

NACCHO's National Profile of Local Health Departments: Tobacco Prevention and Control



Introduction

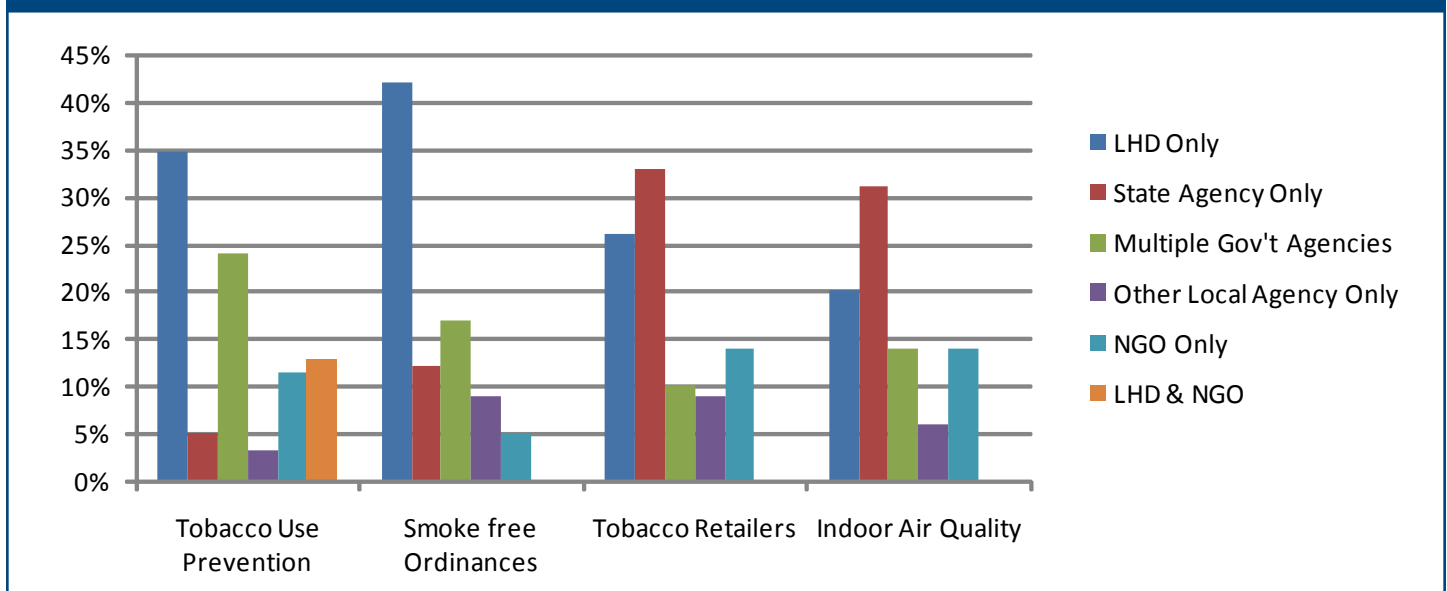
In 2005 and 2008, the National Association of County and City Health Officials (NACCHO) conducted two formal surveys of local health departments (LHDs) across the nation to capture a representative understanding of the public health workforce and LHD activities. This fact sheet highlights the results of the 2008 National Profile of Local Health Departments (Profile) and the 2005 National Profile of Local Health Departments that are relevant to tobacco prevention and control (TPC) activities in LHDs, including regulatory activities, environmental health and other, specific programmatic activities, and changes to provision of these services over the last three years. The intended audience consists of local and state programmatic staff and national partners that are interested in TPC activities at the local level.

Provision of Primary Prevention Services

Tobacco use prevention activities were available in 70 percent of LHDs,¹ with more than one-third (35%) of LHDs having directly performed some type of tobacco-related primary prevention service without the assistance of other agencies (Figure 1). The Profile questionnaire did not include a definition of tobacco primary prevention, so respondents may have had different understandings of what these services included. Other organizations that performed these services include the following:

