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MFH TPCI Evaluation Report Brief 3: Workplace Strategy Evaluation Findings 2005-2008

Center for Public Health Systems Science

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Workplace Strategy Evaluation Findings 2005-2008

Introduction

Due to the significant burden of tobacco use in Missouri and a history of limited tobacco prevention and cessation funding, the Missouri Foundation for Health (MFH) identified tobacco use as a major health issue in their service area. In 2004, the MFH Board of Directors committed funding to establish the Tobacco Prevention and Cessation Initiative (TPCI). Since its first grant award in late 2004, the Initiative has provided over 50 agencies and organizations with funding to address tobacco use through several strategies including promotion of smoke-free workplaces and prevention of youth smoking.

As the evaluator of the overall Initiative, the Center for Tobacco Policy Research (CTPR) is collecting process and outcome data over the life of the Initiative. Data sources for the evaluation include information collected through the Tobacco Initiative Evaluation System (TIES), interviews with TPCI grantees and MFH staff, and surveillance data (*i.e.,* County Level Study). In 2008, CTPR released a report on evaluation findings for the first three years of the school and workplace-based strategies (*i.e.,* 2005-2007). Highlights from this report for the workplace strategy are presented on the following pages. Findings from data collected via TIES have been updated through 2008. To access the entire evaluation report, visit http://mec.wustl.edu.

Workplace Strategy Overview

The goal of TPCI's workplace strategy is to reduce the prevalence of tobacco use by increasing access to cessation resources (*e.g.,* classes, nicotine replacement therapy) and advocating for policy change within workplaces and their surrounding communities.

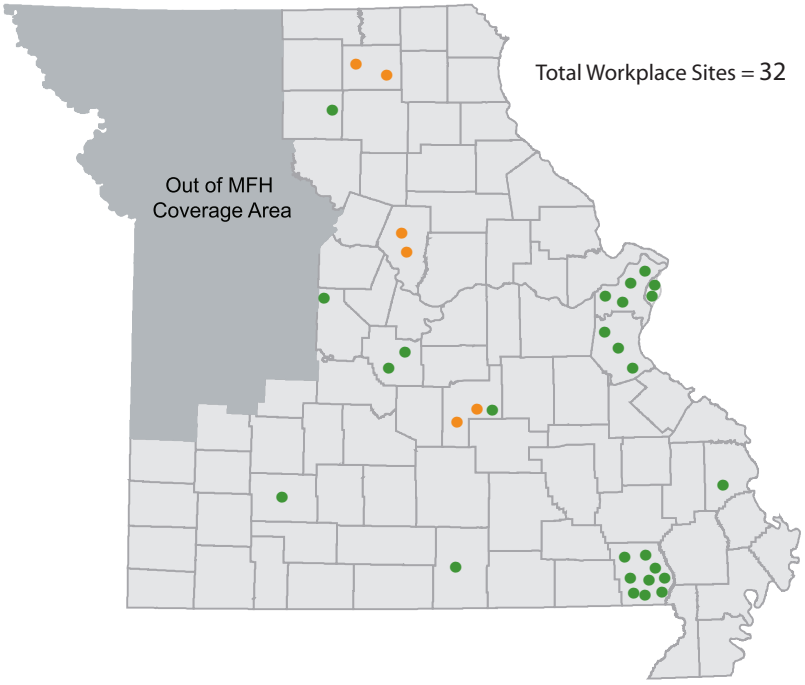
The following programs were implemented as part of the workplace strategy in 2005-2008:

- *Campus-Community Alliances for Smoke-free Environments (CASE)*
  Regional Grantee: University of Missouri-Columbia
  1 community grantee; 14 program sites
- *Employer Tobacco Policy Project (Policy Project)*
  Regional Grantee: Missouri Department of Health and Senior Services
  2 community grantees; 98 program sites
- *Freedom from Smoking and Employer Assisted Smoking Elimination (FFS/EASE)*
  Regional Grantee: American Lung Association of the Central States
  17 community grantees; 248 program sites

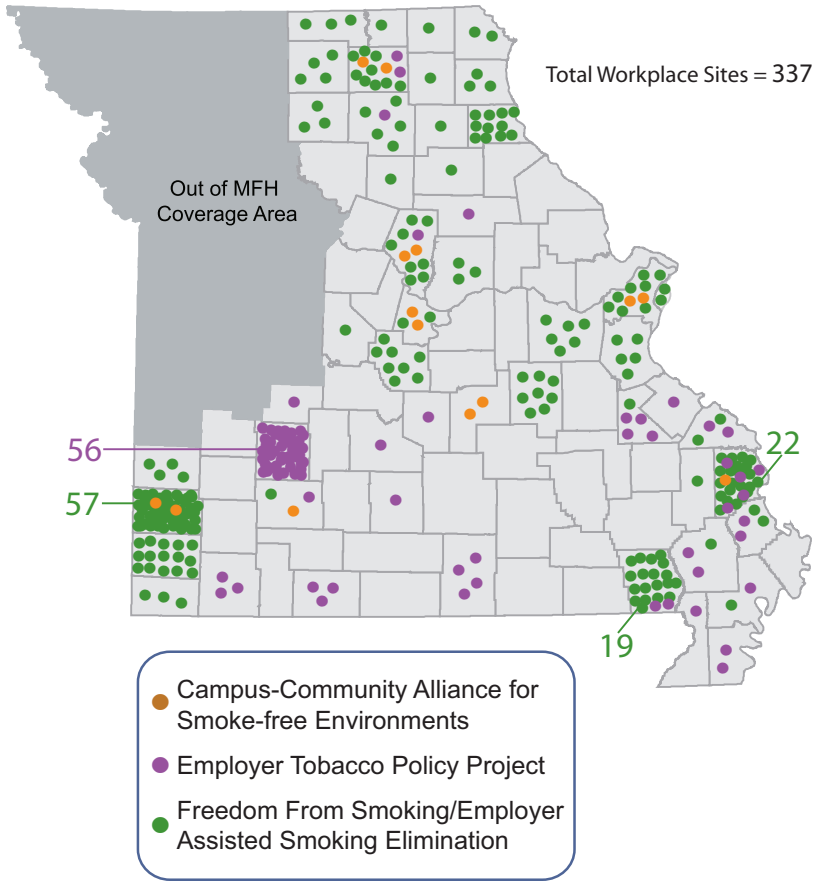
Between 2005 and 2008, the TPCI workplace strategy included:
3 regional programs with 20 community grantees working with 360 worksites and communities in which 27 policies were changed.

Workplace Activities/Outputs

TPCI workplace program sites active in 2005-2006



TPCI workplace program sites active in 2007-2008



What was the reach of workplace programs?

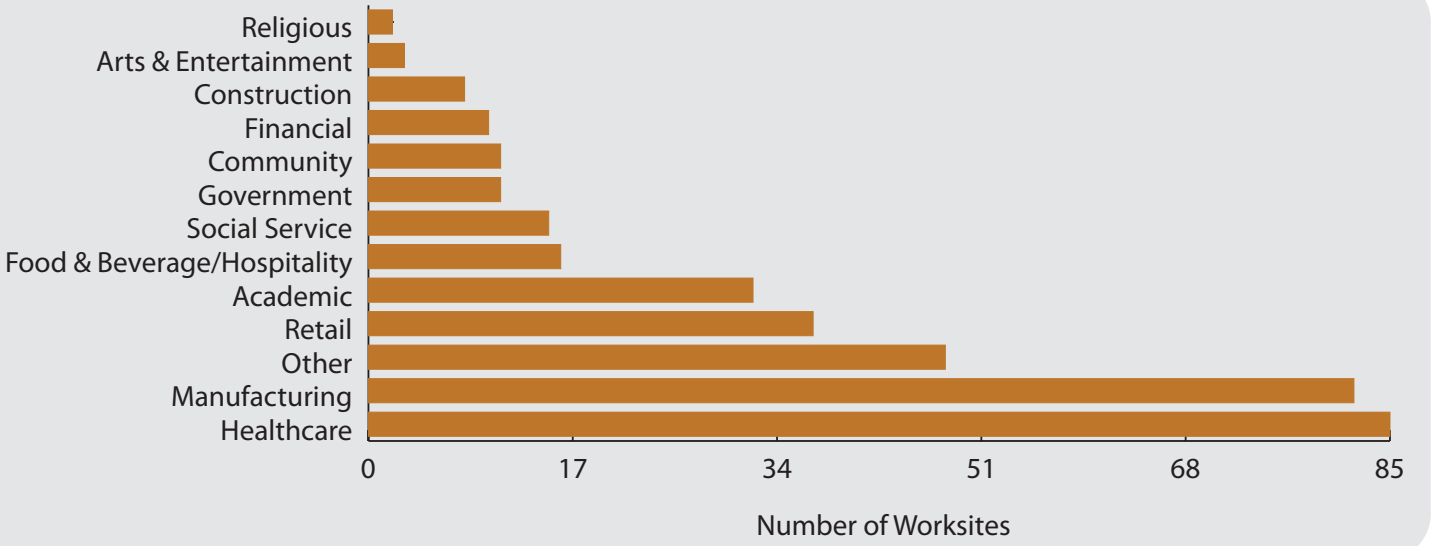
In the first four years of the workplace strategy, a total of 360 work or community sites were involved with TPCI at some point in time.

