

New Jersey Local Tobacco Control Activity: Findings from the MPROVE Study

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Disclosure

I have no conflicts of interest to disclose.

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Today's Presentation

- Local Public Health in New Jersey
- Multi-Network Practice and Outcome Variation Examination (MPROVE) Study Overview
- MPROVE Tobacco Control Measures
- New Jersey MPROVE Tobacco Control Measure Findings
- Conclusions and Implications

Local Public Health in New Jersey

- 95 Local health departments (LHDs) covering 566 municipalities in year 2013 (*reorganizations continue to shrink the number of departments*)
- All LHDs are units of local government
- Four jurisdictional structures:
 - Municipal (34), Inter-local (shared services contract) (36), County (18) Regional Health Commission (7)
- Population size of LHD jurisdictions varies widely¹:
 - Largest: 666,856 (a County LHD)
 - Smallest: 7,934 (an Inter-local LHD)
- Financing²
 - >50% LHD revenue from local sources
 - Median per capita expenditure: \$16 (compared with \$41 nationally)

Multi-Network Practice and Outcome Variation Examination (MPROVE):

- Funded by Robert Wood Johnson Foundation
- Developed and coordinated by the Public Health PBRN National Coordinating Center
 - New Jersey one of seven participating sites
- Rationale:
 - Knowledge gap exists in the correlates and determinants of geographic variation of public health service delivery
- Objective:
 - To quantify and characterize geographic variation, within and across PBRNs, of a set of public health services associated with population health

MPROVE Methods

- Developed 32 measures in 3 domains: chronic disease, communicable disease, and environmental health
- In New Jersey:
 - Collected data available from LHDs via 18-question web-based survey
 - Web-based REDCap survey
 - Paper self-completed
 - Telephone interview by MPROVE research staff
 - Final survey sample consisted of 69 (**73%**) LHDs
- Data collected July-October 2013
- Reflected activity over a 12-month period.

Rationale for analysis of Tobacco Control measures

- Deemed by the CDC as “The Nation’s Leading Killer”, tobacco use is the single largest preventable cause of disease and death in the U.S
- Prevalence of tobacco-use in adults has plateaued, after earlier declines
- 22% of New Jersey high school students report tobacco use; 48% report being exposed to secondhand smoke³
- Need for wider implementation of evidence-based tobacco control strategies

NJ MPROVE Tobacco Measure Objective

Objective

- To evaluate New Jersey LHD activities in tobacco prevention and control
- To determine whether tobacco prevention and control activities are associated with LHD jurisdiction population size

Local Public Health in New Jersey

- Smoke-Free Policies in New Jersey
 - New Jersey Smoke-Free Air Act (NJSFAA), (effective April 15, 2006) statewide:
 - Bans smoking, including e-cigarette “vaping”, in all indoor public places:
 - Workplaces, Restaurants, bars, Common areas of multi-unit housing
 - Municipal-specific outdoor air ordinances
 - 235 (42%) municipalities have smoke-free outdoor air ordinances⁴
 - Bans smoking in parks, recreational areas, public building outdoor property
 - LHDs must enforce all smoke-free air policies



MPROVE Tobacco Prevention and Control Measures

MPROVE survey included four tobacco prevention and control questions:

Smoking Restriction Policy Compliance and Enforcement:

Number of

- Reported cases of clean indoor air policy violations
- Compliance inspections for clean indoor air policy violations
- Citations and/or fines issued for violations of clean indoor air policies

