MTCP Board of Health Program Work Plan FY26

Program Name: MVTPC

POLICY WORK PLAN

Metric	Target	Equity Narrative	Work Plan Narrative
Number of presentations planned to municipal decision-makers to propose local policy strategies	8+	As always, the goal in this region has traditionally been to have all seven municipalities adopt new polices so that retailers in one community don't lose customers to the community next door – both for restricted tobacco products but also for ancillary products. The two largest municipalities, Malden and Medford, each with approximately 60,000 residents, also have the most diverse populations so their needs are always a high priority. A major focus this year will be getting Medford to adopt NFG not only so that it is in line with the other six communities in this region but also because of Medford's more diverse population and the impact that tobacco/nicotine use has on minority populations. Data shows that African, low income and LGBTQ persons are more adversely affected by nicotine addiction.	Six of the seven municipalities adopted NFG in FY25. As mentioned above, Medford will be a focus for an NFG-specific policy. Three of the seven communities in this region already have the strictest permit cap language - - no new permits. The others all have some version of a permit cap: a 30-day or 60-day grace period, dual cap (inside ADARTs cap), etc. There is a possibility that one community (Winchester) might consider the "no new permits" cap language. Since NFG will take a generation, it is important to continue to work with local boards on other nicotine restrictions such as the various oral pouch restrictions (nicotine content restriction, restrictions to ADRTs, minimum price). As I did last year, in addition to Mystic Valley-specific policy work I will continue to work with the informal MA NFG Strategy Group that has formed to advocate for adoption of the NFG policy throughout the state with the goal of bringing enough municipalities on board so that state legislators will be more apt to pass a state-wide NFG law which will be the most equitable action we can take. Currently seventeen municipalities have adopted NF. Many more in some stage of consideration. The first of many steps in the state legislation journey was taken when the Joint Committee on Public Health held a public hearing in July. Ways and Means will be next. Anthony Chui, Melrose/Wakefield/Stoneham Health Director, and I will co-host an "NFG Update" workshop with Dr. Howard Koh at the MHOA Conference in Springfield in November. We will also attend and participate in the National Conference on Tobacco Health in Chicago in August.

			In addition to our "Poster"-related activities, I will co-moderate a breakout session with Mark Gottlieb at ASH's Endgame Summit August 25th. In addition, I will once again work with our summer interns -- one health inspector trainee and two MPH student interns.
Number of municipalities planning to change/update model policy regulations, please note any that will be working on cigar pricing or tobacco retail density policies	1	As always, the goal in this region has traditionally been to have all seven municipalities adopt new polices so that retailers in one community don't lose customers to the community next door – both for restricted tobacco products but also for ancillary products. The two largest municipalities, Malden and Medford, each with approximately 60,000 residents, also have the most diverse populations so their needs are always a high priority. A major focus this year will be getting Medford to adopt NFG not only so that it is in line with the other six communities in this region but also because of Medford's more diverse population and the impact that tobacco/nicotine use has on minority populations. Data shows that African, low income and LGBTQ persons are more adversely affected by nicotine addiction.	Malden, Melrose, Reading, Stoneham, Wakefield, and Winchester all adopted NFG effective 1/1/2025. Medford, which held a public hearing in 2025, tabled NFG without voting. It is hoped that as more neighboring communities adopt NFG (Somerville borders Medford and has already adopted NFG. Arlington also borders Medford and is considering NFG) Medford BOH will join the other communities in this region that stepped up and passed this groundbreaking and important tobacco prevention policy. All seven already have some form of a permit cap and all have cigar minimum price as well as all of the other policies that MTCP encourages.
Number of BOH collaborative meetings planned	4+	All seven communities participate in PHE and various other grants that also have a requirement to view polices, workplans, etc. through a racial equity lens. Because of that, most of our combined meetings, and there are many though only the quarterly MVRPHC (Mystic Valley Regional Public Health Coalition) is "required" attendance. All the other regional meetings tend to have sporadic attendance by the HD	The same as last year. I attend as many of the prevention replated meetings as I can. The networking these meetings provide is invaluable when it is time to line up advocates to support a new policy. It is critical that community partners know and trust you), and the intel shared (teen hang-out hot spots, for instance) is also valuable. Being able to go to a specifically identified park, playground, athletic field, or student parking lot to take photos of discarded nicotine packaging is a time-saver. And serves as compelling evidence.

		(Health Directors) but robust attendance from all the various prevention professionals – Public Health Specialists, Social Services Coordinators, DFC grant coordinators and others). Three of our communities have a Stop School Violence grant, and Melrose was recently awarded a Gambling Block grant. There are other smaller miscellaneous grants as well. This region does a great job collaborating, sharing, and working together.	