Between 2005 and 2006, 32 sites were affiliated with TPCI programs. Nine of these sites continued into 2007, and by the end of 2008 an additional 328 sites came on board. This resulted in 337 active sites at the end of 2008.

Of the 360 unique TPCI sites, almost half were either health care-related or in manufacturing (see graph on next page). All three programs were implemented throughout the MFH service region. CASE's programs were focused on communities that had a strong presence of at least one college campus. FFS/EASE programs were located throughout the state with a strong presence in Jasper County and southeastern Missouri, both locations in which community grantees were present. The Policy Project was most heavily present in Polk County, the location of the only community grantee for that program.

The two maps to the left show the distribution of sites in the state at two time points, 2005-2006 and 2007-2008. A drastic increase in geographic coverage can be seen between the two maps. This most likely can be attributed to the timing of when the regional programs were first implemented as well as the addition of community grantees.

Types of sites involved in TPCI's workplace strategy in 2007 and 2008



The length of time sites were actively involved in TPCI depended on the program. The table to the right shows the average number of months sites were involved in at least one programmatic activity in 2007 and 2008. Sites affiliated with the Policy Project were involved for the shortest amount of time overall. Typically no additional programmatic activities occurred after the initial meeting regarding strengthening a specific worksite's policy. Sites involved with CASE were on average active for the longest period of time. This most likely can be attributed to the amount of time it takes to build capacity and successfully advocate for policy change within a community.

Average number of months TPCI program sites were active in 2007-2008

Worksite Program	Months Active in 2007*	Months Active in 2008*
Campus-Community Alliances for Smoke-Free Environments	10.5	11.4
Freedom from Smoking/Employer Assisted Smoking Elimination	2.9	2.2
Employer Tobacco Policy Project	1.2	1.0

* average number of months sites were involved in at least one programmatic activity

What strategies were used for recruiting program sites?

TPCI workplace grantees found that previously established relationships were a key resource for identifying and recruiting program sites. Specifically, word of mouth via their contacts at community coalitions and other organizations was noted as a successful strategy. Additionally, the increase in prevalence of smoke-free policies and coverage of cessation assistance also helped with recruitment of sites.

> *A lot of businesses are starting to go smoke-free…They are dealing with higher insurance costs and have started providing incentives for employees to quit. It's something that's getting more and more popular in various communities across the state.*

What activities were implemented through workplace programs?

Activities conducted in worksite or community settings fell into two categories:

Capacity Building - Activities conducted by grantees to prepare sites for implementing worksite or community-based programs.

Intervention - Activities implemented at a worksite or in a community to increase cessation or reduce exposure to second-hand smoke.

The table to the right shows the number of people reached by some activities of workplace programs during 2005-2008. Compared to FFS and the Policy Project, CASE reached the most people through capacity-building activities. Out of the three program types, FFS reached the most people through cessation activities as well as distribution of brochures and other educational materials.

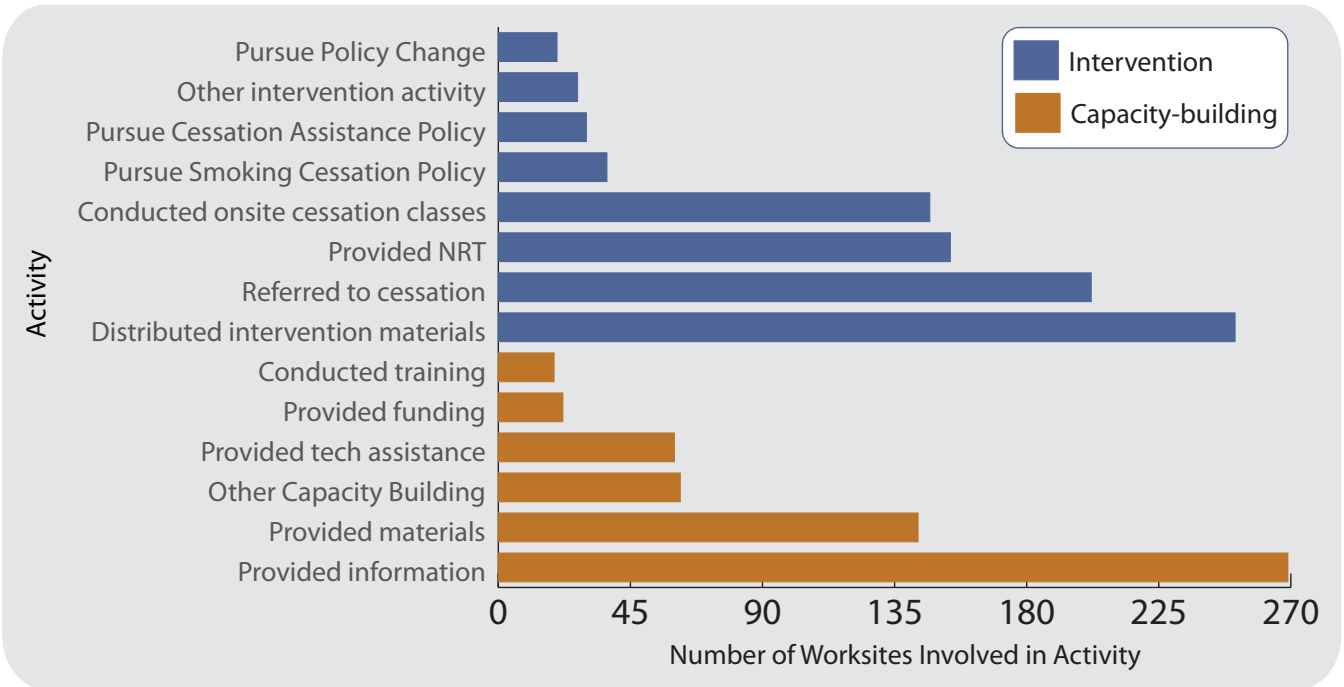
Reach of TPCI workplace programs in 2005-2008

Capacity-Building	CASE	FFS/EASE	Policy Project	Total*
Conducted a training	197	69	0	266
Provided funding	$ 171,343	$ 100	$ 0	$ 171,443
Intervention	**CASE**	**FFS/EASE**	**Policy Project**	**Total***
Distributed brochures or other materials	29,173	89,754	16,476	135,403
Referred employees to outside cessation services, provided nictotine replacement therapy, or conducted cessation classes at site	260	6,030	40	6,330**

Note: Only activities for which numbers reached were reported are presented in the table.
* Unless otherwise specified, totals are an estimate of the number of people reached by or involved in each activity.
** This is the total number of people who received at least one of the cessation services/resources.

The bar graph below shows the number of worksites involved in each type of activity during 2007 through 2008. Most sites were provided capacity-building related information (*e.g.*, manuals) or intervention materials, while few were involved in formal trainings or pursuing policy change.

Types of activities conducted by TPCI workplace programs in 2007-2008



What were the characteristics of successful and unsuccessful sites?