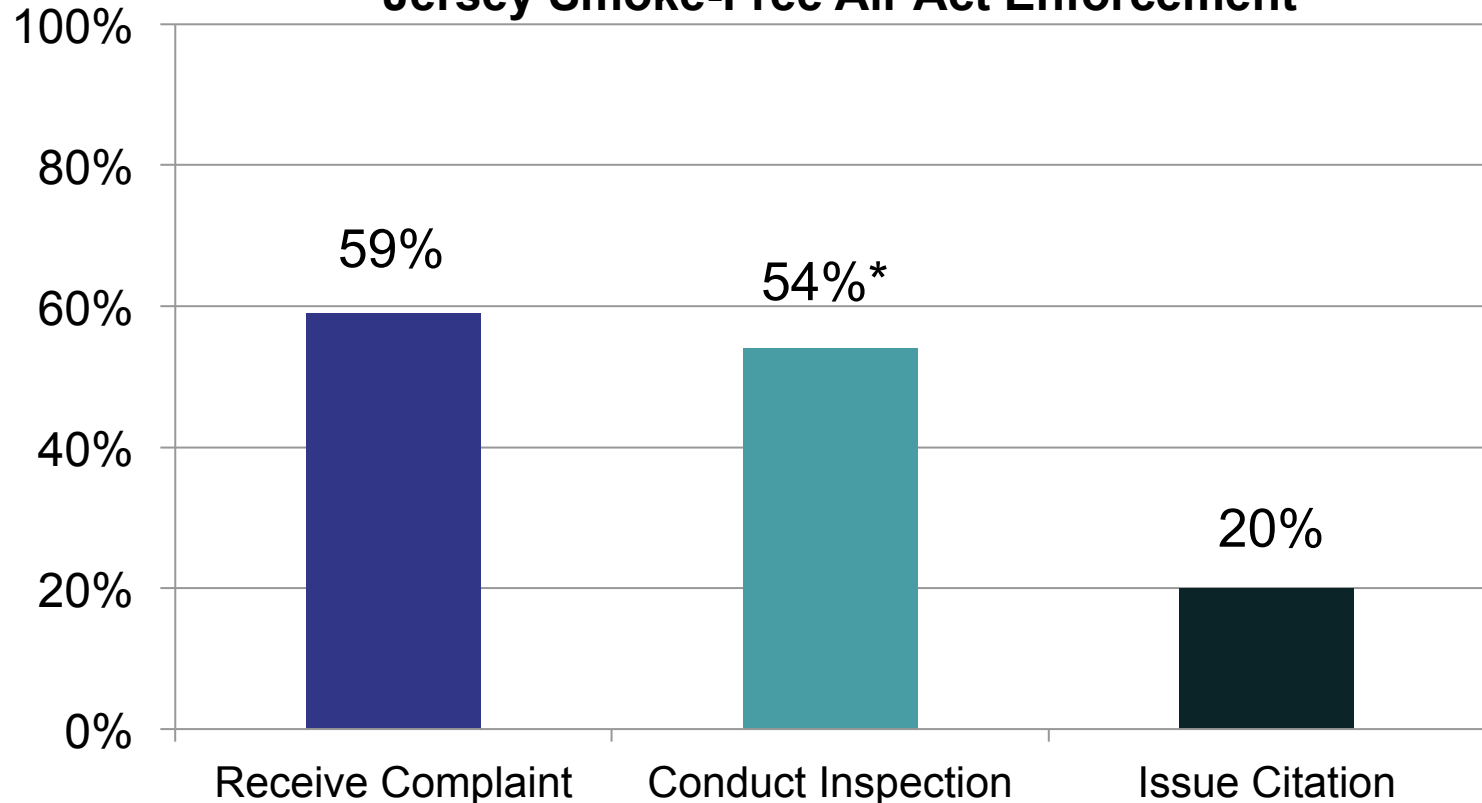
MPROVE Tobacco Prevention and Control Measures:

Which of the following activities did your department perform?

- Development / dissemination of educational materials and media
- Implementation of
 - educational or training programs to reduce use and exposure (e.g., behavioral interventions)
 - community development activities (e.g., convening coalitions, community meetings, planning and priority setting)
- Policy development (e.g. model laws and policies, testimony at legislative hearings, providing information to policy officials or advocacy groups)
- Policy implementation / enforcement (e.g., compliance monitoring, complaint investigations)
- Implementation of Surveillance for adult or youth tobacco use (e.g., BRFSS, YRBS)
- Tobacco cessation programs