Notes and Comments:

ENFORCEMENT & SURVEILLANCE WORK PLAN

Metric	Target	Equity Narrative	Work Plan Narrative
Retailer inspections and education visits	238+	If normal inspection protocol is followed and as much as awareness of any equity issues are considered there is no specific "equity plan." I use a translator app occasionally but most retail store owners and staff in this area speak English, so it is seldom necessary.	The plan is laid out in a spreadsheet designed for that purpose. While my intention is to follow the plan it is always subject to change as new stores get added, others change hands, stores close, whatever. I suspect I will be asked to allow inspector trainees to "shadow me" and there may be new MTCP Tobacco Program coordinators who require mentoring – at least for their field activities. The plan is just that – a plan. It needs to be flexible.
Compliance check visits	366+	Again, if proper protocol is followed there is not really an "equity" plan. All those involved – the adult inspector, the youth	The goal is like prior years. At least two compliance checks per store and additional checks as needed due to non-compliance,

		buyer, and BOH members in the event of a violation, should treat all store staff similarly without regard to the staff person being a member of a minority group.	complaints, police reports, or rumor.
Synar compliance check visits	Unknown at this time, but should be covered by the Compliance check visits (366+)	Again, if proper protocol is followed there is not really an "equity" plan. All those involved – the adult inspector, the youth buyer, and BOH members in the event of a violation, should treat all store staff similarly without regard to the staff person being a member of a minority group.	Not applicable at this point.
Follow-up visits conducted due to violations during previous compliance checks and inspections	30 estimated	Again, if proper protocol is followed there is not really an "equity" plan. All those involved – the adult inspector, the youth buyer, and BOH members in the event of a violation, should treat all store staff similarly without regard to the staff person being a member of a minority group.	Dictated by violations, can't specifically define at this time.
Protocols and procedures for violation follow up with municipalities and keeping retailer data updated in POST	How is information shared regarding violation fines, payment, and appeals	Not Applicable	After I have conducted a round of inspections, I send an email the HD with a report that all his/her municipality's permitted tobacco retailers have been inspected and I include information about any violations/aberrations/abnormalities. This report also includes information (and photos) of other concerning non-tobacco products like Kratom/ mushrooms/THD-infused seltzer, etc. We are the eyes and ears, sometimes the only inspectors visiting an establishment. Health Directors appreciate this additional intel and providing this information has led to local enforcement action. Example: Some Health Directors in this region, are actively enforcing the state's ban on inhalants. This followed my reports of seeing an explosion of NO products (nitrous oxide – or whippets) in local stores, especially in vapes shops that started carrying huge containers of party size whippets. I advise the retailer of my tobacco inspection findings while I am in the store. Some minor issues result

			in a verbal warning. Sometimes a written warning. Rarely a Cease and Desist and a fine. I then enter the data into POST. After a round of compliance checks I immediately email a report to the HD. If there is a sale-to-a-minor or sale of a banned product I provide store name. address, date, time, product, price, etc. I also check POST to determine if this is a first, second or third violation and I remind the HD of the fine amount and the suspension protocol. I also, of course, will make myself available for the BOH meeting at which the retailer will appear. If there is a suspension, I check the store at the beginning of the suspension period to make sure tobacco products have been removed. Etc.
Compliance Rate Response Plan	No target	Not applicable	I have no municipality even close to non-compliance above 15% so I do not have a plan. (I assume this is referencing non-compliance above 15% rather than compliance above 15%.)

Notes and Comments

Racial Equity Development Plan

Area of Learning	Equity Narrative	Work Plan Narrative
Area of learning: 1) To find and	This is from last year's report but worth repeating –	Continue to take advantage of

develop ways to engage member of communities that may be different from me – not just color of skin but gender, gender identity, ability, etc. 2) To continue to refine both written and oral presentations that better describe why we do the work we do – how nicotine use, and nicotine addiction more adversely impacts communities of color, lower income communities, and other minority populations such as LGBTQI members and people with disabilities. 3) If time allows (personal time) I will take an ASL course offered locally but it's two evenings a week for ten weeks and many BOH meetings conflict with class schedule so it may be out of reach for me this year. It continues to be a goal. 4) I will continue to be as involved as I can in Melrose's Racial Justice Group though I had to back off my involvement the NE Innocence Project due to other "outside" activities.	to remind myself. At a recent workshop we were remined that "we are learning," not that "we have learned." Colleagues came back from the Tobacco End Game Summit in DC earlier this year with "not about us without us" ringing in their ears. Continuing to learn about views, and even preferred terminology of all populations, will help ensure inclusion of the actual humans as well as their views. And not just talking translation of all our materials into many different languages. There are fine English speakers who have different points of view because of the minority group they belong to or because of life experience. Learning to pause, and to listen open-mindedly, is something I need to do more intentionally. I also need to remember to reference "commercial tobacco," not just "tobacco." I was rightfully called out by a Board of Health member in Hopkinton, a member of a local Indigenous tribe, who objected to any kind of tobacco "ban" if it means loss of access to ceremonial tobacco.	workshops/webinars/trainings/etc. such as those offered by MPY, ASH, MHOA, and AATCLC. Read books and watch documentaries, as time allows.

Notes and Comments: