the ability to implement expanded cessation efforts at the local level.	2025
Identify potential partners and state agencies missing from the MSTCN that may provide opportunities to leverage efforts and resources.	2024 – Q3 calendar year
Identify the reasons MTFC vacancies are more difficult to fill in certain areas of the state.	2024 – Q3 calendar year
Explore the feasibility of establishing cessation hubs or regional cessation support centers.	2025
Launch and host ongoing conversations at the state agency level to discuss employee retention and identify opportunities to implement system level changes that will help attract and retain qualified employees.	2025
Restructure the MSTCN and explore ways to provide honorariums or grants to organizations whose representatives serve as action committee co-chairs.	2024 – Q3 calendar year
<b>Goal 2: Implement Policy and System Changes That Support the Health of All Mississippians</b>	
Increase promotion of the availability of Quitline services.	2024 – Q4 calendar year
Increase promotion of TTS workshops and other cessation trainings.	2025
Expand partner organization engagement to increase promotional reach.	2024 – Q3 calendar year
Increase community education on harmful effects and disparities in menthol cigarette promotion.	2025
Collaborate with traditional and non-traditional partners to increase promotion of the availability of cessation treatment services.	2025
Increase parent engagement and awareness around the need for ‘alternatives to suspension’ in school districts statewide.	2024 – Q3 calendar year

STRATEGIC ACTIONS	IMPLEMENTATION TIMELINE (Start)
Increase awareness regarding emerging products and trends for youth vaping among school administration, teachers, and parents).	2025
Identify and promote evidence-based policy language that supports education and treatment vs penalizing youth caught with nicotine/vaping products.	2024 – Q3 calendar year
Support for advocacy partners regarding implementation of a statewide smoke free law.	2025
Collaborate with the Division of Medicaid to ensure Medicaid beneficiaries have access/ utilization to ensure services.	2024 – Q3 calendar year
Increase partnerships and promotion to marginalized groups (expanding membership in MSTCN).	2024

### Goal 3: Reduce Tobacco Use Among Target Populations

#### Target Population: Pregnant Women, Moms, Women of Child-birthing Age

Establish a partnership with the March of Dimes to align efforts related to tobacco use and birth defects.	2024 – Q3 calendar year
Expand education on the Baby & Me program. Work with the program officials to produce expanded materials and a dissemination strategy.	2025
Initiate a program to connect pregnant women and social workers/counselors for high-risk services.	2025
Strengthen partnerships with regional mental health centers and support organizations providing assistance to postpartum women.	2025
Increase pregnancy educational commercials on local tv channels, pregnancy magazines, online blog groups- pregnancy.	2025
Increase development of ready-to-go messages for partners to share in their networks.	2025
Establish a partnership with MomMe, MAMA, Diaper Bank of the Delta, and Let’s Talk Baby Café.	2025
Collaborate with MSDH WIC Program, MSDH Healthy Moms/Healthy Babies Program, MS Division of Medicaid (DOM) and its Managed Care Organizations (Molina, United Healthcare, Centene, and other identified groups) to provide mothers with tobacco cessation information and resources.	2024 – Q4 calendar year
Partner with Federal Qualified Health Centers promote tobacco cessation counseling in all pre-natal and postpartum visits and provide direct referral to cessation services when needed.	2024 – Q4 calendar year

STRATEGIC ACTIONS	IMPLEMENTATION TIMELINE (Start)
Increase partnerships with retail vendors to post anti-tobacco materials targeting moms or moms-to-be.	2025
Identify if there are states that have taken action against vaping companies specific to the impact of vaping and secondhand vaping on pregnant women.	2024 – Q4 calendar year
<b>Target Population: Mississippians with mental illness or mental health disorders</b>	
Strengthen the relationship with the Department of Mental health to formalize opportunities to leverage resources and expand reach.	2024 – Q4 calendar year
Remove barriers to billing for cessation incentives.	2025
Work with mental health providers to co-design protocol support for integrating tobacco cessation into mental health treatment.	2025
Disseminate information on medication interaction and tobacco use.	2025
Identify mental health facilities willing to participate in implementing smoke free facility policies and documentation of impact.	2025
Explore funding to support mental health facilities that are willing to implement smoke free practices (funding to support education materials, advertising, training sessions, Quitline cards).	2025
Explore smoke-free ban to include all mental health facilities.	2025
Expand the scope of work for identified grantees to include mental health dissemination efforts.	2025
Expand incentives to encourage clinicians to collect patient information on tobacco use.	2025
<b>Target Population: African American / Black men in the MS Delta</b>	
Ensure dissemination of more digitally-formatted awareness and educational messaging to reach the intended audience.	2025
Build more asset-based language into outreach strategies. Trauma, negative messaging, and deficit-based messaging is too prevalent.	2025
Examine our approach assumptions that the needs of the population are linear, one dimensional or generalizations.	2025
Implement outreach strategies that engage African American / Black men in peer conversations and in the places where they spend time.	2025