New Jersey MPROVE Tobacco Measure Findings

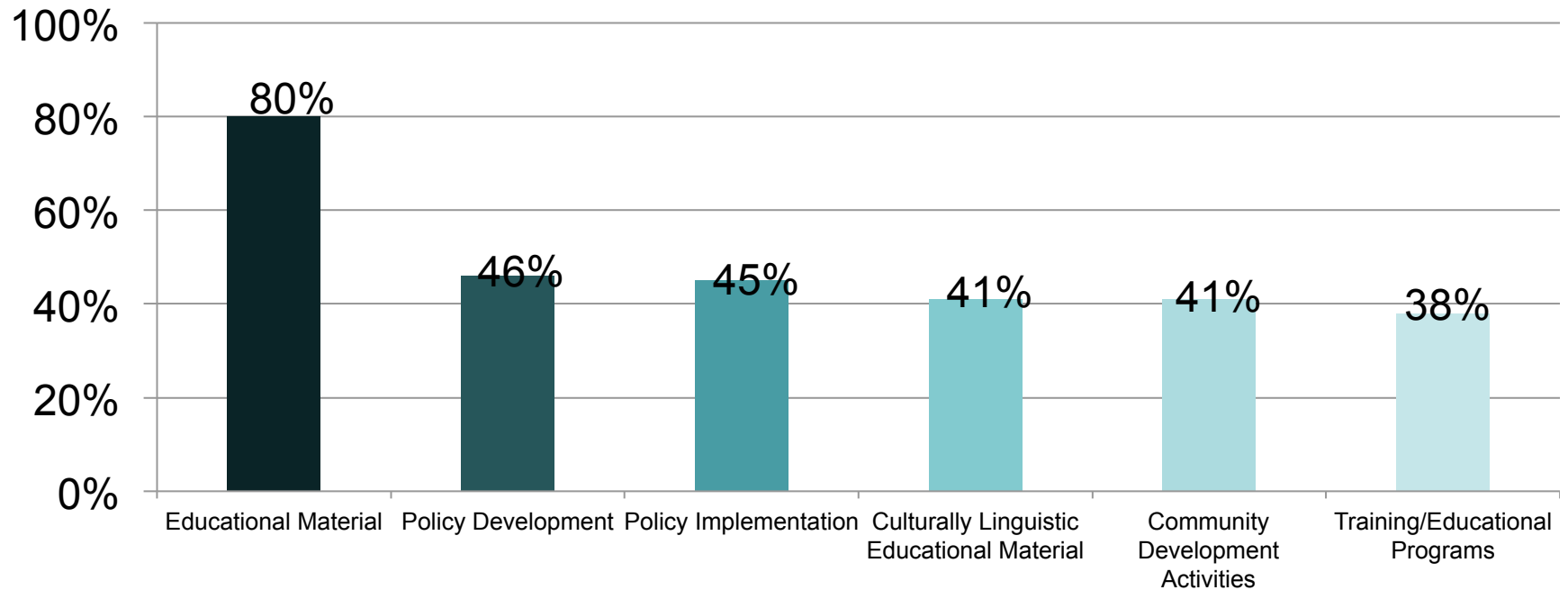
Percent of Local Health Departments Providing New Jersey Smoke-Free Air Act Enforcement



**91% of complaints result in inspection*

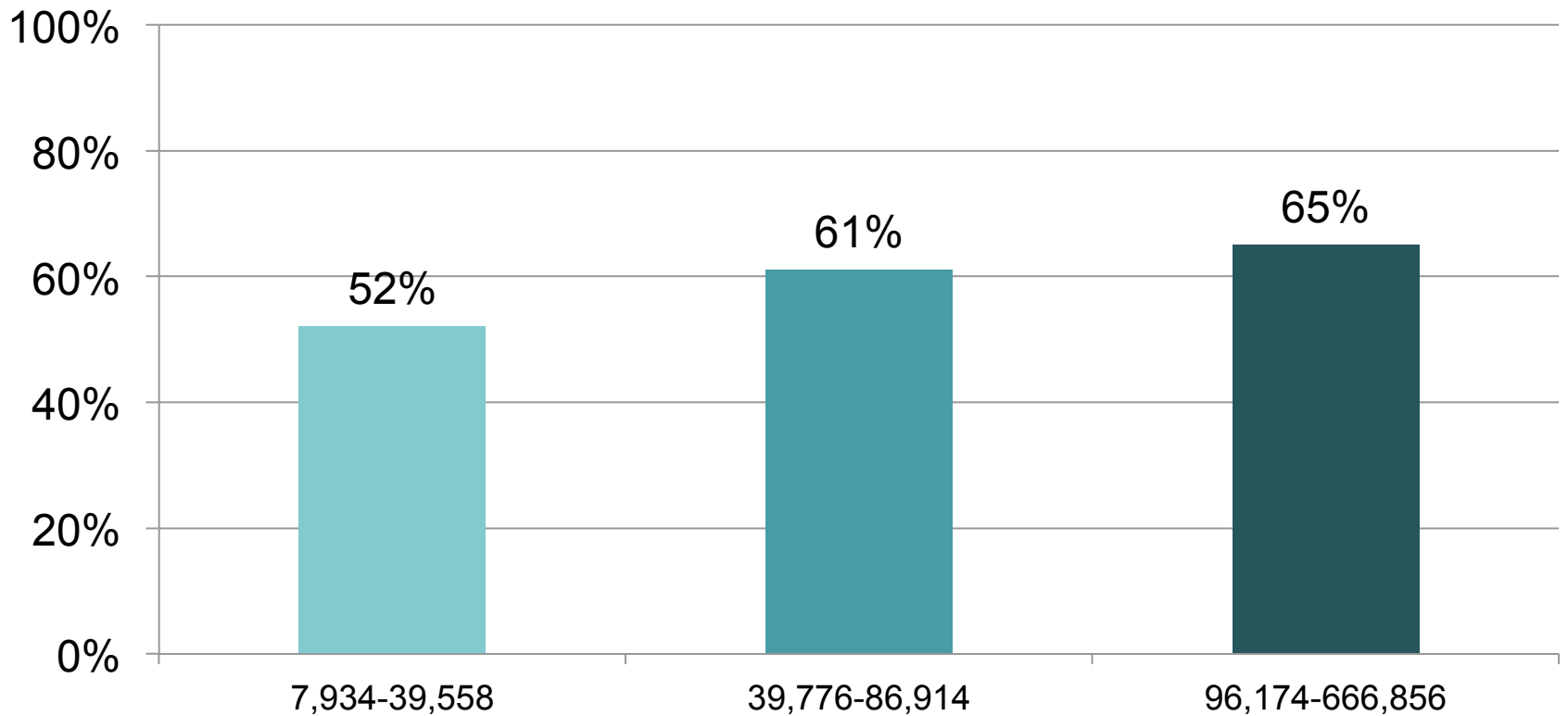
New Jersey MPROVE Tobacco Measure Findings

