Massachusetts Department of Public Health

MTCP Statewide Meeting

March 13, 2025

***for MTCP program use only**

Agenda

Time	Agenda Item
9:30 - 10:00	Registration and Breakfast
10:00 - 10:15	Welcome, Agenda Review & Housekeeping
10:15 - 10:30	Mission Moment
10:30 - 11:05	ENUFF – The 84 Movement's Youth Day of Action (formerly Kick Butts Day)
11:05 - 11:30	Advocacy vs. Education
11:30 - 12:00	Networking Bingo
12:00 - 1:00	Lunch
1:00 - 1:15	Priority Communities
1:15 - 2:00	JUUL Settlement
2:00 - 2:40	Updates
2:40 - 2:45	Wrap up and Eval Survey

Mission Moment

MTCP Mission

MTCP will invest in and work with communities, especially with historically-oppressed communities, to reverse unjust policies, share decision-making power, and build community capacity to live a life free of commercial tobacco and nicotine.

This will be accomplished through an approach that acknowledges the role of the government, health care systems, and the tobacco industry in creating and perpetuating racial inequities in health and the factors that influence health.

ENUFF
The 84 Movement's Youth Day of Action

Advocacy vs. Education

ALL YOU NEED TO KNOW ABOUT LOBBYING BUT WERE AFRAID TO ASK

MTCP STATEWIDE MEETING – MARCH 13, 2025

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DISCLAIMER

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- This information is provided for educational purposes only and is not to be construed as legal advice.
- MAHB does not enter into attorney-client relationships.

QUESTIONS TO BE ANSWERED

- What is lobbying?
- How to lobbying and advocacy differ?
- How to lobbying and providing education differ?

LOBBYING IS NOT A "DIRTY WORD"

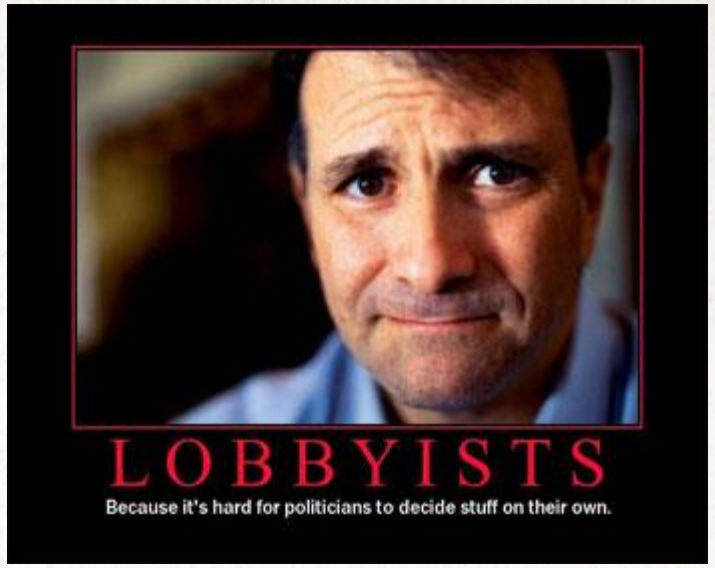
- It is often misunderstood.
- It is our "civic duty."
- Our taxes pay our legislators' salary.
  - Marjorie Taylor Greene's (R-Ga) comments:
    - Federal workers "don't deserve" their paychecks.
    - "Those jobs are not real jobs. . . Those jobs are paid for by the American tax people, who work real jobs. . ."

SHE'S RIGHT. LEGISLATORS ARE PUBLIC SERVANTS

- We DO pay their salaries with out tax dollars.
- In consideration, we expect them to:
  - Enact laws, including budgets
  - Provide constituent services
  - Listen to our expectations of them, including positions we have on what we want them to do.
    - What policies would we want enacted.
    - What policies do we think are bad, and don't want them to enact.
- It is our CIVIC DUTY to lobby for our beliefs and expectations.

DEFINITION OF LOBBYING

- Any verbal or written communication with a legislator or government official (Commissioner of Public Health) **if and only if:**
  - You refer to a specific piece of legislation (HB 4502); and
  - You express a position of such legislation.
  - You ask them to take an action on it.
  - **While you are working.**



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TYPES OF LOBBYING WHILE YOU ARE WORKING OR BEING PAID

- **Direct Lobbying:**
  - **"Please consider voting in favor of HB XXXX which increases the budget for MTCP to $50 million."**
  - **"I am asking you to vote in favor of HB XXXX which would ban the sale of tobacco in Massachusetts."**
- **Call to Action Lobbying:**
  - **Writing a letter to the editor telling readers to contact legislators and ask them to support or oppose specific bill.**
  - **Asking volunteers to call their legislators and ask them to support or oppose a specific bill.**
  - **Dropping flyers at legislative offices urging legislators to support a specific piece of legislation (HB 4502 – SAPHE 2.0).**

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DEFINITION OF EDUCATION AND PUBLIC HEALTH ADVOCACY

- Process of attempting to bring about change on behalf of a particular public health goal, program, interest, or population.
- Educating policymakers and the public about evidence-based policies.
  - NOT specific pieces of legislation with bill numbers.
- Talking to a legislator about the health impact of laws that ban the sale of tobacco products in general.

IMPORTANCE OF EDUCATION AND PUBLIC HEALTH ADVOCACY

- Intrinsic in enhancing specific public health goals, programs, and interests.
- Provides legislators and government officials with studies and research supporting public health goals.
  - Epidemiologists draft a paper outlining youth smoking rates in low income rural and urban areas v. high income suburbs.
- Perfectly fine to address issues relevant to a bill.
  - Just not the specific bill.
    - Educating educators that youth are attracted to and use flavored tobacco products lead to passage of law banning flavored tobacco products.

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WHEN LOBBYING IS PERMITTED AND ENCOURAGED!

