

Enhancing Policy Effectiveness: Examining the Rollout of a Comprehensive Tobacco-Free Workplace Policy within Homeless-Serving Agencies and the Impact of Education Receipt

Ammar D. Siddiqi (asiddiqi1@mdanderson.org)^{1,2,3}, Maggie Britton^{2,3}, Tzuan A. Chen^{3,4}, Isabel Martinez Leal^{2,3}, Anastasia Rogova^{2,3}, Bryce Kyburz⁵, Kathleen Casey⁵, Teresa Williams⁵, Briana Azad^{2,6}, and Lorraine R. Reitzel^{2,3}

¹ Department of Biosciences, Rice University; ² Department of Health Disparities Research, The University of Texas MD Anderson Cancer Center; ³ Department of Psychological, Health & Learning Sciences, University of Houston; ⁵ Integral Care, Local Mental Health Authority of Travis County; ⁶ Department of Psychology, University of Houston

MD Anderson Cancer Center

Making Cancer History®

Introduction

- Tobacco use has been causally linked to at least 13 different types of cancer and 30% of cancer deaths in the U.S.
- Individuals experiencing homelessness use tobacco at elevated rates (~80%) compared to the general population (~12%).
- Consequently, this group experiences disproportionate cancer mortality and morbidity from tobacco use.
- Implementation of a tobacco-free workplace program that includes a tobacco-free workplace policy (TFWP) and employee training on the hazards of smoking and benefits of quitting can lead to reduced guest/client smoking in homelessserving agencies (HSAs).
- However, the effectiveness of TFWP implementation hinges upon factors associated with rollout, and employee knowledge of the harms of smoking and benefits of quitting may affect these factors.
- TFWP effectiveness can be influenced by communication, awareness, enforcement, and compliance of various stakeholders at an agency.
- This study investigated how factors related to the rollout of a TFWP changed over time, with consideration of the effect of employee education receipt in HSAs.

Methods

Participants and Procedures

 A convenience sample of 3 HSAs agreed to participate in a tobacco-free workplace program; their employees consented to complete anonymous surveys before (N=18) and after (N=15) program implementation.

Key Variables of Interest

- Face-valid items regarding a TFWP assessed whether employees believed that their agency:
 - Had clear signage of the policy (i.e., communication)
 - Ensured consistent enforcement of the policy
 - Enforced the policy in a fair manner
 - Ensured that the policy was followed (i.e., compliance)
- Employees also answered questions about whether:
 - They had received training on the hazards of smoking and benefits of quitting
 - Guests/clients, contractors, and visitors are aware of the agency's TFWP

Results

Table 1: Changes in employees' perception of tobaccofree workplace policy communication, enforcement, compliance, and employee education receipt from preto post-implementation of a tobacco-free workplace program in 3 Texas homeless-serving agencies.

Variable	Pre	Post	p-value
Clear signage	61.11%	80.00%	0.422
Consistent enforcement	66.67%	80.00%	0.663
Fair enforcement	66.67%	80.00%	0.600
Compliance	72.22%	86.67%	0.549
Education receipt	5.71%	46.67%	0.016
Note. Bold = p < 0.10 .			

Table 2: Changes in employees' perception of different stakeholders' awareness of a tobacco-free workplace policy in 3 Texas homeless-serving agencies before and after the implementation of a tobacco-free workplace program.

Stakeholder	Pre	Post	p-value		
Guests/clients	55.56%	93.33%	0.051		
Contractors	50.00%	80.00%	0.153		
Visitors	55.56%	86.67%	0.121		
Note. Bold = p <0.10 .					

Table 3: Changes in employees' perception of guests'/clients' and visitors' tobacco-free workplace policy awareness at agencies with larger changes in educational exposure over time.

	Perceived policy awareness of	Pre	Post	p-value
	Guests/ Clients	66.77%	100%	0.095
	Visitors	66.77%	100%	0.095

Note. Non-significant analyses were excluded from table; **bold = p < 0.10**.







Analysis

- Logistic regression analyses, controlling for agency, were used to investigate the effect of program implementation on TFWP communication (i.e., clear signage); consistent and fair TFWP enforcement; TFWP compliance; and guest/client, contractor, and visitor TFWP awareness.
- Effects were examined overall; analyses separated by change in employee education (median split; larger versus smaller changes in agency-level educational exposure from pre- to post-implementation) were conducted.
- p < 0.10 was considered significant for this study due to the small sample sizes.

Conclusions

- Findings highlight the role of policy rollout factors in cultivating an anti-tobacco environment in HSAs, which in turn can reduce cancer-related morbidity and mortality from tobacco in this disparity group.
- Of rollout factors examined, only policy awareness significantly increased and only for guests/clients, the stakeholders with whom reporting employees most likely had the greatest contact and communication about the TFWP.
- Role playing how employees can advise contractors and visitors about the TFWP may be helpful to enhancing perceived awareness.
- Significant gain in other factors (communication, enforcement, compliance) may have been precluded by competing priorities of HSAs and employee turnover, which represent common implementation challenges in this setting.
- Education receipt was intended to encourage employees to challenge social norms and help their agency reduce tobacco use among guests/clients; larger changes in education exposure may have affected greater increases in employees' perceived guest/client and visitor TFWP awareness.
- Future work should: 1) reach more of the workforce with education; and 2) focus on capacity-building and tailoring program components for to maximize TFWP rollout effectiveness in HSAs.

Disclosure

This project was funded by the Cancer Prevention and Research Institute of Texas: PP210026 awarded to Dr. Lorraine Reitzel. Work on the analysis and presentation was further supported by NIH/NCI R25CA056452 (Ammar Siddiqi, Shine Chang, Ph.D., Principal Investigator). The authors declare no conflict of interest. This study was approved by the IRB at the University of Houston and the QIAB at MD Anderson Cancer Center. All appropriate ethical codes were adhered to in the conduct of the study.





Scan the QR code to download a copy