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Mississippi Profile : A review of Mississippi's tobacco prevention and control program

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The **Mississippi**

P R O F I L E

A review of Mississippi's
tobacco prevention and
control program
April 2003

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Executive Summary

Project Overview

The Center for Tobacco Policy Research at the Saint Louis University Prevention Research Center is conducting a three-year project examining the current status of 10-12 state tobacco control programs. The project aims to: 1) develop a comprehensive picture of a state's tobacco control program; 2) examine the effects of political, organizational, and financial factors on state tobacco control programs; and 3) learn how the states are using the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. This Profile has been developed as a resource for tobacco control partners and policymakers to use in their planning and advocacy efforts. It presents both quantitative and qualitative results collected in March and April 2003. All information presented reflects fiscal year 2003 unless otherwise noted.

Summary

Dedicated tobacco control partners, adequate funding, and strong leadership from the Partnership for a Healthy Mississippi (The Partnership) contributed to Mississippi turning a two-year pilot project into a model tobacco control program. Effective youth programs, a strong community coalition structure, and a comprehensive approach are just some of the many characteristics that have moved Mississippi to the forefront of tobacco control and have already impacted tobacco use prevalence rates. Despite the challenging political and financial climates, Mississippi continues to improve and expand their program.

Financial Climate

In 1997, Mississippi settled with the tobacco industry, prior to the multi-state Master Settlement Agreement. The Partnership receives \$20 million annually from the tobacco settlement. Mississippi dedicated approximately \$20.4 million to tobacco control in FY03, meeting 108% of the CDC's minimum recommendation for an effective tobacco

control program. Counter-marketing programs received the most funding at 26%, while school, cessation, community, and statewide programs each received 13% to 14% of the tobacco control funding. Mississippi's tobacco control funding was viewed as adequate and partners felt the state was fortunate to receive such a generous amount. Partners frequently mentioned the efforts to resolve Mississippi's budget crisis as a potential challenge to the program.

Political Climate

Partners had difficulty characterizing the political climate in Mississippi. It was often described as polarized where people were either for or against tobacco control. Majority of partners felt that Governor Musgrove offered little or no support for tobacco control. They were split as to how supportive the Legislature was for tobacco control. Attorney General Michael Moore was viewed as a strong tobacco control champion due to his efforts in the State's lawsuit with the tobacco industry and supporting the tobacco control program. Many partners were concerned about the effect Attorney General Moore's upcoming retirement would have on the tobacco control program. The strong presence of the tobacco industry, the state's budget crisis and the deep-seated belief in personal rights were challenges for the program.

Capacity & Relationships

Partners felt they received a lot of support for their tobacco control efforts from their agencies' leadership as well as from other partner agencies. Training opportunities, the availability of physical resources, the internal communication network, and the internal decision-making process in their agencies were considered facilitating partners' tobacco control efforts. Partners mentioned several

characteristics of The Partnership that facilitated the tobacco control program including staff, The Partnership's non-government agency status, and their consistent evaluation of their activities. Mississippi's tobacco control network was viewed as effective. Partners felt they had good working relationships and the organizations were working towards common goals and objectives. Community coalitions were considered an important part of the network due to their role with youth, educating the community on second-hand smoke, and collaboration with faith-based organizations.

Best Practices

Mississippi tobacco control advocates used the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP) as a resource in implementing programs and as a financial guide. Partners felt that school programs should be the highest priority in Mississippi, closely followed by community programs, while chronic disease and enforcement programs were ranked as lower priorities. Identified strengths of the BP included proven practices, provides a model to follow, ensures everyone is working towards the same goal, and emphasizes a comprehensive approach. Improvements suggested were to provide more explicit illustrations of each of the categories, which would create a more understandable document.

Program Goals

Partners agreed that reducing youth tobacco use and decreasing the social acceptability of tobacco use were appropriate priorities for Mississippi. Emphasizing policy work regarding clean indoor air and addressing cessation for adults were suggested changes to the goals. Partners felt there were some challenges with a few of the youth programs, but overall the programs had been successful in Mississippi. Though the passage of statewide clean indoor air legislation had not occurred, partners felt they were successful in bringing awareness to the issue. They felt more staff, increased collaboration with other agencies, and more resources for youth programs would help their agencies meet the priority goals.

Disparate Populations

The Partnership identified young white females, Africans Americans in the Delta region, and private schools as having significant tobacco-related disparities. Partners agreed that the three populations were high priorities for Mississippi. Some suggested that Native Americans should also be targeted. Strategies were in place for addressing these populations and tobacco use rates had dropped in private schools and among young white females. Many partners felt it was difficult to address disparate populations in the BP because of the wide variation of populations and strategies across states.

Program Strengths & Challenges

Partners identified the following strengths and challenges of Mississippi's tobacco control program:

- Partners considered the comprehensiveness of Mississippi's tobacco control program a strength.
- Adequate funding for Mississippi's tobacco control program was also considered a significant strength of the program. However, due to receiving a set budget every year, some partners felt other funding sources would be needed as the program continues to grow.
- Several partners mentioned the State Legislature as being a challenge for the program due to the difficulty in passing the statewide clean indoor air law and having to show accountability to the Legislature.
- Communication and collaboration among partners was also mentioned as a challenge.



Introduction

Methods

Information about Mississippi's tobacco control program was obtained in the following ways: 1) a survey completed by the Partnership for a Healthy Mississippi (The Partnership) that provided background information about the program; and 2) key informant interviews conducted with 17 tobacco control partners in Mississippi. The Partnership was asked to identify partner agencies that played a key role in the state tobacco control program and would provide a unique perspective about the program. Each partner participated in a single interview (in-person or telephone), lasting approximately one hour and 15 minutes. The interview participants also had an opportunity to recommend additional agencies or individuals for the interviews. The following partners participated in the interviews:

- The Partnership for a Healthy Mississippi
- American Cancer Society
- American Lung Association
- Frontline State Board
- Girl Scouts of Gulf Pines
- Information and Quality Healthcare
- Maris, West & Baker
- Mississippi Smokeless States Alliance
- NOT HERE
- Office of the State Attorney General
- Partnership for a Healthy Attala
- Partnership for a Healthy Coahoma
- Partnership for a Healthy Jackson County
- Partnership for a Healthy Warren/
Claiborne Counties
- State Department of Health

- University of Mississippi Medical Center
- University of Southern Mississippi

Results of this Profile are based on an extensive content analysis of qualitative data as well as statistical analysis of quantitative data.

Profile Organization

The project logic model used to guide the development of this Profile is organized into three areas: 1) facilitating conditions; 2) planning; and 3) activities.

Rationale for Specific Components

Area 1: Facilitating Conditions

Money, politics, and capacity are three important influences on the efficiency and efficacy of a state's tobacco control program. The unstable financial climates in states have a significant impact on tobacco control funding. Many state tobacco control programs receive little or no MSA funding for tobacco control and are adversely impacted by state budget crises and securitization. In conjunction with the financial climate, the political support from the Governor and State Legislature, and the strength of the tobacco control champions and opponents have a significant effect on the program. Finally, the organizational capacity of tobacco control partners and the inter-agency relationships are also important characteristics to evaluate. While states can have adequate funding and political support, if the partners' capacity and the cohesiveness of tobacco control network are not evident then the success of the program could be impaired.

Area 2: Planning

Tobacco control professionals have a variety of resources available to them. Partners may find it helpful to learn what resources their colleagues are utilizing. The *CDC Best Practices for Comprehensive Tobacco Control Programs* (BP) is evaluated extensively due to its prominent role as the planning guide for states. Learning how the BP guidelines are being implemented and identifying the strengths and weaknesses will aid in future resource development.

Area 3: Activities

Finally, the outcome of the areas 1 and 2 is the actual activities implemented by the states. The breadth and depth of state program activities and the constraints of the project precluded an extensive analysis of the actual program activities. Instead, two specific areas were chosen to provide an introduction to the types of activities being implemented. These two areas were: the state’s top two priority programmatic or policy goals for the current fiscal year