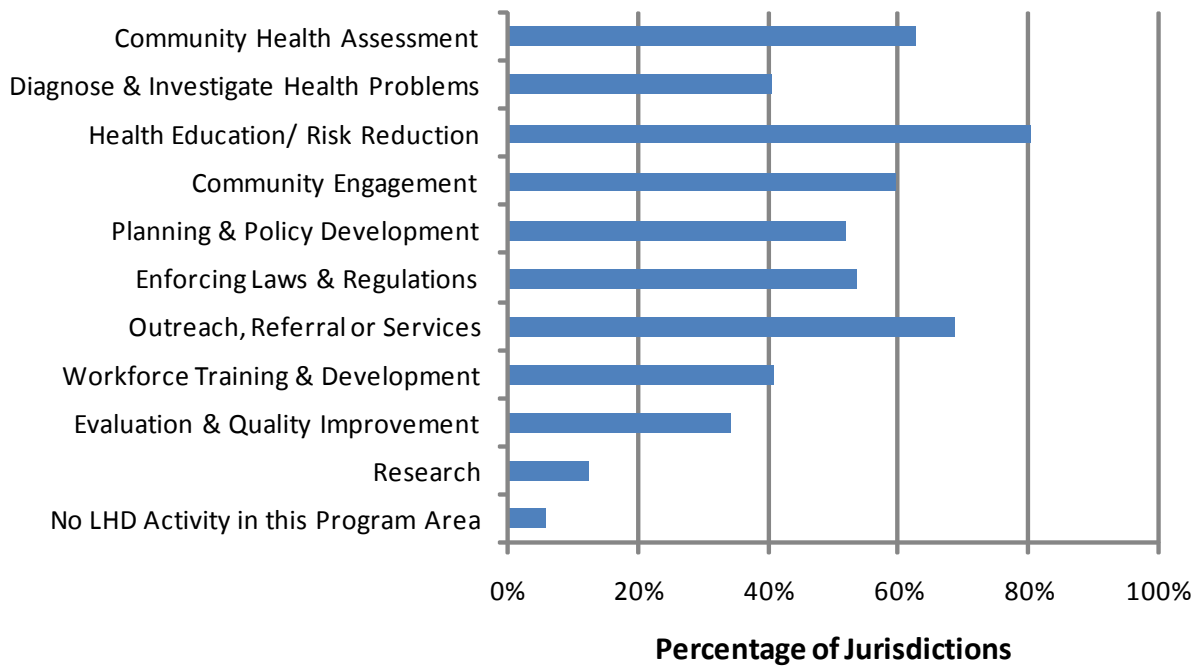
- Multiple government agencies (24%)
- LHD and a non-government agency (13%)
- Non-government agencies only (11%)
- State agency only (5%)
- Other local government agency only (3%)

FIGURE 1. Organizations Performing Tobacco Prevention and Control Activities



¹ Not all combinations are reported in this fact sheet.

FIGURE 2. Tobacco Prevention & Control Program Activities During Past Year



Regulation, Inspection, and Licensing Activities

The Profile survey collected data on a variety of public health-related regulation, inspection, and licensing activities, such as smoke-free ordinances and tobacco retailers. However, the questionnaire did not include definitions of each specific regulatory activity. Respondents were asked to mark each entity (LHD, multiple government agencies, state agencies, other local government agencies, or non-government organizations) in their locality that conducted these activities. Below is more detailed information regarding smoke-free ordinances and tobacco retailers (see also Figure 1). Most LHDs (57%) were involved in the enforcement of smoke-free ordinances and 27 percent of LHDs participated in some type of tobacco retailer regulatory activity.

ENTITIES THAT ENFORCED SMOKE-FREE ORDINANCES

- LHD only (42%)
- Multiple government agencies (17%)
- State agency only (12%)
- Other local government agencies only (9%)
- Non-government organizations only (5%)

ENTITIES THAT CONDUCTED TOBACCO RETAILER REGULATORY ACTIVITIES

- State agency only (33%)
- LHD only (26%)
- Non-government agencies only (14%)
- Multiple government agencies (10%)
- Other local government agency only (9%)

Indoor Air Quality

The Profile survey also collected information on the entities that performed indoor air quality activities. Indoor air pollution has many sources, including mold, radon, carbon monoxide, and environmental tobacco smoke. The Profile questionnaire did not include a separate item specifically about indoor smoke-free activities, so respondents selected the active entities based on their interpretation of activities surrounding indoor air quality (see Figure 1). Respondents reported 31 percent of LHDs were involved in indoor air quality activities, either working alone or with other agencies.

ENTITIES THAT CONDUCTED INDOOR AIR QUALITY ACTIVITIES:

- State agency only (31%)
- LHD only (20%)
- Multiple government agencies (14%)
- Non-government agency only (14%)
- Other local government agency only (6%)

Tobacco Prevention and Control Activities

One particular module² of the Profile questionnaire asked respondents to identify specific activities within a number of program areas, including TPC. These activities are based on the 10 essential services of public health. Respondents selected the activities they had been involved in during 2007–2008 (Figure 2). There is no detailed information about which programmatic staff members are responsible for the following activities, or whether they are part- or full-time employees dedicated to the LHDs' TPC programs.