STRATEGIC ACTIONS	IMPLEMENTATION TIMELINE (Start)
Understand the stigma and distrust that still exists in seeking health care / mental health resources and increase the trusted champions that can facilitate health improving behaviors.	2025
Strengthen tobacco polices and invest in advocacy capacity building for African American / Black men to be leaders in influencing the elimination of targeted advertising in retail sites in communities of color.	2025 / 2026
Develop trusted linkages and support groups to help African American / Black men manage social stressors.	2025
Update the level or lens of “cultural competency” used in developing public health campaigns or materials. Strengthen the language and incorporate training on the tactics of menthol targeted advertising / videos.	2025
Collaborate with MSDH Cancer Program to partner on health education campaigns.	2025
Expand county level data on the target population and consider a more direct qualitative approach to needs assessment for the population.	2025
Explore the use of technology, sports events, and other messaging that cuts the soft, surface language to reach the population.	2025
<b>Target Population: Middle and High School Students</b>	
Update the language and messaging in youth outreach materials to address frequency of use in addition to prevention, also to reflect the changes in popular culture.	2025
Educate legislators about licensing and fees for selling tobacco product to minors. Continue to collaborate with the MS Attorney General’s Office.	2025
Build youth coalitions and provide training for students to be policy advocates in supporting alternatives to disciplinary action.	2025
Work with school boards and principals to identify what is needed to support prevention activities on their campuses.	2025
Advocate for the use of JUUL settlement funds to be applied to youth tobacco cessation efforts.	2025
Engage parent teacher organizations and build local level champions to promote tobacco cessation and policy change in schools.	2025
Review the current youth engagement approaches with our OTC programs to identify opportunities to integrate innovations or new approaches to meaningful engagement.	2025

STRATEGIC ACTIONS	IMPLEMENTATION TIMELINE (Start)
Continue efforts to decriminalize tobacco use.	2025
Identify other community organizations that focus on engagement such as voter education organizations, youth leadership development groups, youth workforce development organizations to integrate smoke free policies as a capstone or leadership development focus.	2025

**Goal 4: Promote Public Initiatives that Address the Social, Economic, and Environmental Factors Contributing to Tobacco Use**

**Target SDOH: Individuals with Low-Income and / or Lower Education Level**

Move away from campaign only approaches because they are commonplace in public health. Explore the national evidence-base and identify innovations that may be promising practices that reflect the uniqueness of Mississippi.	2025
Increase the reach of MTFC Project Directors to expand engagement with disparate populations.	2024 – Q4 calendar year
Identify available disaggregated data to understand the age group, gender, and geographic pockets where both low education and low-income smokers are located.	2025
Increase engagement with existing organizations that currently provide services to disparate populations.	2024 – Q4 calendar year
Increase the availability of in-depth training on cultural competency to address the needs of the population.	2025 /2026
Work with partner organizations that engage disconnected youth populations that are unemployed and not enrolled in an education program ages 16 – 24 to engage and align efforts to connect them with economic mobility resources and health resources.	2025
Develop segmented marketing for populations with significant nicotine/vaping prevalence.	2025/2026
Leverage the CDC TIPS campaign using innovative strategies.	2024 – Q4 calendar year

## CLOSING

This five-year strategic plan for tobacco cessation is a dynamic and evolving blueprint designed to adapt to the changing landscape of public health in Mississippi. As a living document, it will be reviewed annually by contributing partners to ensure that the strategies remain relevant and effective in addressing the complex and multifaceted challenges of tobacco use in Mississippi. Recognizing the need to expand access to data for the evaluation team, the MSTCN and MSDH Office of Tobacco Control are committed to developing robust mechanisms to better capture and communicate the impact of our efforts. This will allow partners to tell a more compelling story about the successes and areas for improvement, fostering transparency and accountability. In finalizing this plan, tobacco control stakeholders acknowledge that the complex intersectionality of social, economic, and environmental conditions that influence health outcomes in Mississippi are not solely controlled or influenced by the MSTCN and MSDH OTC. The effectiveness of strategic actions will be strongly driven by the ability of key partners to collaborate in more meaningful ways, leveraging of non-traditional resources, moving past comfortable approaches to truly address root causes, and creating spaces for innovative promising practices that contribute to a new evidence base. The MSTCN will continue to serve as the implementation and accountability coalition during the defined strategy period.

For more information on the Mississippi Tobacco Control Network or the 2024-2029 tobacco control strategy framework please contact the Mississippi State Department of Health, Office of Tobacco Control [www.healthmys.com](http://www.healthmys.com).