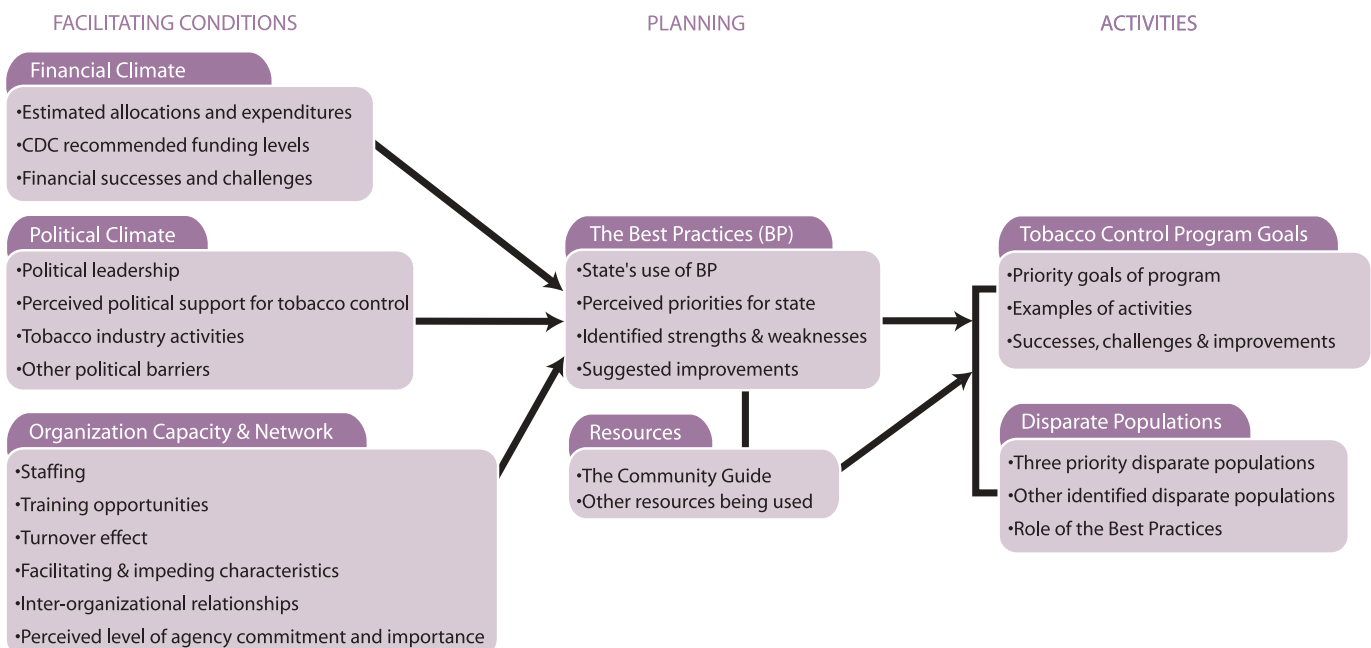
(e.g. passing ETS legislation, implementing cessation programs) and the emphasis on disparate populations (e.g. identifying and addressing disparate populations).

Additional Information

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants’ confidentiality, all identifying phrases or remarks have been removed. At the end of each section, the project team has included a set of suggested approaches. These suggestions are meant to provide the partners with ideas for continuing and/or strengthening their current tobacco control efforts.

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The Best Practices Project Conceptual Framework



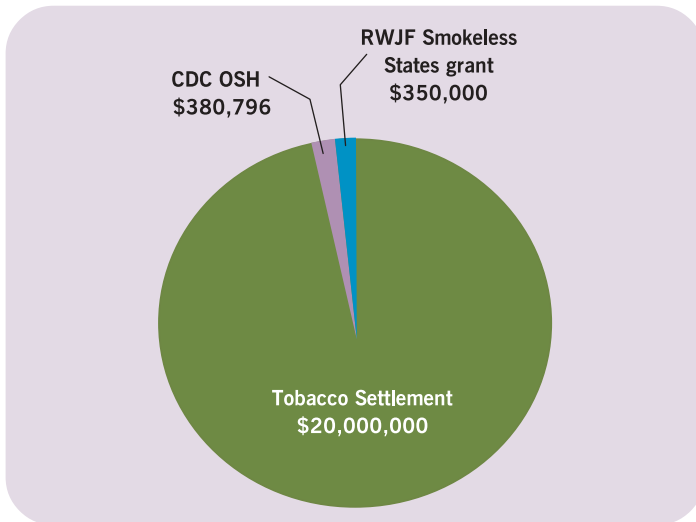


Financial Climate

Section Highlights

- ▶ Prior to the 1998 Master Settlement Agreement, Mississippi settled with the tobacco industry in 1997. Approximately \$20 million annually is court ordered to The Partnership for a Healthy Mississippi from the state's tobacco settlement.
- ▶ Mississippi dedicated approximately \$20.4 million to tobacco control in FY03, meeting 108% of the CDC's minimum recommendation for an effective tobacco control program.
- ▶ Counter-marketing programs received the most funding at 26%, while school, cessation, community, and statewide programs each received 13% to 14% of the tobacco control funding.
- ▶ Mississippi's tobacco control funding was viewed as adequate and partners felt the state was fortunate to receive such a generous amount.
- ▶ Partners were concerned with the Legislature's efforts to resolve Mississippi's budget crisis with tobacco funds.

Tobacco control funding sources, FY 2003



CDC funding recommendations & The Partnership estimated expenditures, FY 2003

Best Practices Category	CDC Lower Recommendation	Estimated Expenditures	Status (+/-) ^a
Cessation Programs	\$2,896,000	\$2,853,311	+
Chronic Disease Programs	\$2,824,000	\$611,424	-
Community Programs	\$2,762,000	\$2,649,503	+
Counter-Marketing	\$2,731,000	\$5,299,007	+
School Programs	\$2,706,000	\$2,853,311	+
Surveillance & Evaluation	\$1,634,000	\$611,425	-
Enforcement	\$1,325,000	\$1,426,656	+
Statewide Programs	\$1,093,000	\$2,649,503	+
Administration & Management	\$817,000	\$1,426,656	+
Total	\$18,788,000	\$20,380,796^b	+

^a(-) = below CDC recommendation

(+) = meets CDC recommendation

^b Funding from RWJF (\$350,000) is not included in estimated expenditures. RWJF Smokeless States grant is received by the Mississippi Smokeless States Alliance.

Mississippi Settlement

Before the multistate Master Settlement Agreement, Mississippi settled with the tobacco industry in 1997. An annual payment between \$136 million and \$255.7 million was to be paid to the state. In 2000, the Jackson County Chancery Court ordered that \$20 million from the state's tobacco settlement annually fund a comprehensive tobacco control program. An independent agency, The Partnership for a Healthy Mississippi, was established to oversee the program. The remaining balance was placed in the Health Care Trust Fund. Only the interest from the Trust could be allocated by

the Legislature. However, recently funds have been diverted from the Health Care Trust to aid in balancing the state’s budget.

FY 2003 Funding

In FY 03, Mississippi dedicated approximately \$20.4 million (\$7.29 per-capita) to tobacco control, meeting 108% of the CDC’s minimum recommendation for an effective tobacco control program in Mississippi. The tobacco settlement provided the majority of funding (\$20 million), with further funding from the CDC Office on Smoking and Health. In addition, Mississippi Smokeless States Alliance received a Smokeless States grant from the Robert Wood Johnson Foundation.

According to The Partnership’s estimated FY 03 expenditures, counter-marketing programs received the most tobacco control funding at 26%. School and cessation programs each received 14% while community and statewide programs received 13% apiece. When comparing these estimated expenditures to the CDC’s funding allocation recommendations, Mississippi met or exceeded the recommendations for all programs except chronic disease programs and surveillance and evaluation.

Successes & Challenges

The following influences on the financial climate of tobacco control were identified:

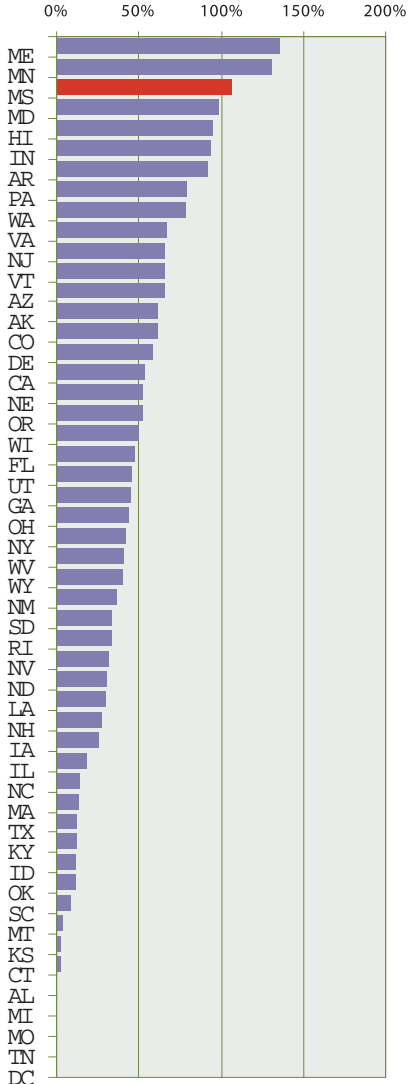
Tobacco Control Program Funding

Partners felt that Mississippi was fortunate to receive its current level of funding and that it was adequate to do tobacco control programming. However, additional funding was viewed as always being beneficial to the program.

Twenty million dollars a year is the right projection for what we need to do it [tobacco control] effectively. I think CDC is right on target where there is a threshold level of funding that you must have in order to really make a difference. And I think for us we’ve proven that 20 million and using it effectively does indeed make a difference.

We’ve been very blessed in the fact that we have a court order mandate allowing Mississippi a certain amount of the tobacco settlement money each year. Certainly if there were more money we could do bigger and better things but as far as the allotment we have here in Mississippi we’re sitting where CDC thinks we should be sitting.