Grantees experienced varying levels of success in implementing worksite and community programs. Factors that often led to successful program implementation with a worksite or community included:

- Support for cessation programs or policy change from employers, supervisors, or other higher level decision makers;
- Availability of incentives or awards for employees who complete their classes (*e.g.*, $100 vouchers for nicotine replacement products);
- Willingness of businesses to expand their smoke-free policies to include all tobacco products and their "campus"; and
- Presence of an active community coalition.

Challenges to program implementation leading to limited program success included:

- Lack of organizational support;
- Low participation in classes;
- Conflicts with scheduling;
- Lack of a full commitment from businesses to change their tobacco related policies; and
- Disconnect between a college campus and community to work together on policy change.

Workplace Outcomes

What cessation services were utilized?

Utilization of cessation services varied. Employees at most worksites were referred to outside cessation services. For those with employers involved in the Policy Project only a few actually contacted the state Quitline. For those who participated in FFS/EASE classes, quit rates appeared to be promising, though more stringent criteria for those considered abstinent from smoking was needed.

Of the 304 worksites in TIES that were active during 2007 and 2008, grantees reported that:

- 65% had employees that were referred to outside cessation services;
- 50% had employees who received samples or vouchers for nicotine replacement products or medication; and
- 47% had cessation classes conducted at the site.

As would be expected, FFS/EASE reported the highest number of worksites where cessation classes were conducted. Grantees involved in FFS/EASE also reported the highest number of worksites where employees were referred to outside cessation services or provided nicotine replacement products. In total for 2007 and 2008, FFS/EASE reported that at least 4,915 individuals were provided one or more of the cessation related services. The Policy Project mainly referred employees to outside cessation services, primarily the state Quitline. Towards the end of 2007,

the community grantee working with CASE, Columbia/Boone County Health Department, began conducting a cessation program. In 2007 and 2008, they reported conducting interventions at several sites, reaching approximately 260 individuals.

Quit Rates

Only one program, FFS/EASE, reported quit rate data into TIES for both 2007 and 2008. CASE began reporting quit rate data in 2008, after the Columbia/Boone County Health Department began conducting a cessation program towards the end of 2007. The grantees followed-up with program participants at three time points: 3, 6, and 12 months from the completion of their class. The table to the right presents quit rates for FFS/EASE and CASE participants. There was some variance in how quit rates were collected across grantees (see full report for additional details). Thus rates from the table should be reported with this caveat.

Quit rates for FFS/EASE and CASE participants in 2007-2008

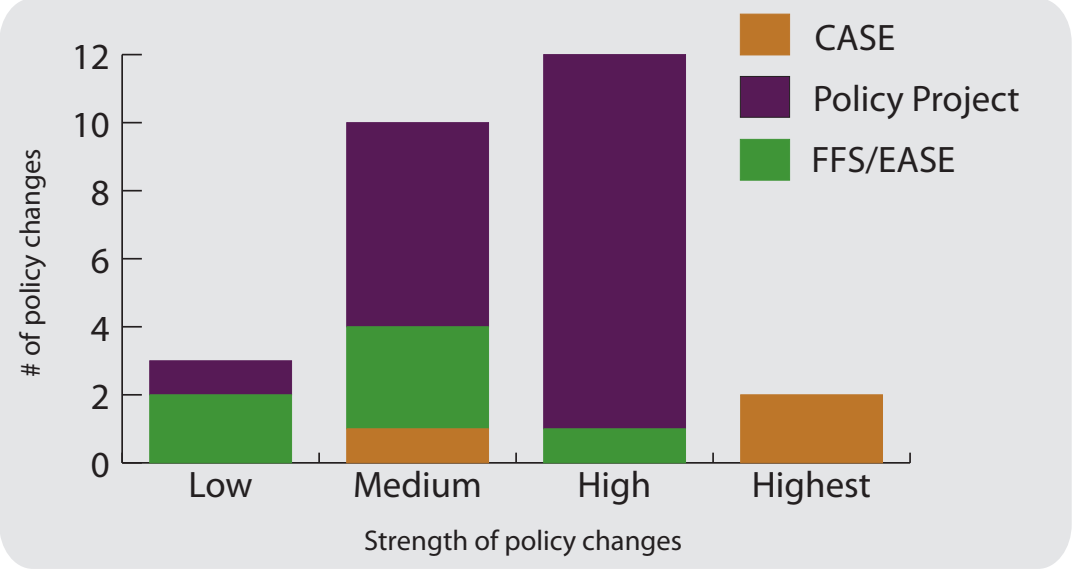
Time Since Program Completion	Follow-ups Attempted	Reported Abstinent*	Quit Rate
3 months	1386	411	29.7%
6 months	825	230	27.9%
12 months	740	141	19.1%