# APPENDIX: FUNDED PARTNERS

## Youth Prevention and Cessation Programs

- **Caffee, Caffee, and Associates Public Health Foundation (CCAPHF), Inc.** works to implement the state's Youth Tobacco and Vaping Initiation Prevention Program to empower youth disproportionately affected by all forms of tobacco and Electronic Nicotine Delivery Systems. The activities are centered around three pathways: youth engagement, tobacco-free community, and brand affinity to address policy, systems, and environmental change
- **Fahrenheit Creative Group (FCG)** works to educate youth about the dangers of tobacco/vaping products by developing youth in meaningful activities to build critical skills and protective factors and empower youth to support comprehensive tobacco control efforts in their communities. This organization provides a full range of strategic, creative, and equitable project services. FCG will leverage both their experience supporting tobacco prevention and smoke-free policy efforts as well as their knowledge of developing initiatives that support positive change in low-income communities, rural communities, and communities disproportionately impacted by tobacco/nicotine use.
- **The Partnership for a Health Mississippi (PHM)** focuses on the promotion of the Truth Initiative's *This is Quitting* youth vaping cessation services. Additional activities are conducted within the school setting to advocate for policies that identify alternatives to suspension as disciplinary actions for those caught vaping on school properties. This approach will offer innovative, youth-led, tobacco awareness activities, events (virtual and in-person), and social media efforts within statewide school settings.
- **Truth Initiative – This is Quitting** – VAPEFREEMS provides a customized version of *This is Quitting*, a mobile vaping cessation program, to help curb e-cigarette use among teens and young adults. *This is Quitting* is a teen and young-adult focused vaping cessation text messaging program developed and maintained by the Truth Initiative. The program builds on the best scientific evidence from the combustible tobacco cessation literature, input from our partners at the Mayo Clinic Nicotine Dependence Center, and formative research with young adult current and former vapers.

## Systems Change Programs

- **Baby & Me® Tobacco Free Program** goal is to expand the availability of cessation treatment services among Mississippi women to reduce nicotine dependency within the prenatal and postpartum phases of pregnancy. Implementation supports reductions in the prevalence of premature births and low birth weights, including reducing exposure to second and third-hand smoke. The program's impact, through program fidelity and data collection, assists in reducing morbidity and mortality and improving the lives of families in Mississippi. The BMTFP online referral system offers an easy, efficient process for all MS healthcare providers to refer pregnant tobacco users to BMTFP telehealth services and for pregnant women to make self-referrals to the telehealth service.
- **Mississippi Association of Family Physician Foundation (MAFPF)** project goal is to implement the U.S. Public Health Service (USPHS) Guidelines for Treating Tobacco Use and Dependence recommendations with family physician medical students and residents to increase tobacco screenings and medical provider referrals for cessation services. The training prepares students and residents to integrate tobacco screenings into their routine practice activities once they become practicing physicians.

## Adult Cessation Programs

- **The ACT Center for Tobacco Education, Treatment and Research (ACT Center)** promotes and facilitates two (2) annual trainings for clinicians to become trained Tobacco Treatment Specialists. The five-day workshops are available statewide (virtual format). The ACT Center provides support regarding the implementation of a comprehensive Tobacco-Free Campus at UMMC sites and works to incorporate tobacco-dependence treatment practices into curricula for medical residents and promote the availability of cessation treatment services.
- **The Institute for the Advancement of Minority Health (IAMH)** works to reduce tobacco inequities among African American males (ages twelve and older) in the MS Delta River Region counties (MS Delta) by using community-based participatory approaches to join the community as full and equal partners in all process phases. This is done via building strategic partnerships with key community stakeholders in the most impactful and meaningful ways to address tobacco cessation and reduce use prevalence among black males.
- **The Mississippi Quitline (Vendor: RVO Health)** supports the state's Quitline capacity by providing nicotine treatment services for adult residents of the state. The availability of services includes telephone-based counseling and digital-based technologies like Text-to-Coach, email services, web services, and Nicotine Replacement Therapy (NRT). For registered referring clinicians, the Quitline provides participant reporting services to include status on enrollment, progress, NRT use, and quit status.

## Community Programs

- **The Mississippi Tobacco-Free Coalition (MTFC)** Directors oversee the development, administration, and implementation of the community programs outreach in each county in the state. The activities implemented include awareness, education, capacity building, community mobilization, healthy linkages for continuum of care, training, presentations, advocacy/policy education, communication activities, cessation efforts, and the development of a diverse Community Coalition. The coalition will consist of professions from a broad range of disciplines to ensure varying perspectives to guide the tobacco control strategies.