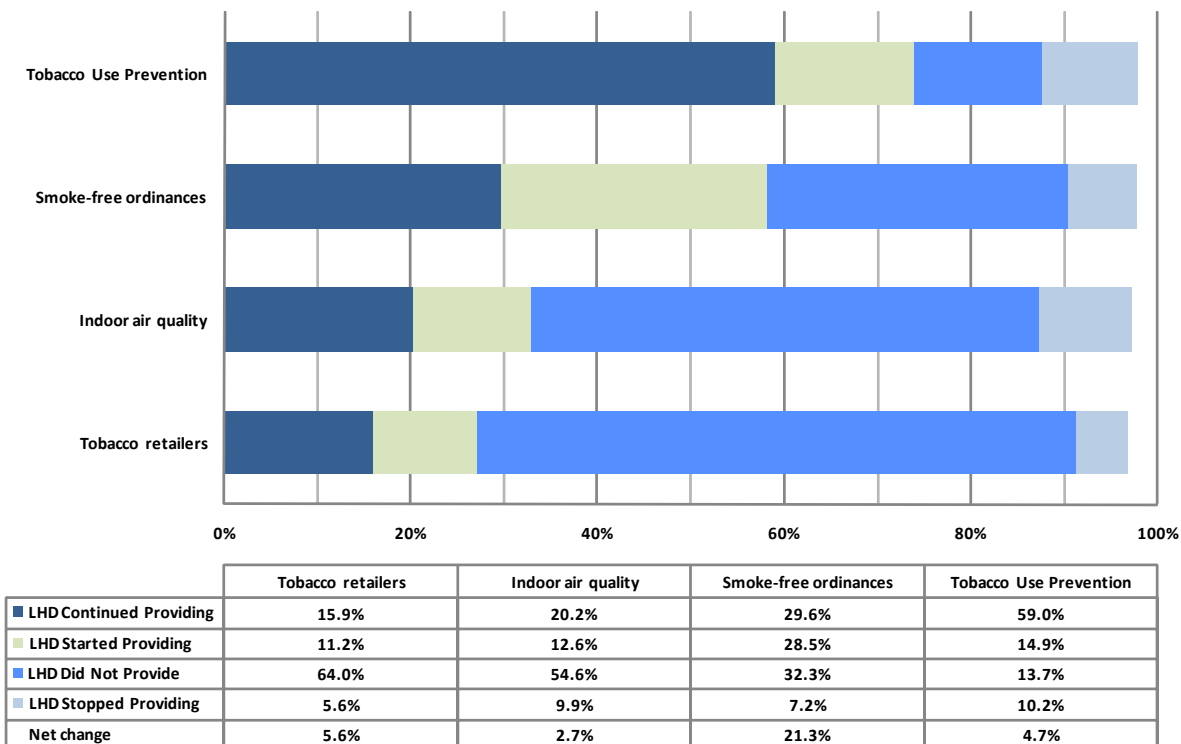
The most commonly reported TPC program activities in 2008 include the following:

- Health education/risk reduction (81%)
- Outreach, referrals, or services (69%)
- Community health assessment (63%)
- Community engagement (60%)
- Enforcing laws and regulations (54%)
- Planning and policy development (52%)

Only six percent of the respondents reported that none of these TPC program activities had taken place at their agencies during the previous 12 months.

Another module question set explored the programmatic areas in which LHDs were involved in policy or advocacy activities. In 2008, more than two thirds (68%) of LHDs had been actively involved in tobacco policy or advocacy in the past two years, more than any other activity area surveyed in the module, including environmental advocacy (58%) and funding for access to healthcare (32%). Compared to the other areas surveyed, the greatest number of new local public health ordinances or regulations adopted within the past two years was in the area of TPC. Tobacco control ordinances or regulations were adopted in the jurisdictions of 38 percent of LHDs.

FIGURE 3. Change in LHD Service from 2005 to 2008



² In addition to a set of core questions, Profile contained a set of supplemental questions sent to a random sample of the study population. Not all Profile participants were asked these questions.

[FACT SHEET]

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Comparison of Activity in 2005 to 2008

In 2005, NACCHO conducted a similar study of LHDs, which included collecting data on the activities of LHDs regarding tobacco use prevention, smoke-free ordinances, indoor air quality, and tobacco retailer regulation. Figure 3 presents information on the changes in the provision of individual LHDs over these three years, noting the percentage of LHDs that continued providing or started providing each service from 2005 to 2008. Of the 87 services and activities included in the 2008 Profile questionnaire, three of the five activities showing the greatest positive net change in provision by LHDs were related to TPC. Most notable, the percentage of LHDs enforcing smoke-free ordinances increased by 21 percent, the largest net increase for any activity in the Profile questionnaire. The percentages of LHDs regulating tobacco and engaging in tobacco-related primary prevention activities each increased by five percent.

Conclusion

LHDs are working with other state and local agencies to address TPC in their communities. Health education, outreach, and community health assessment were particular focus areas in 2008. Data from LHDs across the nation demonstrate the importance of states, federal agencies, and other national and community partners working with LHDs to combat tobacco use and secondhand smoke exposure. Findings from the Profile study can assist national partners and other stakeholders in their effort to prevent and reduce the use of tobacco products in communities across the nation.

Acknowledgments

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