Where does Mississippi rank?
The percentage of CDC lower estimate funding allocated for tobacco control in FY 2003



Source: Campaign for Tobacco-Free Kids, 1/03

Cigarette excise tax rates
2003

State	Excise Tax
CT	\$1.510
MA	\$1.510
NJ	\$1.500
NY	\$1.500
RI	\$1.500
WA	\$1.425
HI	\$1.300
OR	\$1.280
MI	\$1.250
VT	\$1.190
AZ	\$1.180
AK	\$1.000
DC	\$1.000
MD	\$1.000
ME	\$1.000
PA	\$1.000
IL	\$0.980
NM	\$0.910
CA	\$0.870
KS	\$0.790
WI	\$0.770
UT	\$0.695
NE	\$0.640
WY	\$0.600
IN	\$0.555
OH	\$0.550
WV	\$0.550
SD	\$0.530
NH	\$0.520
MN	\$0.480
ND	\$0.440
TX	\$0.410
IA	\$0.360
LA	\$0.360
NV	\$0.350
AR	\$0.340
FL	\$0.339
ID	\$0.280
DE	\$0.240
OK	\$0.230
CO	\$0.200
TN	\$0.200
MS	\$0.180
MT	\$0.180
MO	\$0.170
AL	\$0.165
GA	\$0.120
SC	\$0.070
NC	\$0.050
KY	\$0.030
VA	\$0.025

Source: Campaign for Tobacco-Free Kids

Other partners believed that the current funding level inhibits the development and expansion of future programs.

We're sort of fixed at 20 million, and as inflation occurs and as things become more and more expensive, we still have to operate within those 20 million dollars. Successful programs grow, and in order for our program to grow, another program would have to be taken away from.

Mississippi budget crisis

Mississippi experienced a budget shortfall of approximately \$96.8 million in FY 03. Many partners were concerned with the state's financial situation and its impact on tobacco control. They frequently mentioned the Legislature's efforts of resolving the budget deficiencies with tobacco settlement funds.

We are in a financial crisis in Mississippi with regards to our budget, and so that certainly could impact our tobacco control, because there are Legislators in Mississippi who would like to dip into those tobacco [funds]—in fact, already have—but would like to take more of the settlement that has been received from the tobacco industry.

However, some partners believed that the tobacco control program funding would not be in jeopardy since it is protected under a court order, and Attorney General Mike Moore had been successful in guarding the funds in the past.

We face a battle every year with our Legislature trying to get our funding. However, we do have a court order to guarantee our funding each year that the state receives settlement dollars. I feel confident that that court order will stand, especially since we now have some scientific data and some numbers to prove that the program is effective.

Suggested Approaches

1. Continue to educate the Legislature on the economic benefits of a successful tobacco prevention and control program.
2. Encourage tobacco control political champions to publicly support the program.
3. Find additional avenues of funding to support future expansions of the tobacco program.



Political Climate

Section Highlights

- ▶ Partners had difficulty characterizing the political climate in Mississippi. It was often described as polarized where people were either for or against tobacco control.
- ▶ Majority of partners felt that Governor Musgrove offered little or no support for tobacco control.
- ▶ Partners were split as to how supportive the Legislature was for tobacco control.
- ▶ Attorney General Michael Moore was viewed as a strong tobacco control champion due to his efforts in the State's lawsuit with the tobacco industry and supporting the tobacco control program.
- ▶ Many partners were concerned about the effect Attorney General Moore's upcoming retirement would have on the tobacco control program.
- ▶ The strong presence of the tobacco industry, the state budget crisis and the deep-seated belief in personal rights were challenges for the program.

Mississippi's political composition, 2003 legislative session

Governor Ronnie Musgrove	Democrat
Attorney General Michael Moore	Democrat
<i>Senate</i>	
President Pro Tempore Travis Little	Republican
Party Breakdown	29 Democrats 23 Republicans
<i>House of Representatives</i>	
Speaker Timothy Ford	Democrat
Party Breakdown	84 Democrats 35 Republicans 3 Independents

Political Climate

Characterizing Mississippi's political climate regarding tobacco control was difficult for partners. Many described it as polarized where either people were for or against tobacco control with no middle ground.

My personal opinion is that we're kind of a seesaw. We don't really have anybody that's in the middle of the road; either they are for us or against us.

The political climate right now is kind of half and half. You have those that agree with tobacco prevention, but they might not necessarily agree with the Attorney General, so it's kind of been taken to a personal level...It's a very tricky thing, especially in Mississippi, because our funds don't come directly from the Legislature so you have a lot of legislators that try to take control of that money...So it's really a kind of tug-of-war.

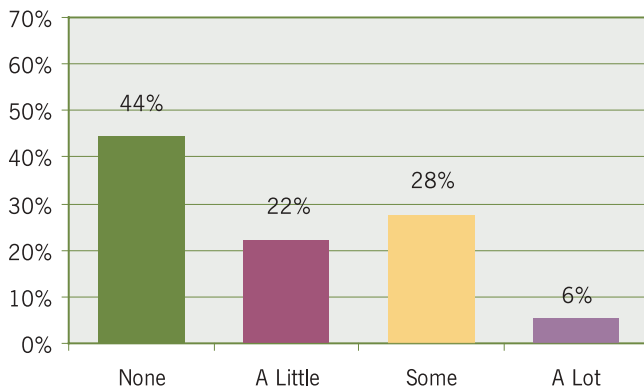
Partners felt that Mississippians' strong belief of protecting individuals' personal rights also had an impact on the political climate.

I think that the fact that Mississippi is an individual rights state and that people don't like government telling them what they can and can't do is a big problem.

Finally, the Democrats controlled the House and the Executive Branch during the 2003 legislative session. Several partners mentioned that the upcoming fall election would possibly result in the Republicans becoming the majority party, including the Governorship.

The Republicans are going to take control in the next election in Mississippi. Right now everything in Mississippi is controlled by the Democrats at the state level...You're going to have a Republican governor come in and there's going to be probably for the first time, a Republican-controlled House and Senate.

How much support for tobacco control do you receive from Governor Musgrove?



Political Support for Tobacco Control and Public Health

Approximately 66% of partners felt that Governor Musgrove offered little or no support for tobacco control. Many felt that there were other issues such as the budget deficit that were more of a priority for the Governor. A few partners were unsure of how the Governor viewed tobacco control because they had never heard him speak publicly about it.

Tobacco control is not very important [to the Governor]. He hasn't highly contested us, but he hasn't highly supported us. He could have been more vocal, but it was a re-election year.

I've never heard the Governor speak of the state tobacco control plan. I've never heard him say anything positive or negative. I really don't know what the Governor thinks because he's never commended The Partnership, nor has he said anything bad about it.

Partners believed that other issues like education and social services were of higher priority for the Governor. And that tobacco control was a lower public health priority, following medical care, maternal and child health, bioterrorism, and mental health.

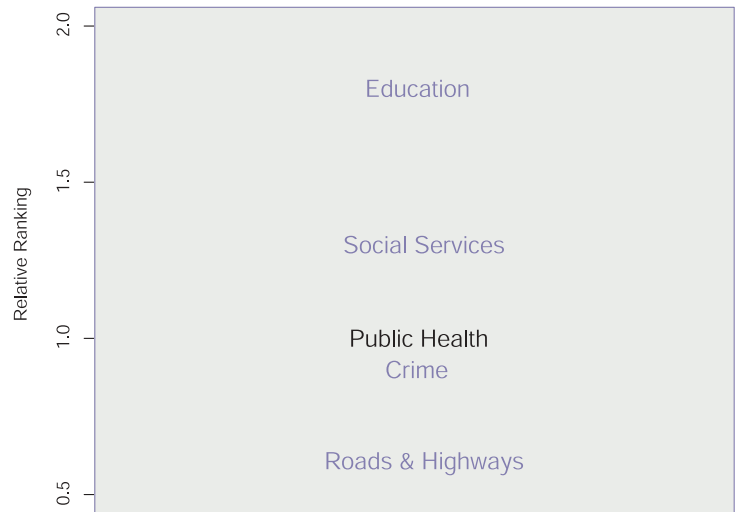
The majority of partners felt the Legislature provided a little or some support for tobacco control. However, during the qualitative portion of the interviews, most partners stated that tobacco control was not very important to the Legislature, and some even identified the Legislature as being a major barrier to their efforts.

The number one barrier is legislators who do not sense that this is a public habit issue that has far reaching consequences beyond today, beyond next week.

Although, a few partners did feel that tobacco control was beginning to become important to legislators over the past few years.

We just tried to pass the indoor tobacco smoking bill and it got defeated. But I think that more legislators are becoming aware of the problems.

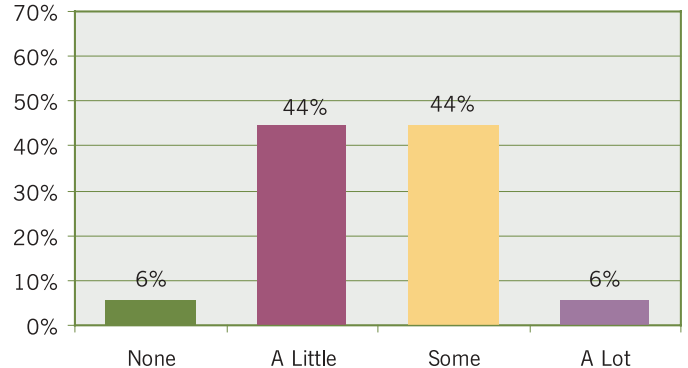
Perceptions of Governor Musgrove's prioritization of public health



Perceptions of Governor Musgrove's prioritization of tobacco control



How much support for tobacco control do you receive from the Legislature?



Tobacco Control Champions

The Attorney General, Michael Moore, was overwhelmingly identified as the champion of the tobacco control program. He filed the lawsuit against the tobacco industry on behalf of Mississippi and was extremely popular in the State. Many partners credited the existence of the program to Attorney General Moore.

Well, without question, Mike Moore [is the most important political leader in tobacco control]. Others pale in comparison... If it were not for Mike, we [tobacco control] would not be here.

Partners were concerned about the Attorney General's decision to retire this year. Although he would continue as Chair of The Partnership's Board of Directors, they were uncertain how his retirement from political office would affect the tobacco control program.

I have concerns that with him [Mike Moore] retiring as the State Attorney General this December that we're going to see an onslaught of politicians who are probably going to try to get a hold of the tobacco control money.

He pretty much safeguards that tobacco money, especially The Partnership's court order part. He's still going to be the Board Chairman of The Partnership, so hopefully he'll still have clout from his political past. But I don't think it's going to be as strong as it was.

In regards to other tobacco control leaders, a few partners mentioned that they had pockets of supporters, but no one stood out as a champion. Some of the supporters mentioned, included Representative George Flaggs, Jr (D), Representative John Mayo (D), Lieutenant Governor Amy Tuck, and the Frontline State Board.

Political Barriers

The tobacco industry was viewed as having a strong presence in Mississippi. Although most partners felt that the industry had not been that successful in inhibiting the progress of the tobacco control program. The program's focus on conducting efforts at the local level was a major barrier for the industry, and the strong presence of Mike Moore and The Partnership were reasons for the industry's lack of influence. Some partners thought the industry had been somewhat successful in inhibiting the program due its strong influence on legislators and the recent failure of the clean indoor air bill, which proposed banning smoking in all public places.

I don't think the industry has inhibited the success of our program. I think that it has made it difficult for us to get pieces of legislation passed. But I don't think it's hurt our programming.

They [industry] have prevented the clean indoor air bill from passing this session. So I think they're pretty effective.

Several activities being implemented by the tobacco industry were identified, including:

- Effective lobbying efforts in the Legislature;
- The use of front groups like the Restaurant Association; and
- A strong marketing campaign.

Partners also felt that Mississippi's budget crisis and its deep-seated belief in individual rights were also major political barriers that impacted the tobacco control program.

Significant Event

Partners identified the following political events as having an impact on the tobacco control landscape in Mississippi:

- The passage of HB 641, which prohibited tobacco use on any school campus or event with the exclusion of private schools
- Mississippi winning the lawsuit against the tobacco industry
- The establishment of The Partnership

Suggested Approaches

1. Continue to improve relationships with legislators to garner more support and identify political champions for tobacco control.
2. Advocate candidates to gain support for tobacco control prior to the upcoming gubernatorial election.

Policy Watch: SCLD Ratings

Rating systems have been developed to measure the extensiveness of youth access and clean indoor air (CIA) legislation, collected by The NCI's State Cancer Legislative Database (SCLD). States with higher scores have more extensive tobacco control legislation. Scores are reduced when state preemption is present.

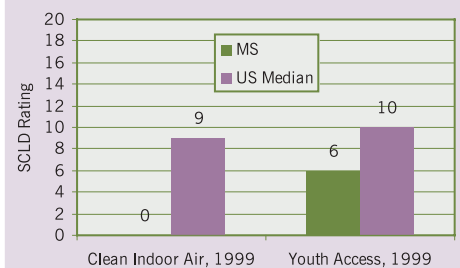
For youth access, nine areas were measured: six addressed specific tobacco control provisions, and three related to enforcement provisions. Nine areas were also measured for CIA: seven related to controlling smoke in indoor locations, and two addressed enforcement. The maximum scores for youth access and CIA are 36 and 42, respectively.

Mississippi's SCLD ratings were well below the national medians. In 1999, Mississippi's clean indoor air rating was zero with no active legislation. The passage of HB 641 in 2000 would increase the score. Mississippi has been unsuccessful in three attempts at passing smoke-free public places legislation. The State's youth access score was below the national median due to existing preemption.

Mississippi's ratings

Clean Indoor Air: **0**

Youth Access: **6**



Capacity & Relationships

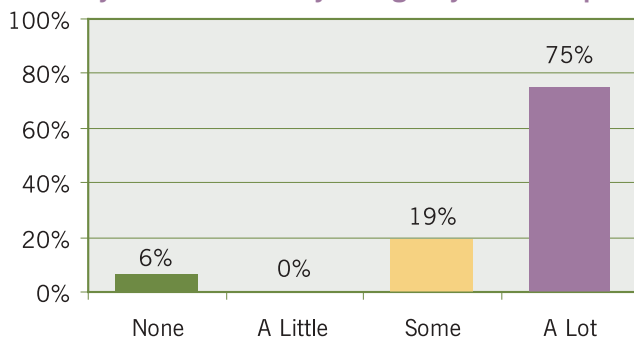
Section Highlights

- ▶ Partners felt they received a lot of support for their tobacco control efforts from their agencies' leadership as well as from other partner agencies.
- ▶ Training opportunities, the availability of physical resources, the internal communication network, and the internal decision-making process were considered facilitating partners' tobacco control efforts.
- ▶ Partners felt more staff would improve their agencies' tobacco control efforts.
- ▶ Partners mentioned several characteristics of The Partnership that facilitated the tobacco control program, including their staff, its non-government agency status, and their continual evaluation of their activities.
- ▶ The majority of partners felt the network was effective. They felt they had good collaboration and the organizations were working towards common goals and objectives.
- ▶ Community coalitions were identified as a critical part of the network.

Organizational Capacity

Partners identified a number of organizational characteristics that influenced their tobacco control efforts. The majority of partners felt they received a lot of support for their efforts from their agencies' leadership as well as from other partner agencies. Training opportunities, the availability of physical resources (*e.g.*, computers, office space), their internal communication network, and the internal decision-making process within their own

How much support for tobacco control do you receive from your agency leadership?



agencies were viewed as facilitating their tobacco control efforts. Staff turnover had not affected their agencies recently. However, when it did occur partners felt that turnover impeded their activities internally and affected relationships with other partner agencies.

Internally it is very difficult because you are spread so thin. We haven't had a lot of staff turnover lately. I do not know why that is, but it is always nice not to. I think that as far as our productivity in tobacco prevention and control goes, I do not feel like we allow it to have an effect on how well it [tobacco control] gets out and the effectiveness of it.

Overall, staffing levels and the level of tobacco control experience of staff were reported as being adequate. However, when partners were asked what changes in their organization would improve tobacco control the most, several answered more staff. Partners felt increased staff size would allow them to do more initiatives, have dedicated full-time tobacco control staff, provide efficient statewide coverage, and monitor their programs more closely.

The single change in our organization would just be having more staff. You know, to actually be able to go out there and do more of the initiatives that we've talked about. I think certainly any additional support that we would have internally; someone dedicated to that [tobacco control] could make a big impact.

In the past year partners attended a variety of tobacco control trainings, including trainings held at the national, state or regional, and local levels. Trainings held at the state or regional level were the most common trainings attended and most felt the trainings were moderately to extremely adequate.

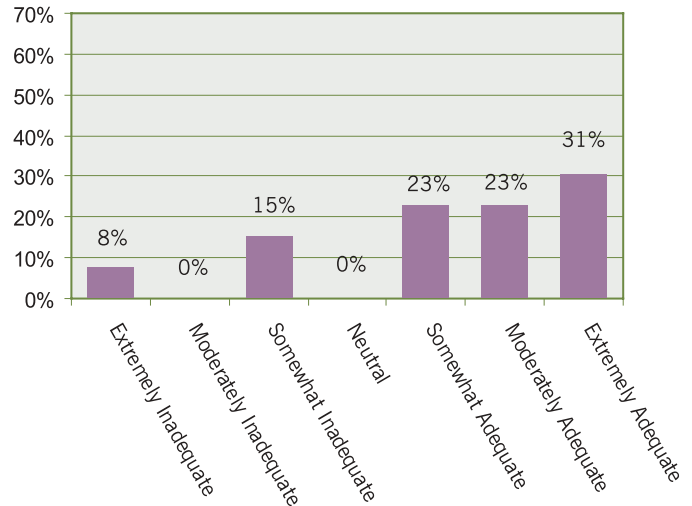
Perceptions of The Partnership

Partners mentioned several characteristics of The Partnership that facilitated the tobacco control program, including:

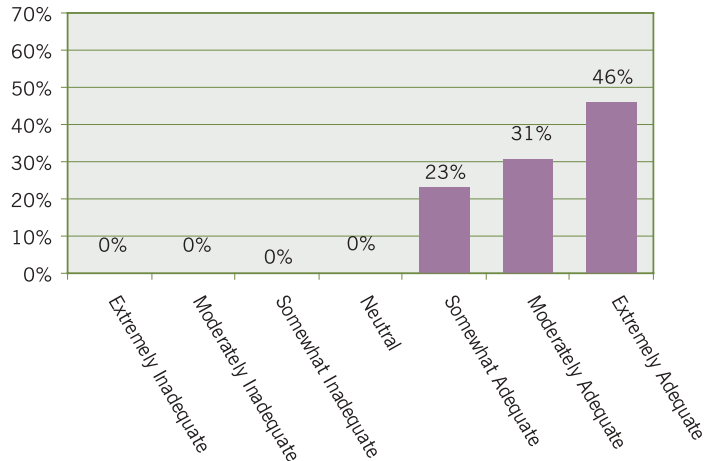
How does each of the following characteristics affect your agency's tobacco control program?

Organizational Characteristic	Helps	Hurts	Both	Neither
Training opportunities	89%	6%	6%	0%
Physical resources	88%	6%	6%	0%
Internal communication network	83%	0%	17%	0%
Internal decision-making process	83%	6%	11%	0%
Organizational structure of agency	78%	0%	17%	6%
Number of tobacco control staff	61%	22%	17%	0%
Size of agency	56%	0%	22%	22%
Reporting requirements	56%	11%	28%	6%
Staff turnover	18%	53%	0%	29%

How adequate is your tobacco control staffing level?



How adequate is your staff's tobacco control experience?



- The staff is well educated and good at what they do.
- They work closely with partner agencies.
- They are open to new ideas and suggestions and are willing to be innovative.
- It is not a government agency, which allows them to move more quickly than a government agency could.
- They are constantly assessing their activities and making changes accordingly.

A challenge for the program was The Partnership’s communication within their agency. Some partners felt there was a lack of communication between departments within The Partnership (e.g., Target Projects, Youth Programming, Community Youth Partnerships) that could affect their external communication with other partners and the partners’ involvement in tobacco control activities and events. They commented that The Partnership was working to improve communication, but that it was still a challenge.

Within The Partnership you have several different departments, one being youth programs, one being community partnerships, who we discuss most of our daily issues with and we get most of our information from. I do not know if it is a communication barrier or just a lack of communication between the departments... Now don’t get me wrong, it has gotten a lot better than it used to be and I think it is improving.

Partners of Mississippi’s tobacco control network

Agency	Abbreviation	Agency Type
Partnership for a Healthy Mississippi	• Partnership	• Lead agency
American Cancer Society	• ACS	• Voluntary
American Lung Association	• ALA	• Voluntary
Attorney General’s Office	• AG	• Political Leader
Frontline State Board	• Frontline	• Youth Advocacy
Girl Scouts of Gulf Pines	• Scouts	• Contractor
Information and Quality Healthcare	• IQH	• Contractor
Maris, West & Baker	• MWB	• Advertising Firm
Mississippi State Department of Health	• MS DOH	• Dept. of Health
Mississippi Smokeless States Alliance	• Alliance	• Statewide Coalition
NOT HERE	• NOT HERE	• Contractor
Partnership for a Healthy Attala	• Attala	• Regional Coalition
Partnership for a Healthy Coahoma	• Coahoma	• Regional Coalition
Partnership for a Healthy Jackson County	• Jackson	• Regional Coalition
Partnership for a Healthy Warren/Claiborne Counties	• Warren/Claiborne	• Regional Coalition
University Medical Center	• U Medical	• Contractor
University of Southern Mississippi	• U of S Miss	• Contractor

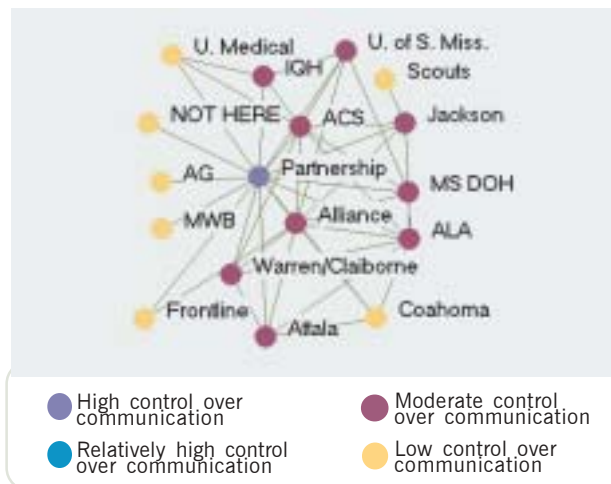
Tobacco Control Network

Seventeen tobacco control partners were identified as core members of Mississippi’s tobacco control program and were invited to participate in the interviews. The most notable features of Mississippi’s tobacco control network was the inclusion of an advertising firm, a youth advocate, and the Office of the State Attorney General.

Contact Frequency

In the adjacent figure, a line connects two partners who had contact with each other at least once a month. Mississippi had a centralized communication structure where The Partnership had the most control over the communication flow. The peripheral agencies (indicated by the yellow dots) had infrequent contact with other agencies and the least control over information flow. These tended to be contractors who had a focused role in the program.

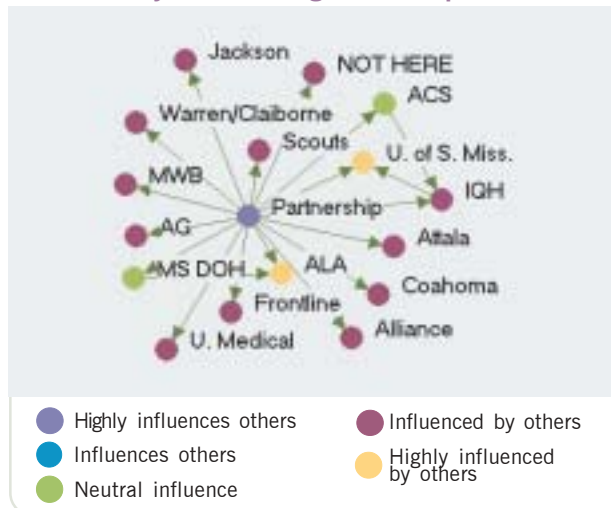
Monthly contact among network partners



Money Flow

In the adjacent graph, an arrow indicates the direction of money flow between two partners. The graphic illustrates a moderately centralized financial network. The Partnership is the lead fiscal agency for the program, where money is distributed from them to other partners. ACS and MS DOH both sent and received money, giving them a neutral financial influence. The remaining partners experienced very little or no money flow.

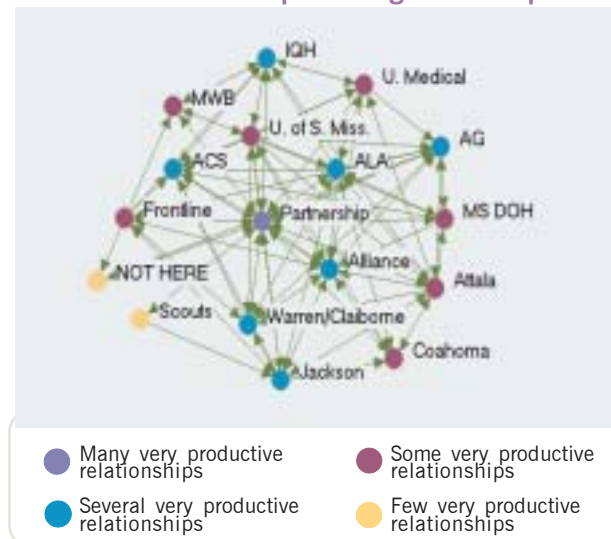
Money flow among network partners



Productive Relationships

A directional arrow (A→B) indicates that Partner A had a *very* productive relationship with Partner B. A bi-directional arrow (A↔B) indicates that both partners agreed that their relationship was very productive. Partners felt they had numerous productive relationships, with the majority of arrows being bidirectional. Two exceptions were NOT HERE and Scouts that had relatively few very productive relationships, possibly due to their contractual role in the program.

Productive relationships among network partners



Perceived Effectiveness of Network

The majority of partners felt that the tobacco control network was effective due to the large

number of organizations working together in tobacco control and there were several established organizations that the public recognized (*i.e.*, ACS, MS DOH, ALA, AHA). Partners felt they had good working relationships and the organizations in the network were working towards common goals and objectives.

I really have to give kudos, because I just think we have done an excellent job of addressing the whole tobacco issue in Mississippi. The agencies coming together and working together has been the success of it.

Our network has really improved. I think we are quite effective. We are talking to each other; we know what each other is doing; we rely on each other; we truly think of each other as partners and not competitors.

Communication was mentioned as a challenge for the network. Partners felt there were a number of organizations involved in tobacco control throughout the state and at times it was difficult to know what activities each organization was involved in. This could influence the effectiveness of the network due to an overlap in efforts.

We need to talk more, we need to come together more and look at what we can do together. We need to pick areas that we can attack as a group, rather than overlapping services, and I think that would make it more effective in the utilization of funding.

We need to pull everybody together and start connecting all those resources that exist. I think we are starting to do that because I think we are realizing that it is not happening as much, but it is just something that until that happens we won't all go in the right direction at the same time.

Coalitions

Partners felt the community coalitions, also known as Community Youth Partnerships, were an important part of the network. When asked how effective they thought the grassroots tobacco control network was in Mississippi, approximately 78% of partners answered very effective. There were 29 coalitions throughout the state that were involved in working with youth, supporting local clean indoor air ordinances, and networking with faith-based and other organizations.

They [the community coalitions] are the biggest strength because they are kind of like the foot soldiers to me. We have real people in communities that believe in what we are doing. They are not a group of CEO's and directors that say this is the way we are going to do things. I think that is crucial to the success of the organization.

This is what I would give Mississippi credit for, we have the best community coalition structure in the nation...Not only are they functioning, but they are networking in their communities and they are passing local ordinances. They have youth involved in everything. We know that is important for youth to be involved in throughout the state and that is why we're are successful. I mean that is one of the reasons.

Agency Importance & Commitment

Partners were asked to rate each agency’s level of importance for an effective tobacco control program and its level of commitment to tobacco control. The Partnership and MS Smokeless States Alliance were viewed as having a high level of importance and commitment. Maris, West, & Baker and the Girl Scouts of Gulf Pines were rated as having less importance and commitment compared to other partners, possibly due to their unique roles in the program.

Suggestions for Improvement

Partners suggested several ways to increase the effectiveness of the entire tobacco control network, including:

- Increase communication through meetings, conference calls, and email.
- Improve collaboration to avoid overlap in activities.
- Weed out ineffective programs and financially support more evidence-based approaches.
- Include new and diverse partners.

Suggested Approaches

1. Improve communication and coordination through a central database that partners can have access to throughout the state.
2. Work to incorporate partners' suggestions for improvement listed above.

Agency rating of importance to the program & commitment to tobacco control

Importance to the program ^a		Commitment to tobacco control ^b	
Agency	Avg. rating ^c	Agency	Avg. rating ^c
Partnership for a Healthy MS	10.0	Partnership for a Healthy MS	10.0
Attorney General's Office	9.1	MS Smokeless States Alliance	9.8
MS Smokeless States Alliance	9.0	Partnership for a Healthy Coahoma	9.8
American Lung Association	8.9	Partnership for a Healthy Attala	9.8
Information and Quality Healthcare	8.8	Frontline State Board	9.7
American Cancer Society	8.7	Attorney General's Office	9.6
University Medical Center	8.7	Partnership for a Healthy Jackson County	9.6
Partnership for a Healthy Jackson County	8.7	Partnership for a Healthy Warren/Claiborne Counties	9.6
Partnership for a Healthy Coahoma	8.6	American Lung Association	9.4
Partnership for a Healthy Attala	8.6	NOT HERE	9.1
Partnership for a Healthy Warren/Claiborne Counties	8.6	American Cancer Society	9.0
University of Southern MS	8.5	University Medical Center	9.0
Frontline State Board	8.5	Information and Quality Healthcare	9.0
MS State Department of Health	7.6	University of Southern MS	8.7
Maris, West & Baker	7.1	Girl Scouts of Gulf Pines	8.7
NOT HERE	6.9	MS State Department of Health	8.2
Girl Scouts of Gulf Pines	6.6	Maris, West & Baker	7.8

^a How would you rate the importance of each agency for an effective tobacco control program in your state?
^b How would you rate the level of commitment to tobacco control for each of the following agencies in your state?
^c 10 = high; 1 = low



The Best Practices

Best Practices category definitions

Community programs – local educational and policy activities, often carried out by community coalitions

Chronic disease programs – collaboration with programs that address tobacco-related diseases, including activities that focus on prevention and early detection

School programs – policy, educational, and cessation activities implemented in an academic setting to reduce youth tobacco use, with links to community tobacco control efforts

Enforcement – activities that enforce or support tobacco control policies, especially in areas of youth access and clean indoor air policies

Statewide programs – activities accessible across the state and supported by the state, including statewide projects that provide technical assistance to local programs and partnerships with statewide agencies that work with diverse populations

Counter-marketing programs – activities that counter pro-tobacco influences and increase pro-health messages

Cessation programs – activities that help individuals quit using tobacco

Surveillance & evaluation – the monitoring of tobacco-related outcomes and the success of tobacco control activities

Administration & management – the coordination of the program, including its relationship with partners and fiscal oversight

Section Highlights

- ▶ Mississippi's pilot program was started prior to the publication of the CDC BP guidelines. Therefore, they used other states' programs and existing research to develop their program.
- ▶ Mississippi adopted the BP guidelines when it became available and is implementing all nine categories.
- ▶ Partners felt that school programs should be the highest priority in Mississippi, closely followed by community programs. Chronic disease and enforcement programs were ranked as lower priorities.
- ▶ Identified strengths of the BP were that it includes proven practices, provides a model for new agencies to follow, ensures everyone is working towards the same goal, and emphasizes a comprehensive approach.
- ▶ Suggested improvements were to provide more explicit illustrations of each of the categories, creating a more understandable document.

The Best Practices

Mississippi had begun their pilot program before the publication of the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (BP). They modeled the initial plan after programs from flagship states (*e.g.* California, Massachusetts) and relied on existing research and literature. Once the BP became available in 1998, Mississippi applied the guidelines to their program and is currently implementing all nine BP categories. Tobacco control partners have used the resource in the development and implementation of programs across the state and to establish

appropriate funding levels for the program areas.

The majority of partners were at least somewhat familiar with the BP. They felt that school and community programs should be high priorities for Mississippi, while chronic disease programs were a lower priority.

High BP Priorities

School programs were ranked as a high priority because partners felt that youth were vulnerable to the tobacco industry. They frequently mentioned House Bill 641, passed in 2000, which prohibited smoking on any public school campuses in Mississippi, as a progressive step in youth tobacco control. They added that working with this population would demonstrate the most productive results in tobacco control.

I think that's where change can be affected most effectively. I think that, especially once you get to adults, they're jaded; they're hardened. If they're smokers, they're addicted. And I think that if we can reach them before that magic turning point, that's key in preventing them from starting smoking, but it's also key because they teach us...listen to them.

Community programs were also identified as a higher priority. Partners believed that to make successful changes in the culture you must start at the grassroots level. Many agreed that this was an actual high priority for Mississippi. According to partners, Mississippi has always emphasized community programs.

Low BP Priorities

Chronic disease programs were viewed as a low priority because partners felt that prevention was the key to tobacco control and was a major focus of Mississippi's program.

What we want to do is to prevent chronic disease from occurring, so we're working more in the front end of that equation rather than in the back end. It's easier to prevent than to cure. If I can prevent them from starting then lung cancer doesn't develop...

Best Practices ranking & The Partnership estimated budget allocations, FY 2003

BP Category	Mean Rank ^a	Budget % ^b
School Programs	2.5	14
Community Programs	3.0	13
Statewide Programs	4.2	13
Cessation Programs	4.3	14
Counter-Marketing	4.6	26
Surveillance & Evaluation	5.4	3
Enforcement	5.6	7
Chronic Disease Programs	6.3	3
Administration & Management	Not included ^c	7

^a Ranking: 1 = highest priority; 8 = lowest priority
^b Funding from RWJF (\$350,000) is not included in the budget percentages.
 RWJF Smokeless States grant is received by the Mississippi Smokeless States Alliance.
^c Not included because not mutually exclusive with the other categories

BP Funding

For FY 03, the Partnership allocated the largest portion (26%) of tobacco control funding to counter-marketing programs. This was followed by 14% to both school and cessation programs and 13% to community and statewide programs (see table on page 18). The remaining tobacco control funds were relatively evenly distributed among the rest of the categories.

BP Strengths and Weaknesses

The following strengths and weaknesses of the BP were identified:

- Provides a model for new agencies to follow
- Ensures everyone is working towards a common goal
- Includes practices proven to be effective
- Emphasizes a comprehensive approach
- Not user-friendly due to the language of the document

The technicality parts of it are a weakness. It's tough sitting down and just reading the whole thing.

It's kind of intimidating, the document itself I guess. The wording of the information is intimidating for someone who's not familiar with that kind of field. If you just handed it to someone who was just hired to be a community coalition director and had done nothing but taught elementary school for the past ten years, I can see how it would be difficult for them to follow.

Partners suggested that the BP could be improved by providing more explicit illustrations of each of the categories. This would enhance the BP in terms of creating a more understandable document, as well as reaching a larger audience.

I'd give more specificity to examples in all of these categories, because they're not dealing with just the Health Department anymore. I think they took for granted that if you were dealing with the Health Department, you were dealing with someone that has a public health background. So you've got to be sure that a non-health person understands all of these kinds of principles and things that you want to have happened, because those are the people that are using it.

Suggested Approaches

1. Provide technical assistance to local tobacco control professionals regarding the use and application of the *Best Practices*. Sources of technical assistance could include state level or national organizations such as the Tobacco Technical Assistance Consortium (TTAC).
2. Refer to other tobacco control resources to supplement the Best Practices. For example,
 - The Guide to Community Preventive Services for Tobacco Use Prevention and Control* (www.thecommunityguide.org)
 - The 2000 Surgeon General's Report on Reducing Tobacco Use* (www.cdc.gov/tobacco/sgr_tobacco_use.htm)
 - The 2000 Public Health Services Clinical Cessation Guidelines* (www.surgeongeneral.gov/tobacco/smokesum.htm)
 - Resources from national tobacco control organizations (see the Resources section on page 32).
3. Take into account the strengths, weaknesses, and areas of potential improvement to the Best Practices guidelines identified in this Profile when developing your own tobacco control resources.



Tobacco Control Program Goals

Section Highlights

- ▶ Partners agreed that reducing youth tobacco use and decreasing the social acceptability of tobacco use were appropriate priorities for Mississippi.
- ▶ Emphasizing clean indoor air policy work when working towards changing norms and addressing cessation for adults, as well as youth, were some of the suggested changes to the goals.
- ▶ Partners felt there were some challenges with a few of the youth programs, but overall the programs had been successful in Mississippi.
- ▶ Though the statewide clean indoor air legislation did not pass, partners felt they were successful in bringing awareness to the issue and developing a presence in the State Legislature.
- ▶ Partners felt more staff, increased collaboration among agencies, and more resources for youth programs would help their agencies meet the priority goals.