- On your own time.
- Civic Engagement
  - Get involved in state and local electoral activities.
  - Support or challenge the approval of specific state ballot measures.
  - Seek to influence government officials within the state executive branch regarding specific laws, including specific budget proposals.
  - Advocate for, oppose, or impact particular specific bill.
    - Including the governor's decision to approve or veto any legislation.
- Always advocate for and educate about the importance of proactive public health measures.

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WHEN YOU ARE AT WORK, WHEN ARE YOU NOT "ON THE JOB"

- Lunch time and breaks
  - Not "on the job"
- When you are "on the job"
  - If asked by the majority of a legislative committee or commission to testify, you can.
    - Joint Committee on Public Health
      - Public Health Commissioner was asked to testify.

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EXAMPLES OF EDUCATING AND ADVOCATING AS PART OF YOUR JOB

- Distribute fact sheets about tobacco industry marketing of flavored tobacco products.
- Public education campaigns to educate the public about public health issues.
- Provide education to legislators and executive officials (governor) about public health issues, including tobacco prevention initiatives.
- Visiting editorial boards, contacting reporters, writing letters to the editor, and providing reporters with research findings on public health issues, not on specific bills.

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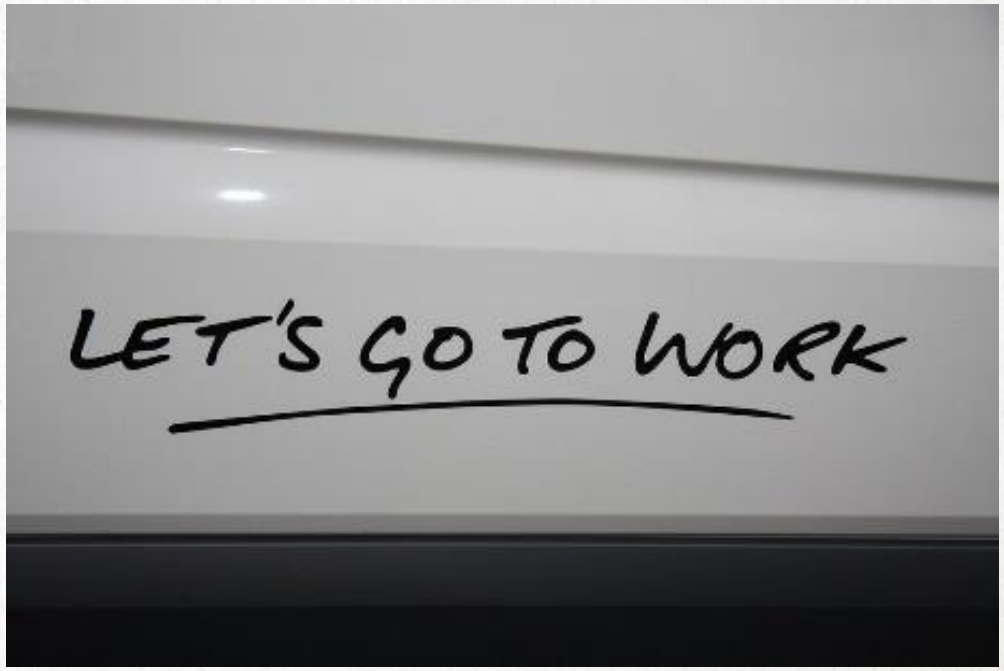
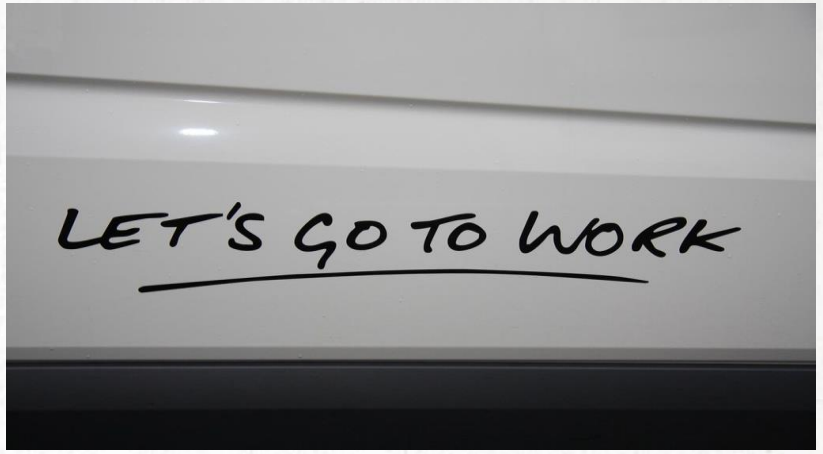
EXAMPLES OF EDUCATING AND ADVOCATING AS PART OF YOUR JOB (CONT)

- Making educational presentations to civic and community groups about public health issues.
- If is FINE to discuss issues relevant to a bill, JUST NOT THE SPECIFIC BILL.
- These activities can and should occur before and after a bill is filed.



WHAT IF A LEGISLATOR ASKS ME WHAT I THINK OF A PARTICULAR BILL DURING THE VISIT?

- Tell the legislator that you are visiting to express your concerns about tobacco issues.
- Turn it over to the person from Tobacco Free Mass.
- Any questions?
- Contact information
  - sbarra@mahb.org
  - 781-572-5639



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Networking Bingo

Find someone who

Has worked in tobacco for more than 5 years	Is a CP	Is from a state other than MA	Is a BOH	Wears glasses
Has an MPH	Drank coffee this morning	Is a TA provider	Is an only child	Is at their first statewide meeting!
Has traveled to more than 10 countries	Has a dog	Free Space :)	Is an MTCP staff member	Is attending ENUFF day this year
Is left-handed	Can speak more than one language	Works with The 84	Has a March Birthday	Works in Western MA
Has a cat	Has children	Goes to the DPH office at 250 Washington	Is wearing blue today	Has worked in tobacco for more than 10 years (wow!)

myfreebingocards.com

Lunch

Community Prioritization Process

Background

- Due to program capacity, existing disparities in tobacco use, systematic stressors, and differing levels of need by community, MTCP sought to identify which communities could benefit most from increased programming

- In fall 2024 MTCP sought to revise priority communities based on updated/new data and input from program staff to target work for Community Partners, cessation, enforcement, and all areas of work

Phase 1:Variable Selection

MTCP Epidemiologists compiled a list of potential indicators that have reliable, community-level data and sent to program staff

Program staff voted on the indicators they felt were most critical to consider when determining priority communities

MTCP Epidemiologists selected the top 5 indicators

- smoking rate
- percent BIPOC
- percent below federal poverty level
- overall retail density
- Social Vulnerability Index (SVI)

Phase 2: Data Analysis

Smoking Rate

- Estimates from 2023 MDPHnet EHR-based Small area estimates (SAEs)
- Based on patient address
- EHR based estimates were used instead of BRFSS as there is a reportable estimate available for every community in the state

Percent BIPOC

- estimates from ACS 2022 5-year data

Tobacco Retail Density

- (Number of tobacco retailers/total population)*1000
- Data source: Retailers pulled from POST in Nov 2024 and population estimates from ACS 2022 5-year data

Percent Below Federal Poverty Level

- estimates from ACS 2022 5-year data

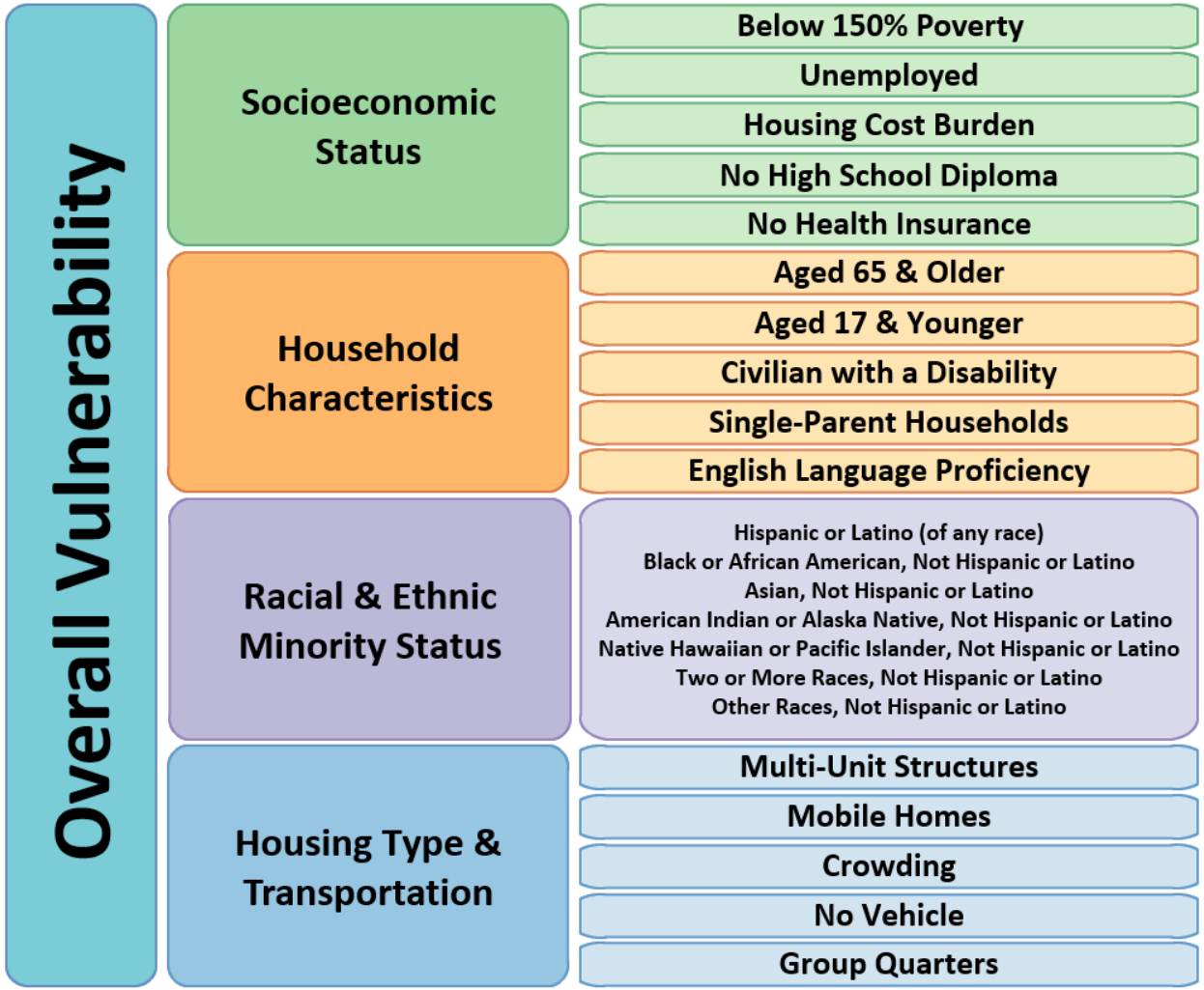
Social Vulnerability Index (SVI)

- Census tract-level estimates from The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry
- Census tract level estimates then cross walked to town level
- Comprised of 16 different indicators

Social Vulnerability Index (SVI)

- Social vulnerability refers to the demographic and socioeconomic factors (such as poverty, lack of access to transportation, and crowded housing) that adversely affect communities that encounter hazards and other community-level stressors. These stressors can include natural or human-caused disasters (such as tornadoes or chemical spills) or disease outbreaks (such as COVID-19)

