Variation in Enforcement of the Ohio Smoke Free Work Place Act by Local Health Departments – A Robert Wood Johnson Foundation Quick Strike Project

David Bruckman, Terry Allan, Matthew Stefanak, Aiswarya Chandran Pillai, Aylin S Drabousky, Elaine Borawski, Scott F Frank Prevention Research Center for Healthy Neighborhoods, Case Western Reserve University, Cleveland, Ohio and the Ohio Research Association for Public Health Improvement (Ohio RAPHI)



Background

at Case Western Reserve University

In 2007, Ohio public health (PH) jurisdictions were charged with enforcement of Ohio's Smoke Free Work Place Law (SFWPL) limiting public exposure to tobacco smoke. PH jurisdictions can receive a state subsidy (\$125) for each investigation closed, given timely and complete documentation, within 50 days of a Notice of Review. Currently, 24 of 88 counties opted out of enforcement. Ohio Department of Health (ODH) performs their investigations.

Little is known about public health practice of SFWPL enforcement across 88 Ohio counties, and whether variation is associated with agency characteristics.

Purpose

- Determine barriers, incentives, practice patterns, and opinions among the PH workforce involved in enforcement.
- Identify differences in these factors across rural/urban jurisdictions and health department factors, levels of employment and their associations.

Methods

Phase 1: Focus groups and phone interviews (n=13)

- Subjects: Public health executive/administrative and direct enforcement levels (Ex/DE)
- Content: comments on enforcement practice.
- Analysis: Critical issues and domains were identified and used to develop an online survey that targeted public health workers.

Phase 2: Statewide Survey Monkey survey

- Developed reliable contact list for recruitment by email.
 - Used publicly available lists and PH websites.
- Data included respondent demographics.
 - Jurisdiction regions were identified (rural/urban).
 - Job classifications ranked and categorized as Administrative or Non-Administrative.
 - Questions used 5-level dis/agreement scales and 2-level dis/approve scales.
 - Associations were analyzed using contingency tables.

Quick Strike Time Frame: <6 months from QS funding to reporting.

Results

From N=433 email addresses, 177 visited the website (41%)

- 166 (94% of 177) PH workers consented to participate.
 - 44% from Southwest and Appalachian counties
 - 68% of Ohio counties were represented by jurisdictions.
 - 40% rural and 60% urban

Findings:

Agencies use registered sanitarians, health educators, and contracted inspectors, and sometimes nurses. Client education was stressed.

• 73% urban/44% rural respondents, agreed that enforcement was worth the effort and cost to the agency (p=0.0036, df=2).

State assistance from ODH was considered as timely and adequate.

Enforcement was a priority equal to food and routine code enforcement.

Worker safety issues were a priority that spurred practice change.

Enforcement staff rarely go alone, often incognito when possible.

Strong public support of the law was consistently reported.

"Most restaurants adapted superbly," was a consistent theme.

Conclusion

Smoke free work place laws require state subsidies of local enforcement costs to be effective.

Loss of state financial support and an ineffective fine collection process will likely cause many PH agencies to opt out of direct enforcement. This will increase state burden to enforce such a law and will challenge the wide spread public support for the current law.

Discussion

This is the first study to directly assess jurisdictions enforcing an indoor or work place smoke free law whether the agencies are losing money due to enforcement and business education, and to what extent are uncollected fines attributing to the loss.

Key Findings

Spotty and unreliable collection of large fines by State Attorney General.

• 61% respondents: assistance was neither timely nor adequate.

Most (77%) reporting jurisdictions lose money on enforcement activities each year. Only 18% break even. Overall, 63% of jurisdictions occasionally or never fully recovered fines.

Of those enforcing jurisdictions losing money (40% rural, 60% urban), two-thirds directly attributed loss due to uncollected fines.

Nearly half (49%) of jurisdictional leaders felt that state subsidies were inadequate to cover inspection costs.

Most importantly, 58% of respondents in rural counties compared to 40% in urban counties were likely to drop enforcement if state subsidies ended (p=0.0084, df=1).

Impact on Policy Change

A new revenue sharing plan between public health and State Attorney General's office is currently underway to incentivize and increase collections.

Affiliations and RWJ Funding

Bruckman (1,2,3,4); Allan (1,5); Stefanak (1,6); Chandran Pillai(4); Drabousky (1,4); Borawski (2,4); Frank (1,4,8)

- 1) Ohio Research Association for Public Health Improvement (Ohio RAPHI)
- 2) Prevention Research Center for Healthy Neighborhoods, CWRU
- 3) Cleveland Department of Public Health
- 4) Department of Epidemiology and Biostatistics, CWRU
- 5) Cuyahoga County Board of Health
- 6) Mahoning County Health District
- 7) Shaker Heights Health Department

This study was funded by a Robert Wood Johnson Quick Strike Research Fund Grant administered by the University of Arkansas Medical School (UAMS) College of Public Health: RWJF ID# 66151 Practice-Based Research Network in Public Health.

This poster was supported by Cooperative Agreement Number 1-U48-DP-001930 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.