Top Two Goals

For this evaluation, The Partnership was asked to identify their top two priority policy or programmatic goals for FY 03. The two goals identified were:

- Reducing youth tobacco use
- Decrease the social acceptability of tobacco use

These goals were documented in the *State Tobacco Prevention and Control Plan, 2000-2005* and the Mississippi Supreme Court Order that created the funding for The Partnership. The goals were chosen as priorities for the state due to need and the court order's stipulation that the program would address prevention of youth tobacco use.

The majority of partners agreed that reducing youth tobacco use and decreasing the social acceptability of tobacco use were appropriate priorities and most of them were aware that these were goals for the program.

I would say that the first goal is realistic and attainable. Reducing youth tobacco use, I think we already have achieved that consistently. The second goal, I would say that we are building a foundation to reach that goal, but we're not there yet.

Several partners felt that the youth goal was important. Partners discussed how youth had been a major priority for Mississippi and this was the area The Partnership had addressed since the beginning of the program.

I think first of all if we can reduce the youth, then our youth in the next generation...we will have a healthier state.

This program in Mississippi has always been focused on youth. We do adults as far as cessation is concerned and information and education only as it relates to protecting the youth of the state. That has always been the goal of the program.

Partners also considered the social acceptability goal important. They felt that it would be easier to reduce tobacco use rates when the use of tobacco became socially unacceptable. A few partners discussed that changing norms had not been as much of a priority as impacting youth had been in the past, but they were beginning to direct more effort to it.

I think that all of the prevention, all of the education, and all of the social programs that we throw at people are only going to be so effective. I think that what truly makes change is when it becomes socially unacceptable.

In order to change the state you have to change the culture and so I think that that's a reasonable way to go about it. It's a slower process when you're actually working on the culture, but I think the long-term benefit is greater.

Changes and Additions

While the majority of partners agreed with the goals, some had a few suggestions for changes and additions to the list. Partners discussed emphasizing clean indoor air policy efforts when addressing the social acceptability goal. Prohibiting tobacco use in public places would lead to it being socially unacceptable. Partners also felt the public supported clean indoor air legislation and they were working on this in their communities.

The other real focus this year in the last nine months has been getting clean indoor air policy changed.

What my people would like to see more than any thing is the smoke-free law passed in restaurants and public buildings.

A few partners felt cessation was important to address, particularly in

A Sampling of Mississippi's Activities

Reducing youth tobacco use

- Youth programs through The Partnership (*i.e.*, RAT, SWAT, Allies, and Frontline)
- Teens Against Tobacco Use (TATU); ALA's mentoring program
- Not on Tobacco (NOT); ALA's teen cessation program
- Youth media campaigns (*e.g.*, "Question it")
- School Health Nurse program

Decreasing the social acceptability of tobacco use

- Community coalitions working with faith-based organizations
- Clean indoor air efforts
- Educating public about tobacco industry manipulation
- Working with public health districts to educate their clients about second-hand smoke

adults. It was felt that more cessation resources for smokers needed to be a priority. Reducing adult use would have an impact on the culture and prevent youth tobacco use by providing an environment for children where tobacco is not present. A couple of partners commented that they are beginning to expand and put more emphasis on adult cessation.

There have been prevention studies done in schools across the country. You can talk to kids all day long, but if they go home and those parents are using tobacco, the message is lost. I think that we should talk about trying to reduce the prevalence of adult use as well through cessation.

Successes, Challenges, & Improvements

Reducing youth tobacco use

Most partners discussed successes with youth programs in Mississippi. Several partners mentioned The Partnership's Frontline, a youth advocacy group in the high schools, in combination with ALA's Teens Against Tobacco Use as being an example of a successful youth program. Reasons given for the success of the program were that youth were learning and having fun at the same time, they were often involved in the development and implementation of activities, and programs were established in schools and churches across the state.

It is a teen driven program and it is not adults going in and telling these kids what to do. We literally train the kids with their sponsors together and we give them free range to come up with and to implement the information that we've given them. They go back in the classroom and do it in various ways. This empowers them to be the teacher and they really do a great job with it.

I think number one, we give the teenagers a chance to learn, but then to be responsible for events. We let them be the leaders, to be the teachers, to be the models and they like it and they have fun in doing it besides learning. I think that's been the success of it.

Partners discussed some challenges with youth programs as well. An example given by a few partners was the NOT program. The teen cessation program, Not On Tobacco, sponsored by ALA had been difficult to implement in schools. It was a challenge to get schools to allow the program during the school day and students were resistant to participate.

It has been somewhat of a difficult task to first of all have the administration brought in, second of all to have the students brought in because a lot of these students consider themselves closet smokers and they do not want everyone to know they are smoking. So when a school has to dictate that their policy requires parental permission for programs then this makes it difficult for those students who don't think their parents know they're smoking to actually come to classes, sort of a catch twenty-two situation.

Decrease the social acceptability of tobacco use

Partners felt their efforts in passing statewide clean indoor air legislation had been both a success and a challenge. The Smoke Free Families Act was proposed in the 2002 legislative session and though it passed in the Senate, it failed in House committee. Partners felt that this was challenging because the legislation did not pass, but they also felt they were successful in bringing awareness to the issue and developing a presence in the Legislature.

I think that it [CIA legislation] was kind of a pro and con. We got in there, we were noticed, they knew who we were when we walked in. So I think we just need to work on the legislators some more to get it where it is passed next year.

We did not pass our legislation, but I do think it was successful in that we are getting the message across. It was highly debated. It was one of the most contested pieces of legislation in several years.

Several partners felt that they were consistent with the goals and they would not make changes to their agencies' activities. Other partners identified a few improvements in their own agencies that could help ensure meeting the priority goals, including:

- Improve collaboration with other agencies
- Increase staff size
- More resources for youth programs

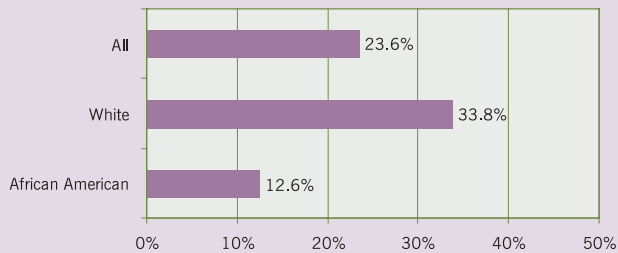
Suggested Approaches

1. Use awareness and momentum built from the Smoke Free Families Act to continue local clean indoor air efforts.
2. Continue to strengthen efforts to educate legislators about the benefits of clean indoor air policies in order to gain additional support for future legislative efforts.
3. Improve collaboration with school administrators by continuing to seek input from administrators and key school staff regarding how to effectively implement prevention and cessation programs in the schools.

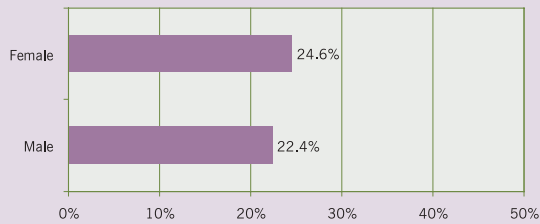
Disparate Populations

Mississippi Young White Females

Current smokers- High School, 2001



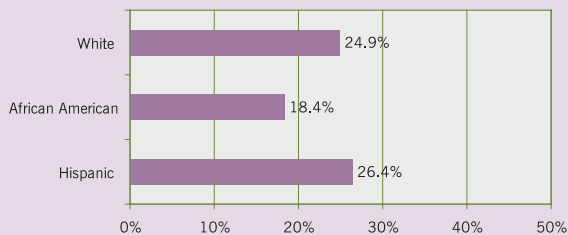
Current smokers- High School, 2001



Source: YRBSS 2001

Mississippi African Americans (approximately 36% of MS's population)

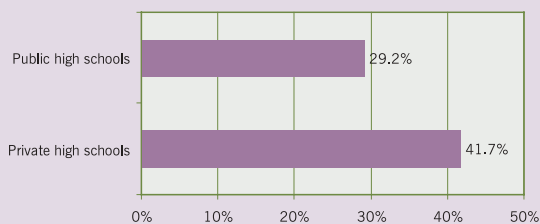
Current smokers- Adult, 2000



Source: BRFSS 2000 & US Census

Mississippi Private School Students

Current smokers, 2000



Source: YTS 2000

Section Highlights

- ▶ The Partnership identified young white females, African Americans in the Delta region, and private schools as having significant tobacco-related disparities.
- ▶ Partners agreed that the three populations were high priorities for Mississippi. Some also suggested that Native Americans should be targeted.
- ▶ Strategies were in place for addressing these populations, and tobacco use rates have dropped in private schools and among young white females.
- ▶ Many partners felt it was difficult to address disparate populations in the BP because of the wide variation of populations and strategies across states.

Priority Disparate Populations

The Partnership identified the following populations as having tobacco-related disparities:

- Young white females
- African Americans, particularly in the Delta region
- Private schools

The Partnership used epidemiologic and needs assessment data, including YRBS and YTS surveillance data, to help identify the populations listed above. In FY 03, The Partnership allocated approximately \$6 million of their tobacco control funding to address populations experiencing significant tobacco-related disparities. During the planning of these activities The Partnership solicited input in the following ways:

- Interactions with representatives from identified populations

- Meetings with appropriate multi-cultural agencies
- Feedback from other partner agencies

Partners' Comments

Partners agreed that the populations listed above were high priorities for Mississippi.

I think those are three groups that we definitely need to work on. And that's come out through our surveillance tools that have been used around the state. It's also come out in other ways like through evaluations that the community youth partnerships have done.

Young white females & private schools

Some partners tended to discuss young white females and private schools together since there was some overlap between the two populations. Addressing private schools has been a challenge for partners because it has been difficult to get into the schools due to the closed community culture. However, partners felt they have recently made progress with establishing partnerships with the schools and have seen a drop in tobacco prevalence rates. The Partnership reported a 40% decline in cigarette use by private high school students since 1999 and a 16% decline among private middle school students since 2000.

If you look at the surveillance and evaluation data, by far the largest problem with tobacco use is essentially the white female private school person. In Mississippi, we have a lot of private schools... We had a very difficult time in the early days getting into private schools to do any kind of work. We're now in them, and because of that, the rates of tobacco use are going down, not only for private schools, but also for females.

Private schools have been hard because they are private organizations and not publicly run by the State. Getting into those has been our biggest challenge, but we are making progress.

African Americans particularly in the Delta region

Partners felt that this was an important population to target due to the region's high poverty level, poor health conditions, and lack of health care resources.

We get quite a few calls from the Delta region to the Quitline. It's very difficult sometimes to help because there are very few resources in that area and there's a lot of the socioeconomic factors that come into play there.

The Delta region is such a different community from any other group in the State. It's just such a poverty stricken area. They don't have the same resources that you would have in places like Jackson or even on the coast of Mississippi. The climate is totally different as far as the issues the people have.

Additional Populations

While partners agreed with the identified populations, some believed that attention should be brought to the Native American population as well.

I would say our Native American groups should be added. Mississippi has quite a few Native Americans as a good percentage of the population in certain areas of the state. They have a pretty high percentage level of tobacco use. They also have some cultural differences that make it difficult to treat.

Identified Strategies

The following are examples of strategies implemented to address the identified populations in Mississippi:

- A Ladies Leadership Conference was held for young girls from public and private schools.
- Partnerships have been established with schools and the Girls Scouts to expand program implementation.
- Targeted media campaigns have been developed for the populations.
- In private schools, the numbers of programs and teacher trainings have increased.
- In the Delta region, strong partnerships with faith-based communities have been established since faith and religion are important influences in the region.
- Hundred Black Men of the Delta have been working in conjunction with the Community Youth Partners to implement programs and raise awareness.
- Rallies and youth programs have been held in the Delta region.

Disparate Populations & Best Practices

Many partners felt that it was difficult for the BP to specifically address populations experiencing tobacco-related disparities because the populations and strategies differ greatly across populations and states.

I think that's a hard thing for any government agency to do – to tell you how to address disparities because it's so variable from place to place. I mean no one would consider young white females a disparity at all in terms of what's going on in tobacco nationally. It's how you view the word "disparities".

Partners tried to avoid using the word "disparities" because it tends to

evoke a lot of emotional response in Mississippi.

We don't call it disparities because in Mississippi that conjures up some negative language. What we do say is, 'does it reflect your community?' That's a gentler way to say it without evoking some emotional connectiveness into it.

The following suggestions regarding the BP guidelines were recommended:

- Develop some general guidelines regarding tobacco-related disparities
- Emphasize using the involvement of minority organizations at all levels in the next generation of BP

Suggested Approaches

1. Continue to strengthen and expand efforts to reduce tobacco-related disparities, particularly in the Delta region.
2. Investigate the degree Native Americans in Mississippi are experiencing tobacco-related disparities.



Program Strengths & Challenges

At the end of each interview, partners were asked to identify the biggest strength and weakness of Mississippi's tobacco control program. Below is a list of the strengths of Mississippi's program and the challenges facing it.

- Partners considered the comprehensiveness of Mississippi's tobacco control program a strength. All nine BP categories were being implemented under the leadership of The Partnership.

I would have to say The Partnership for a Healthy Mississippi's relationship with CDC's Best Practices [is the biggest strength]. I think by it [BP] being their guidelines, they're having a comprehensive program versus just one piece of it. I think that has been the success.

The comprehensiveness of the program [is the biggest strength]. The fact that all of the areas that are listed in Best Practices have been implemented in some way or some form in the state; that all of them work together under the umbrella of The Partnership.

- Adequate funding for Mississippi's tobacco control program was also considered a significant strength of the program. However, due to the stable funding level received each year, some partners felt other funding sources needed to be obtained to ensure the program will continue to grow and expand.

Sometimes when we are developing new projects...I certainly understand The Partnership gets a limited amount of funds from the tobacco settlement money. I think as we need to grow and desire to grow, sometimes the funding is just not there and we need to look for other sources to fund some of these projects, and that can be difficult to do.

- Several partners mentioned the State Legislature as being a challenge for the program. They felt the Legislature had been a significant barrier to implementing a statewide clean

indoor air law.

The biggest one [barrier] is constantly having to prove ourselves every moment of every day and fighting the Legislature wanting to get the 20 million. It is a constant, and it causes turnover and unbelievable stress in the organization.

The Legislature has been a barrier as far as implementing clean indoor air ordinances and laws in the state; that has definitely been a barrier.

- **Communication and collaboration among partners was also mentioned as a challenge. Some partners felt that there could be a lack of communication between agencies in the state, making it difficult to know if all the partners were working towards the same goal.**

I think the biggest weakness of the program is we have a lot of people out there doing a lot of really good things, but there is often a lack of knowledge about who's doing what between the groups.

I would say [the biggest weakness] is maybe communication. Since we do have so many partners and coalitions across the state of Mississippi it may not be enough hours in the day to actually call everyone and tell everyone what is going on to make sure that we are all on the same page.

Finally, partners believed that their clean indoor air efforts would significantly shape tobacco control in Mississippi in the next few years. Coalitions were working on ordinances locally with the intention that it would lead to statewide legislation.

I think eventually it is going to get to the point where you have all of these cities and towns that are smoke-free, it is just going to become the next thing to do to make the state [pass legislation].

I think we are going to have more and more local ordinances passed, and eventually statewide legislation. It may not be as comprehensive as Delaware or Florida, but I think it is coming.



Resources

The following is a short list of available tobacco control resources identified by the partners and the project team:

National tobacco control organizations

American Cancer Society	www.cancer.org
American Heart Association	www.heart.org
American Legacy Foundation	www.americanlegacy.org
American Lung Association	www.lungusa.org
Americans' for Nonsmokers' Rights	www.no-smoke.org
Campaign for Tobacco-Free Kids	www.tobaccofreekids.org
The Centers for Disease Control & Prevention	www.cdc.gov/tobacco/
The National Cancer Institute	www.tobaccocontrol.cancer.gov
The Robert Wood Johnson Foundation	www.rwjf.org

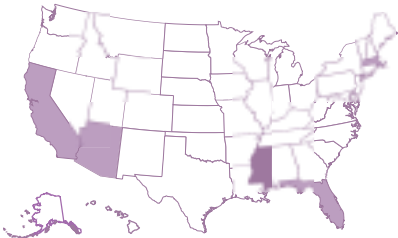
Other suggested resources

- Tobacco Technical Assistance Consortium (TTAC) www.ttac.org
- The CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction www.cdc.gov/tobacco/edumat.htm
- The CDC National Tobacco Control Program State Exchange www.cdc.gov/tobacco/ntcp_exchange/index.htm
- The CDC Media Campaign Resource Center www.cdc.gov/tobacco/mcrc/index.htm
- The CDC Guide to Community Preventive Services for Tobacco Use Prevention and Control www.thecommunityguide.org
- Cancer Control PLANET <http://cancercontrolplanet.cancer.gov/index.html>
- The Partnership for a Healthy Mississippi www.healthy-miss.org
- Mississippi Smokeless States Alliance www.smokefreems.com/
- Mississippi State Department of Health Tobacco Policy & Prevention www.msdh.state.ms.us/tobacco/index.htm

In addition to the evaluation data presented in this Profile, supplemental data were obtained from the following sources:

- SAMHSA, Synar Non-Compliance Rates <http://prevention.samhsa.gov/tobacco/o1synartable.asp>
- NCI State Cancer Legislative Database www.sclld-nci.net
- YRBSS 2001 www.cdc.gov/nccdphp/dash/yrbs/2001/index.htm
- ALA's State of Tobacco Control: 2002 <http://lungaction.org/reports/tobacco-control.html>

Mississippi regularly shares information with...





The Prevention Research Center (PRC) at Saint Louis University is one of 28 national Prevention Research Centers funded by the Centers for Disease Control and Prevention. The mission of the PRC is to prevent death and disability from chronic diseases, particularly heart disease, cancer, stroke, and diabetes by conducting applied research to promote healthy lifestyles.