- Source: CDC/Agency for Toxic Substances and Disease Registry

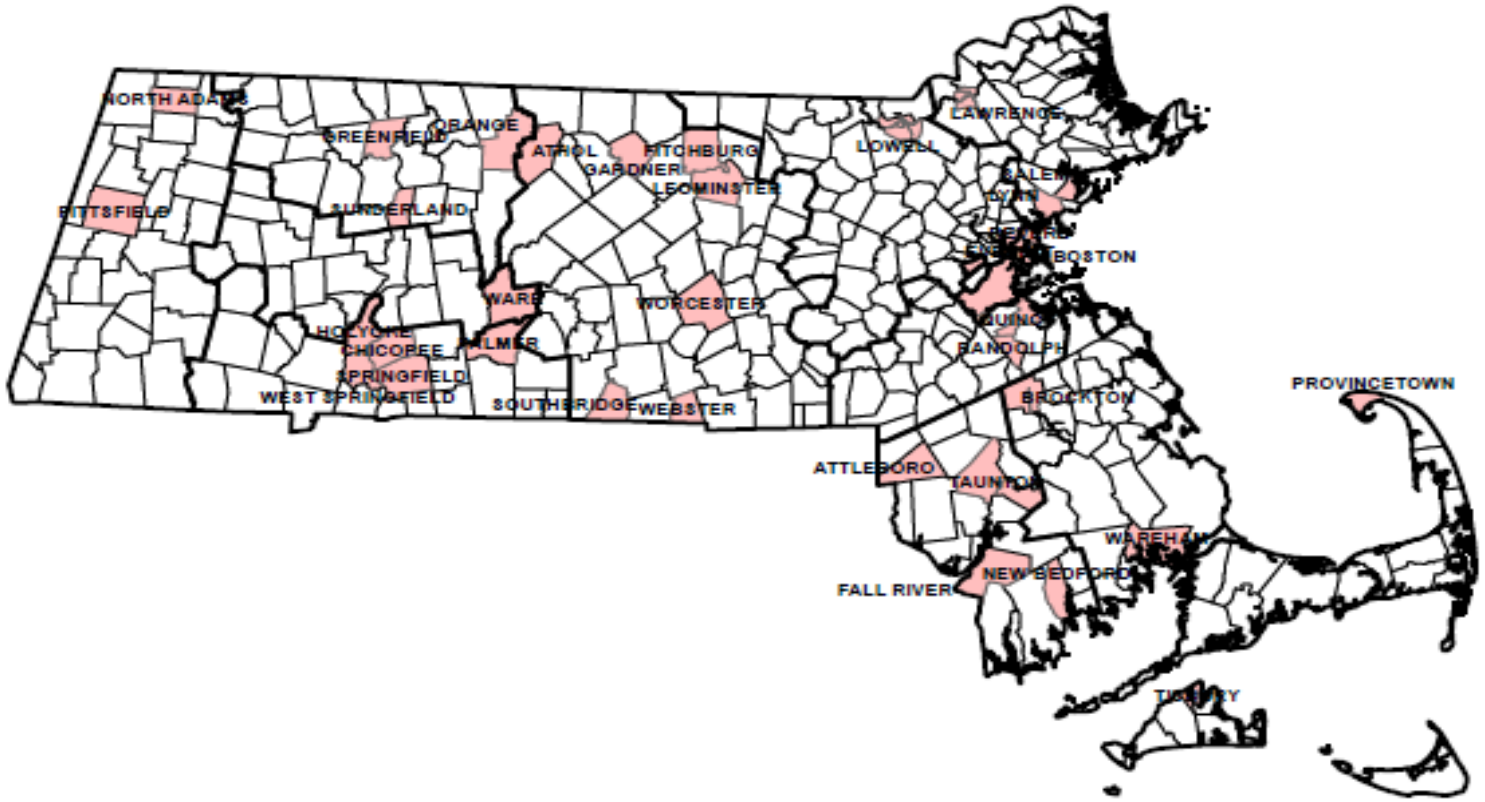


Phase 3: Community Ranking and Finalization

- Communities were ranked in order of selected variables
- Scores were added up for each community
- Communities were ranked in order of need based on selected variables
- The top 36 communities were chosen (roughly 10% of the state's communities)

* To be considered for selection, communities must have a minimum population of 3,000 and more than 5 retailers

