

Evaluating the Effects of a Tobacco-Free Workplace Program on Provider Beliefs about Guest/Client Tobacco Use and Self-Efficacy to Intervene at Texas Homeless-Serving Agencies during COVID-19

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Introduction

- Cigarette smoking, a known cause of cancers, is elevated among people experiencing homelessness, with a prevalence of ~78%.
- People experiencing homelessness have considerable interest in quitting smoking; however, agencies that serve them rarely provide evidence-based tobacco screening and intervention.
- Barriers to care provision include inaccurate provider beliefs about their clients' concerns about smoking, and a lack of knowledge on how to address tobacco dependence.
- Consequently, comprehensive tobacco-free workplace programs (TFWPs) that include provider training are critical to implement in settings where people experiencing homelessness receive services.
- One such TFWP, called *Taking Texas Tobacco Free* (TTTF) has been implemented in homeless-serving agencies pre-COVID-19, yielding significant increases in providers' capacity to address tobacco use.
- Here, we extend the TFWP to new agencies and examine its effects on providers' beliefs about their guests'/clients' smoking and knowledge about evidence-based cessation interventions during COVID-19.

Methods

Participants and Procedures

- TTTF enrolled 3 homeless-serving agencies to participate in the TFWP implementation.
- Together, the agencies served 1,355 guests/clients annually through 13,090 visits.
- Agencies employed 17 and 11 providers at pre- and post- implementation, respectively.
- Providers completed anonymous surveys pre- (N=9) and post- (N=6) implementation.

Key Variables of Interest

- Providers rated their agreement with 5 statements using a 5-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree:
 - My guests/clients are concerned about smoking
 - My guests/clients who smoke want to quit smoking
 - I have the required skills to help my guests/clients quit smoking
 - My guests/clients follow my advice about behavior change
 - I know where to refer guests/clients for help with smoking cessation

Analysis

- Changes in each key variable of interest over time were assessed using separate logistic regression analyses.
- Agency was included as a covariate to control for between-agency variance in key variables of interest.
- Given the anonymity of survey data, pre- and post-implementation provider responses could not be matched at the individual level and were thus treated independently.

Results

Table 1: Characteristics of homeless-serving agencies (N=3) in Texas participating in a comprehensive tobacco-free workplace program

Agencies	Annual Guests/ Clients Served	Annual Guest/ Client Visits	# Providers Employed		Counties Served	# of Providers Trained in MI	# of Providers Trained as TTS
			Pre	Post			
Agency #1	1,000	3,000	2	2	Zavala	0	0
Agency #2	180	90	3	3	Cameron	2	1
Agency #3	175	10,000	12	6	Travis	0	0

Note: MI = Motivational Interviewing; TTS = Tobacco Treatment Specialist

Table 2: Changes in provider beliefs from pre- (N=9) to post- (N=6) implementation of a comprehensive tobacco-free workplace program in three Texas homeless-serving agencies

Variables of Interest	Pre-implementation		Post-implementation		p-value
	N	%	N	%	
My guests/clients are concerned about smoking	1	11.11	3	50.00	0.9084
My guests/clients who smoke want to quit smoking	0	0.00	3	50.00	0.9480
I have the required skills to help my guests/clients quit smoking	3	33.33	4	66.67	0.9472
My guests/clients follow my advice about behavior change	5	55.56	2	33.33	0.4203
I know where to refer guests/clients for help with smoking cessation	5	55.56	3	50.00	0.9914

Note: % = Percentage of providers that agreed or strongly agreed with the variable of interest

Conclusions

- Findings show an increase in provider beliefs that guests/clients are concerned about their smoking and want to quit, reflecting a correction of inaccurate beliefs prominent in this setting; additionally, more providers at post-implementation felt they had the required skills to help clients quit.
- Although past work implementing the TTTF program in homeless-serving agencies yielded significant increases in providers' capacity to address tobacco use, increases in this implementation were not statistically significant. This may be due to:
 - inadequate statistical power from a low number of responding providers (N=9 at pre-, N=6 at post-implementation), and
 - COVID-19 challenges to agency capacity-building.
- Over time, fewer providers felt that their guests/clients followed their advice about behavior change. This may be due to:
 - the reality of quitting (e.g., it typically takes many attempts to quit).
- Over time, fewer providers endorsed knowing where to refer guests/clients for cessation assistance. Education and dissemination materials provided by TTTF included information about the Texas Tobacco Quitline and other external resources. Thus, results may reflect:
 - employee turnover (and workforce reduction in 1 case) during implementation,
 - failure to implement the recommended train-the-trainer program to educate new staff, and
 - low uptake of specialized provider trainings offered to bolster provider self-efficacy and teach skills to motivate quit attempts.
- Future work should enroll more agencies with a larger provider base and ensure participation in all training opportunities.

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Figure 1: Table of contents from the Taking Texas Tobacco Free step-by-step implementation guide illustrative of program components



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