# ASSESSING COMMUNITY CESSATION SERVICE CAPACITY IN MASSACHUSETTS

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# Background

Tobacco and nicotine use continues to drive preventable chronic disease and related inequities in Massachusetts, particularly among priority communities with a high percentage of BIPOC residents and inequities in social determinants of health (such as lack of access to quality housing and transportation).

Tobacco-related issues still impact disproportionate populations across the state of Massachusetts. Furthermore, MTCP aids community leaders to reduce tobacco-related inequities through building system level cessation capacity. Through qualitative research during my internship, I was able to identify gaps in existing service coverage in MTCP priority communities and provide recommendations for improvements.

Support MTCP’s equity and systems-strengthening goals by identifying service gaps and community-level cessation needs in priority communities.

Map the availability of local tobacco/nicotine cessation services across Massachusetts municipalities using ArcGIS Pro.

Capture qualitative insights from municipal and regional decision makers, including access barriers and referral gaps in local cessation services.

Generate recommendations for MTCP policy, partnerships, and outreach tools.

# Qualitative Interview findings - Successes

- Youth-led programs (Chapter 84, Sueños), Mayor's Task Force outreach via radio, schools, and libraries.
- Strong prevention partnerships with YMCA and schools; informal hospital referrals in place.
- Materials distributed via food pantries, clinics; coalition building underway.
- Reaching Guatemalan families through churches; housing outreach and community trust. *Comment:* Cultural and linguistic access through faith-based networks can be scaled statewide with targeted training.
- Offering trainings, policy support, and promoting tools (like the Truth Initiative) statewide

# Qualitative Interview findings - Challenges

## A. Staffing & Financial Constraints

"We're an office of four for a city of….. There's no time or capacity or money for anything."
— *Region 1, Local Health Director*

"When MTCP was providing cessation services years ago, every clinic had them. People just got used to those services disappearing."
— *Region 2, Statewide partner*

"There are several groups and community partners who meet regularly… but funding is a significant challenge, along with the capacity of community partners to consistently plan and execute awareness activities." - Region 5

"We continue to face significant barriers such as limited local staffing and training shortages, which sometimes impede consistent cessation referrals and follow-up."
— *Region 1, Local Health Director*

# Qualitative Interview findings -

**B. Limited Awareness & Referrals**

“We don’t offer referrals… just the Quitline, because there’s nothing else out there.”
— *Region 2, Statewide partner*

“To say where I’d send someone? I really don’t have anybody.”
— *Region 3*

“Not really much at all… it’s not something we really have time to get into.”
— *Region 4*

“We typically provide referrals and recommend individuals speak with their primary care providers… they are usually informal recommendations.” – Region 5

“Navigating funding constraints and sustaining support for tobacco cessation remain ongoing challenges.”
— *Region 1, Local Health Director*

# Qualitative Interview findings - Barriers to Access

“There are transportation and language barriers. Materials should be multilingual and at lower literacy levels.”
— *Region 3*

“Spanish would help… that’s our big secondary language here.”
— *Region 4*

“Young people are the hardest to reach—there’s peer pressure, and they don’t know the resources.”
— *Region 2, Statewide partner*

“Yes. Stigma and peer pressure are prevalent barriers, particularly among youth and marginalized populations.”
“Language, cultural, and transportation barriers” were also explicitly cited.
– Region 5

“Better real-time data sharing between MTCP and municipal health departments would improve our ability to monitor program outcomes and adapt strategies quickly.”
— *Region 1, Local Health Director*

# Qualitative Interview findings - Community Connections Matter

“You need to meet people where they are—in their communities, churches, youth programs.”
— *Region 3*

“We’ve had the most luck reaching Guatemalan residents through churches.”
— *Region 4*

“Yes, the Mayor’s Health Task Force has played a vital role through its education, awareness, and outreach initiatives.” - Region 5 pointed to existing but under-leveraged community networks. Institutions such as schools, housing authorities, libraries, and councils on aging were flagged as missing voices in referral and engagement pathways. Advocated for a formal municipal-level Tobacco Cessation Task Force.

“If there were in-person services, they’d need to be geographically distributed, especially in Western Mass. People won’t drive 50 miles.”
— *Region 2, Statewide partner*

“Continued collaboration and communication between MTCP and city stakeholders are critical to

# Qualitative Interview findings - Need for Materials & Product Support

“If we had free, easy-to-access products like patches, gum… we may see more success.”
— *Region 3*

“We don’t have capacity to do anything… but if MTCP provided resources or handouts, we could at least circulate them.”
— *Region 4*

Engaging department heads and municipal leadership to emphasize the importance of tobacco cessation efforts and allocate funding would be valuable.” - Region 5 also recommended that MTCP provide training for staff who could support and implement cessation initiatives locally. Without such tools, the city’s capacity to conduct structured outreach remains limited.

“Despite these obstacles, I am optimistic about the progress being made… we can make meaningful strides in reducing tobacco-related harm in *[town name removed]”*
— *Region 1, Local Health Director*

“Massachusetts may be resource-rich, but we are connectivity-poor when it comes to cessation.”— *Region 2, Statewide partner*

# What’s next?

**Create new cessation resources and improve cultural sensitivity of existing resources –**

Create standard municipal referral templates to the Quitline for CHCs and behavioral health organizations.

Develop referral templates and regional directories that boards of health and clinics can easily adopt.

Create localized resources that are accessible to lower literacy levels containing culturally appropriate materials for outreach.

Include trust-building and support from community insiders in cessation messaging for immigrant communities.

Work with trusted local leaders to share information in ways that respect language, culture, and community values.

Emphasize languages other than English and cultural framing while disseminating NRT starter kits and cessation flyers.

Also integrate community culture with educational institutions for peer-based outreach and prevention messaging.

# What’s next?

**Increasing location of resources –**

Fund outreach & navigation roles at the municipal level to build partnerships and improve local awareness.

Restore formal in-person systems beginning with pilot locations in low-resource or rural areas such

Promote intra-community cohesion through cessation messaging workshops skilled in cross-community collaboration.

Expand funding for dedicated cessation liaisons in priority municipalities, especially where public health staff are minimal.

Pilot outreach strategies at more non-traditional locations and find more locations (e.g., educational institutions, civic organizations, libraries).

**Thank you for your time!**

**Any Questions?**