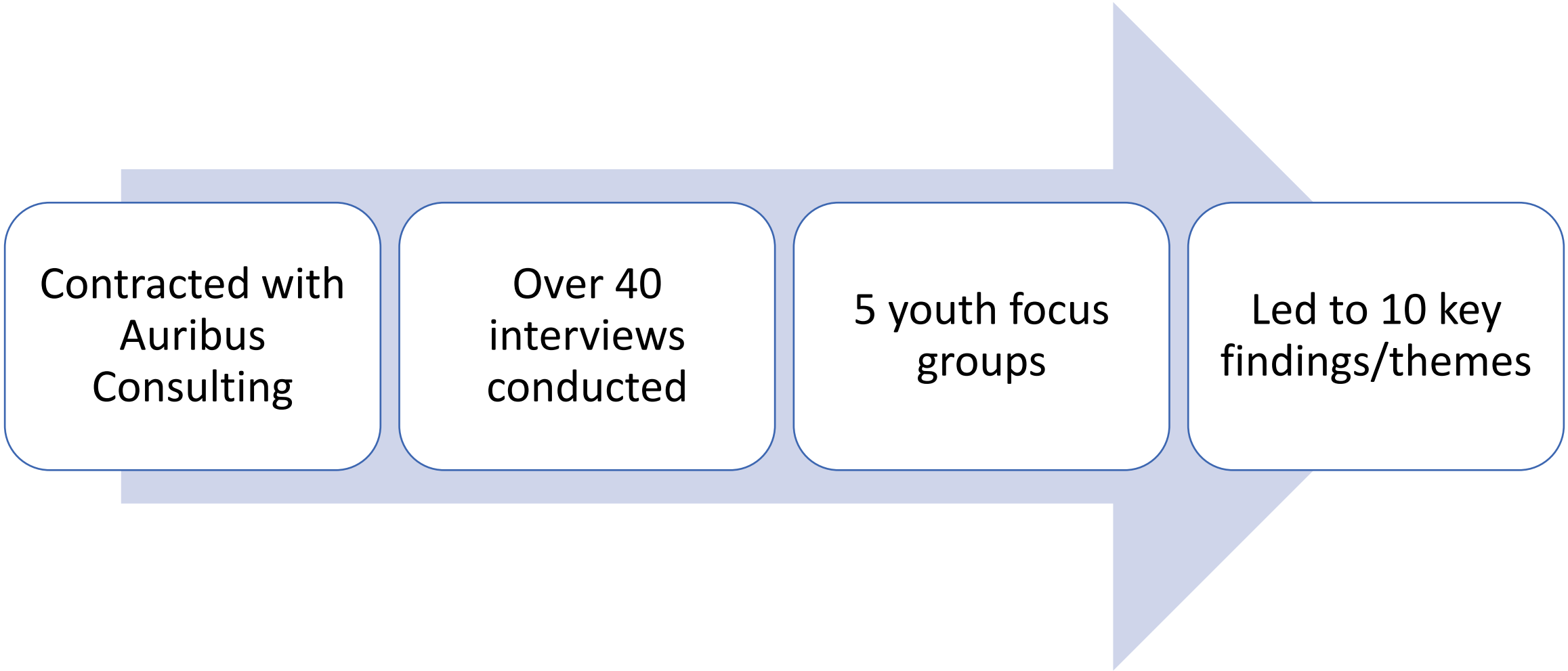
Selected Communities



Athol
Attleboro
Boston
Brockton
Chelsea
Chicopee
Everett
Fall River
Fitchburg
Gardner
Greenfield
Holyoke
Lawrence
Leominster
Lowell
Lynn
New Bedford
North Adams
Orange
Palmer
Pittsfield
Provincetown
Quincy
Randolph
Revere
Salem
Southbridge
Springfield
Sunderland
Taunton
Tisbury
Ware
Wareham
Webster
West Springfield
Worcester

JUUL Settlement

Preliminary Planning



Interviews, Focus Groups, and Surveys

MTCP and State Agencies

- MTCP staff and programs
- DPH
- DCF
- DMH
- DYS
- DESE

External Partners

- TFM
- Hospitals
- School nurses
- College health offices
- National networks (ex, ALA)
- Youth groups
- High schools, including recovery schools
- Recovery and addiction centers
- Online surveying

Findings – 10 Key Areas

1. Amplify state collaborations
2. Increase school supports/curricula/best practices
3. Maintain focus on equity
4. Refine retailer training
5. Explore new policies
6. Increase trust with youth
7. Prioritize early education and peer-to-peer communications
8. Inform parents on vaping
9. Increase youth access to trusted providers
10. Promote cessation methods

←Cross-cutting theme: Ensure MTCP capacity throughout all areas→

10 Key Findings

1. Amplify state collaborations

- Sister agency collaboration opportunities – provide routine training to DMH, DCF, and DYS staff
- Collaborate with DESE, revive interagency workgroup
  - Issue guidance to schools on tobacco and mental health

2. Increase school supports

- Convene provider forums to share and grow best practices
- Focus on elementary and middle school youth
- Scale existing, effective screening, preventative, and restorative programs/curricula/best practices
- For example, Catch My Breath, Truth, iDecide

10 Key Findings

3. Maintain focus on equity

- Continuously engage communities, conduct periodic needs assessments throughout funding cycle
- Focus on: BIPOC, LGBTQ+, people with mental health diagnosis, people who vape, women, and 13–25-year-olds

4. Refine retailer training

- Consider social-media-based training modules on compliance & enforcement
- Create shorter module trainings, helps to address staff turnover issues
- Periodically conduct needs assessment for retailers, particularly in priority communities

10 Key Findings

5. Explore new policies

- Consider local innovative policies like NFG, bans on products in youth-accessible settings
- Policies that address nicotine concentration levels
- Address MIAA policy, too disciplinary/punitive and they take precedence
- Disposal policies, collaborate with DOR

6. Increase trust with youth

- Refresh curricula, provide youth with facts and data
- Vet all curricula and communications materials by and with youth
- Utilize social media
- Curricula delivered by trusted adults such as teachers and coaches

10 Key Findings

7. Early education & peer-to-peer models

- Provide support to school counselors, nurses, school psychologists in priority communities

8. Inform parents on vaping

- Develop parent campaigns, use social media
- Ensure content is provided in multiple languages

10 Key Findings

9. Increase youth access to providers

- Collaborate with the American Academy of Pediatrics
- Develop pedi and PCP focused campaigns
- Created dental focused campaigns
- Collaborate with youth influencers

10. Promote cessation methods

- Revamp marketing materials for MyLifeMyQuit in collaboration with youth
- Promote on social media platforms
- Coordinate with DESE to re-launch across the state
- Monitor increased utilization of MLMQ

What else have we done?