Percent of Local Health Departments Delivering 6 Most Frequent Tobacco Control Activities



New Jersey MPROVE Tobacco Measure Findings

Percent of LHDs Receiving NJSFAA Complaints by Jurisdiction Population Size Tertile

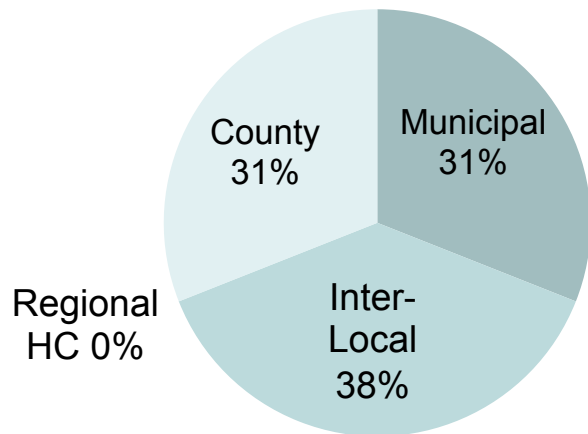


New Jersey MPROVE Tobacco Measure Findings

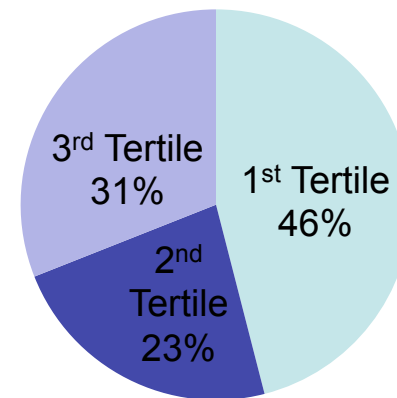
Characteristics of New Jersey LHDs participating in tobacco-use surveillance:

13 (11%) of LHDs reported participating in tobacco-use surveillance, the least common tobacco control activity

Jurisdictional Structure



Jurisdiction Population Size Tertile



Conclusions

- Just over half of the responding LHDs engaged in New Jersey Smoke-Free Air Act enforcement with most complaints resulting in inspection
- There may be excellent compliance with the NJSFAA in many jurisdictions; or the public may not make complaints:
 - Not aware of NJSFAA legislation
 - Not aware that local health department will accept complaints and act on them
 - Lack of interest in making complaint

Implications

- There may be a need for increased education of the public and possibly LHDs on New Jersey Smoke-Free Air Act enforcement procedures.
- It is likely, though, that LHDs lack resources for such an increase in education and compliance-related activity. In fact this was noted by several LHDs in the course of the survey
- Next Steps:
 - Evaluate associations of SES characteristics
 - Analysis of other MPROVE measures
 - The New Jersey DACS project is estimating costs of tobacco prevention and control activities performed by LHDs

References

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3. Bover Manderski MT, Delnevo CD, Hrywna M. The 2010 New Jersey Youth Tobacco Survey: A Statewide Report. New Brunswick, NJ: University of Medicine and Dentistry of New Jersey-School of Public Health; May 2011.
4. Global Advisors on Smoke-Free Policy, Municipal and County Smokefree Park and Recreation Area Policies in NJ (<http://www.njgasp.org/Smokefree%20parks%20list.pdf>) [accessed April 4, 2014].

Questions/Comments?

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