ISA Implementation

"MTCP to implement evidence-based strategies to address youth and young adult e-cigarette and tobacco use, to meaningfully utilize JUUL settlement funds, and to advance health equity in the Commonwealth"

- Filling gaps where resources in current funding does not reach
- Building new programming to innovate and advance best/promising practices
- Immediate and longer-term approaches

Allocations

- Prevention & education – 50%
- Cessation & treatment – 25%
- Enforcement & compliance – 15%
- Engagement, administration & infrastructure – 10%

Settlement Funding &The 84

- Youth from The 84 were part of the early rally against JUUL's unjust tactics in MA

Will allow for:

- Grants
- Award more eligible mini-grant applications received
- Compensation for trusted adult advisors
- Aim to get a chapter in each priority community, especially in Western MA and Cape/Southeast

Cessation Technical Assistance

- Scholarships for tobacco treatment specialist program
  - Pediatric departments at community health centers, previously limited to adult providers
- Support for schools for clinical interventions
- EMR project for community health centers (CHC) for direct helpline referrals and systems change
- Emphasis on behavioral health providers, community health centers, doulas, community health workers, social workers

Filling Current Program Gaps

- Enforcement & compliance
  - Eastern Research Group (ERG), POST
  - Data
  - Technical assistance
  - Signage

- Engagement, admin, & infrastructure
  - Hiring
  - Outreach plan

What’s ahead?

What's ahead?

- Community advisory board
- Participatory research
- Provider and researcher roundtables
- Young adult campaign
- Compliance and enforcement
- Iterative process

Updates

Updates

- Tobacco Free Mass
- Nicotine Free Generation status
- Illegal Tobacco Task Force
- Metrik
- Communications

Illegal Tobacco Task Force

Illegal Tobacco Task Force

- Multi-agency task force created to combat illegal tobacco distribution and the resulting loss of revenue to the Commonwealth of Massachusetts
  - Department of Revenue
  - State Police
  - Attorney General
  - Department of Public Health
  - State Treasurer


Annual Report of
Multi-Agency
Illegal Tobacco Task Force

February 25, 2025

https://www.mass.gov/info-details/dor-illegal-tobacco-task-force

Illegal Tobacco Task Force

- Highlights
  - For the second year in a row, 94% of licensees inspected by the DOR fully complied with the Commonwealth's tobacco tax laws and regulations.
  - LBOH - most retailers complied with flavor regulations, with a 95% compliance rate in FY24.
  - "In October of 2024, the LBOH conducted an inspection of tobacco retailer in southeastern Massachusetts who was operating with expired tobacco licenses. During the inspection, the LBOH inspector observed flavored ENDS and other tobacco products inside the store. The inspector then exited the store to call for additional assistance with the inspection. **The retailer then locked the door and would not let the LBOH inspector back into the store**. The LBOH referred the information to the CIB, which conducted a follow-up inspection and seized a quantity of untaxed ENDS, cigarettes, and other tobacco products which were hidden throughout the store. As a result of the seizure, CIB issued civil penalties in the amount of $10,000 to the retailer based on the violations associated with the ENDS and cigarettes laws."

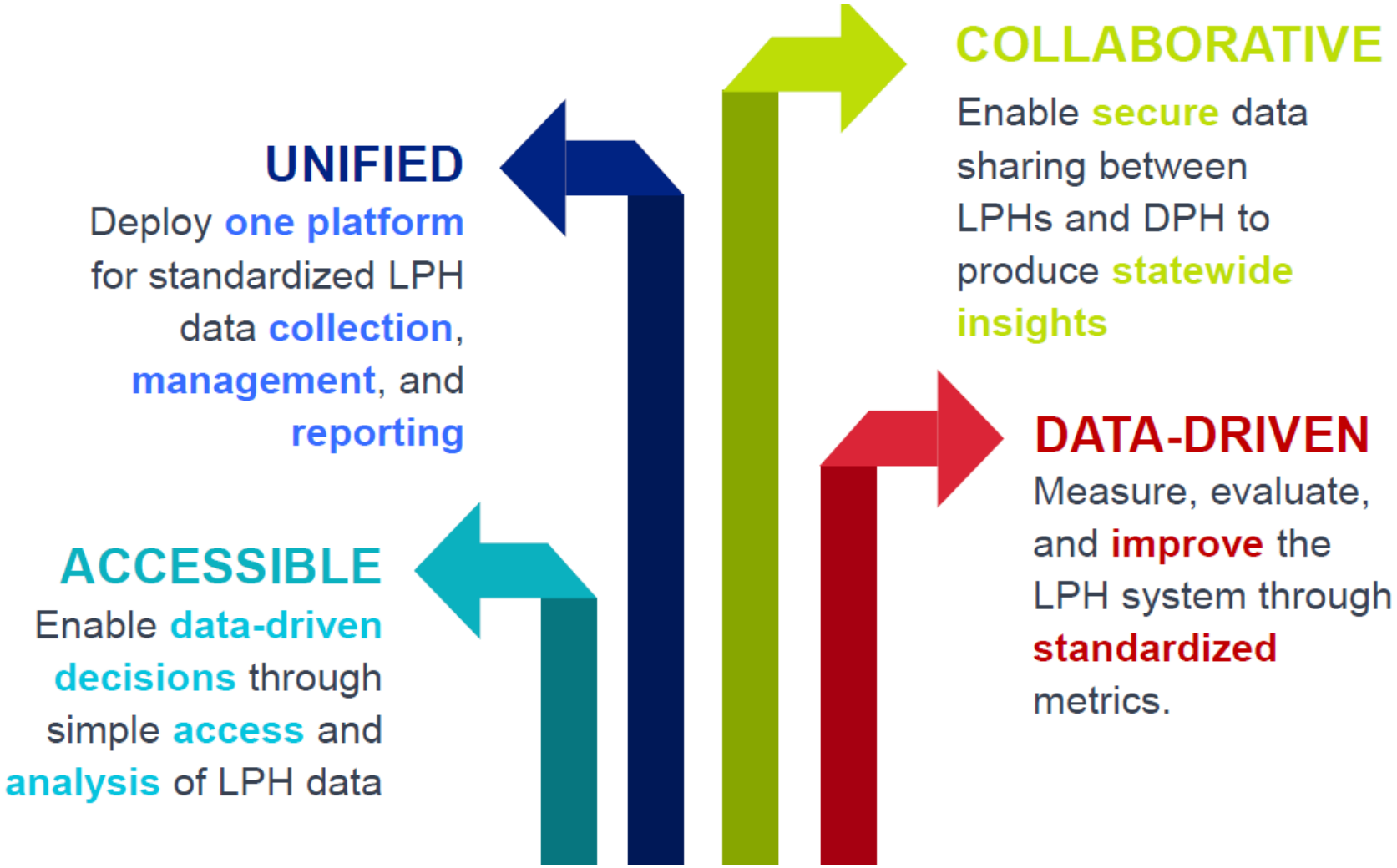
Local Public Health Data Solutions

Local Public Health Data Solution... VISION

> To collaboratively deliver an **intuitive and scalable public health data solution** that empowers all local public health agencies in Massachusetts to **enhance equity, efficiency, and effectiveness in health outcomes**, ensuring that every community benefits from **data-informed decision-making** and standardized practices.

Based on synthesis of Core Team member responses to the "Describe your 'North Star' for this project" question during the Ways of Working session on February 10, 2025.

Turning Vision into Action: Our Goal for Success



UNIFIED
Deploy **one platform** for standardized LPH data **collection**, **management**, and **reporting**

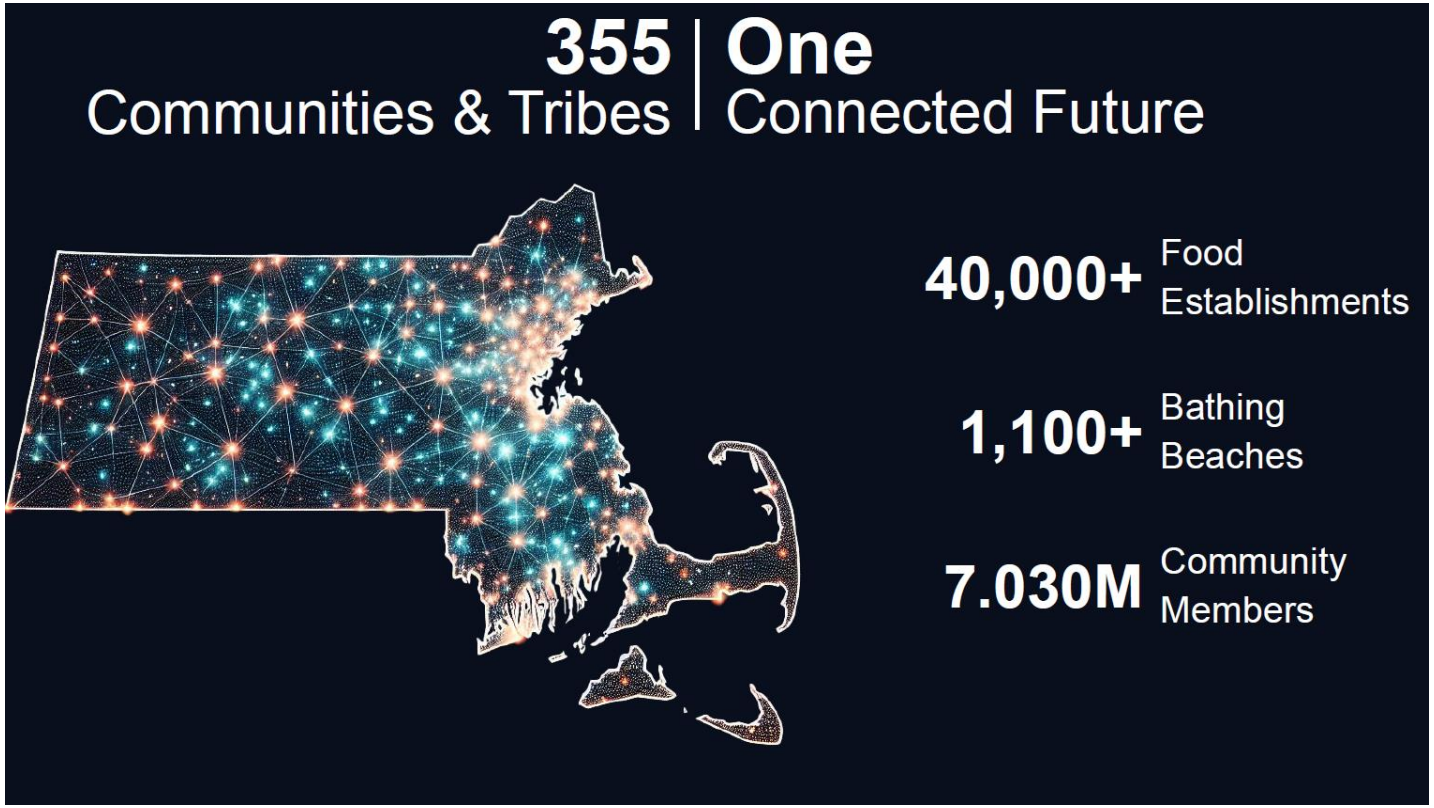
ACCESSIBLE
Enable **data-driven decisions** through simple **access** and **analysis** of LPH data

COLLABORATIVE
Enable **secure** data sharing between LPHs and DPH to produce **statewide insights**

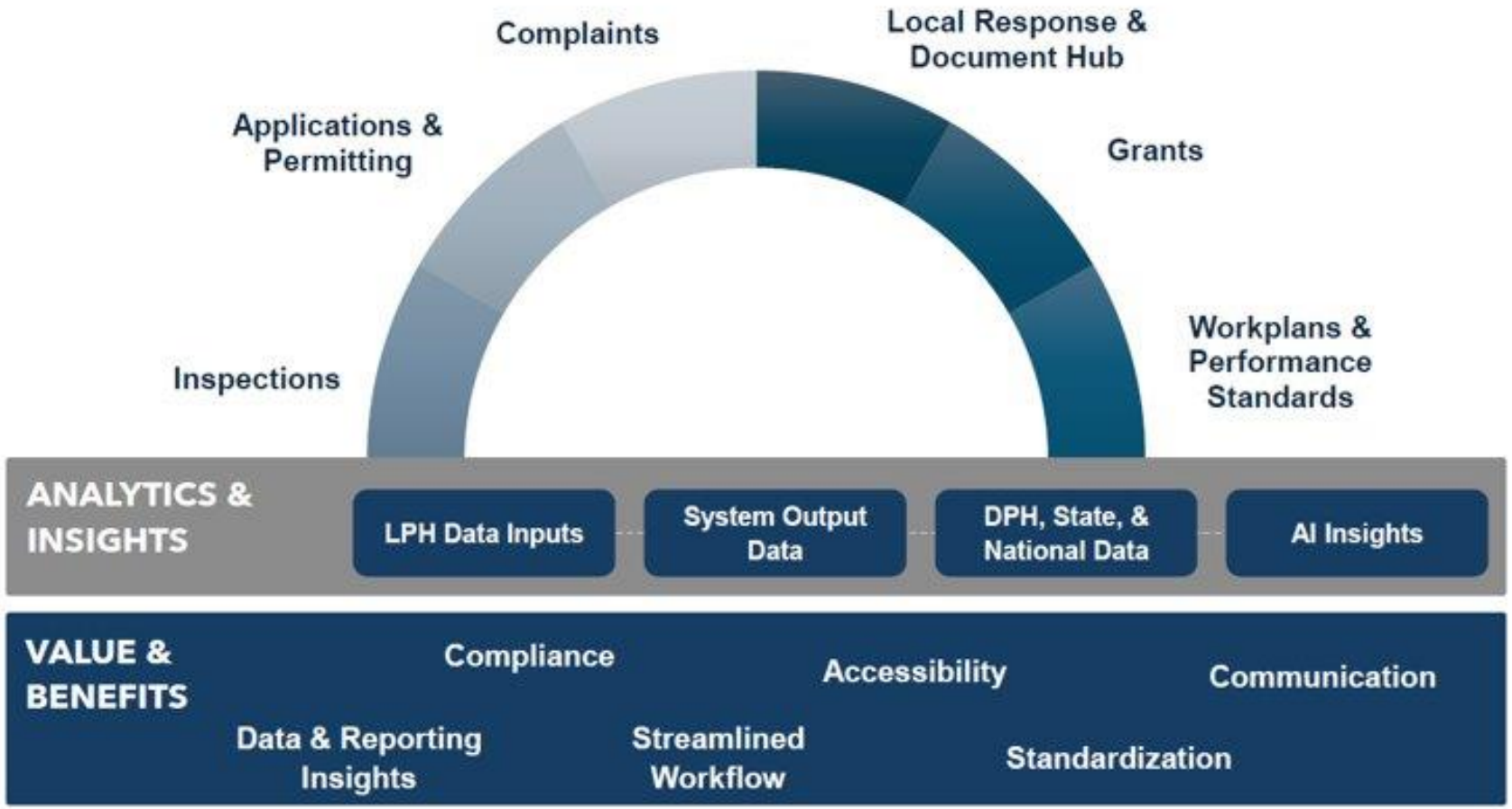
DATA-DRIVEN
Measure, evaluate, and **improve** the LPH system through **standardized** metrics.


Introducing
METRIK

Metrik


355
Communities & Tribes
One
Connected Future
40,000+
Food Establishments
1,100+
Bathing Beaches
7.030M
Community Members

The Building Blocks of our Solution



Project Road Map: Key Milestones


Finish Line
Ahead

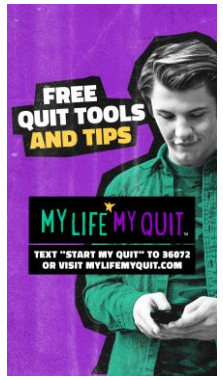
Communications

Communications

Current campaigns and outreach efforts

- National Tips campaign launched Feb. 24. A few new ads and a few familiar faces
  - Spanish integration effort in Boston
- Primary Care provider outreach – info on Quitline, QuitWorks, and CEUs
  - Two paid emails in November and December. Third and final email will be sent this month
  - Paid ads on Facebook and LinkedIn
  - Organic social media
- Youth Prevention**
  - Facts, No Filters campaign re-running
    - Video ads currently running statewide
    - Revised and some new social assets still in approvals and will be added in to the mix when approved

- Youth Cessation – MLMQ**
  - Licensed ads from Rescue Agency running statewide
  - Mass.gov/vaping updates in the works this week



**funded by JUUL Settlement

Communications

Current campaigns and outreach efforts

- Parent Awareness**
  - GetOutraged! ads running in English and Spanish statewide
  - GetOutraged.org website has a new look
  - Tool Kit was revised in the fall and is posted/website content updated

**funded by JUUL Settlement

Communications

Campaigns and outreach efforts in the works…

- Provider Outreach
  - Outreach to third party/gatekeeper organizations to continue to reach primary care providers
  - Behavioral Health Provider outreach – paid emails, paid ads, organic social media, third party outreach
- Youth Prevention**
  - Formative research with youth to determine next steps
- Parent Awareness**
  - Formative research with parents to determine next steps
- Young Adult Cessation**
  - Formative research with young adults (18-24) to create a cessation campaign
- Adult Cessation
  - Google search campaign

**funded by JUUL Settlement

Communications

What else?

- Clearinghouse
  - Ordering/revising materials
  - Consolidating materials
- Website reorganization
- Talking Points

Evaluation Survey

March 2025 MTCP Statewide Evaluation