*number of participants who reported not currently smoking
Note: 2007 data was solely for FFS/EASE programs, 2008 data included FFS/EASE and CASE programs.

What policy changes occurred?

Workplace grantees were involved in a total of 27 policy changes since July 2006, affecting over 150,000 people. The Policy Project reported the most sites that changed their policies. Due to the nature of community-wide policies, the two policies CASE was involved with affected the most people. The figure below presents the number of policy changes with which each grantee was involved categorized by the strength of the policies.

Number of policy changes TPCI workplace programs were involved with by strength during 2005 through 2008



Levels of Strength for a Policy Change

Low- the policy applies to one area of the facility (*e.g.,* offices, breakroom, a section of a restaurant).

Medium- the policy applies to all indoor areas of a facility with no exemptions; it applies to all employees, patrons, and visitors.

High- the policy applies to the entire campus of the facility (inside and outside of the property) with no exemptions; it applies to all employees, patrons, and visitors.

Highest- the policy is a community-based, 100% indoor smoke-free workplace policy.

Conclusions

Now in the fifth year of implementation, there are many lessons learned that will be helpful for grantees and other stakeholders as TPCI moves forward. The following are highlights from some of the evaluation findings.

Relationships matter

Grantees that paid attention to relationships reaped the benefits. Grantees consistently emphasized the importance of building and maintaining partnerships with other organizations and groups within their communities. Partners are important for contributing resources, providing technical assistance, and connecting programs to participants. *Continuing to maintain established relationships will be important for TPCI grantees moving forward, but strengthening connections within TPCI will also be key.*

> *Knowing one another, that's what did it. We didn't really have a problem at all [recruiting sites]. They came to us.*

Levels of readiness affect implementation

Grantees often reported initially targeting sites that were ready for change. For example, many worksites where cessation programs were implemented or policy change occurred were often already considering these changes when contacted by grantees. Targeting the sites that are ready is the best approach for accomplishing change. *However, achieving the same, or an even wider, reach in the future may take more time due to lower levels of readiness within the schools, worksites, and communities that remain.*

Advocating for policy change is key

TPCI workplace grantees and program participants advocated for 27 policy changes between 2005 and 2008. However, as the example on page four illustrates, TPCI workplace programs still focus a majority of their activities on education and less on advocacy. This holds true for school-based programs as well. While education and availability of services are important pieces of a comprehensive effort, policy change either to increase the price of tobacco or reduce exposure to second-hand smoke has some of the clearest and most profound effects on reducing the prevalence of tobacco use. *All grantees involved with TPCI should be responsible for advocating for change, including school and workplace programs.*

> *I just try to keep planting the seeds, get them thinking about it [policy change]. It has been a different journey with all of them [worksites].*

Strengthening internal evaluation is needed

At the end of the third year of the Initiative, grantees often reported they were just beginning to collect relevant evaluation data for their programs. Many anecdotal observations had been made about change due to their programs, and when it was clear cut (*e.g.*, policy change), it was recorded. However, data to make the connection between program activities that built awareness (*e.g.*, community events, media) and resulting actions were weak. *For TPCI grantees moving forward a stronger focus on internal data collection and analysis is needed.*

Building capacity and creating change takes time

For the majority of grantees, several months were needed to get their programs up and running. This included administrative tasks, such as hiring staff, as well as developing materials and piloting interventions. For a two- or three-year grant, this delay cut into the time period available for implementation and potentially diminished the level at which programs were able to achieve their objectives. *Achievement of short-term outcomes has begun to occur, however changes in longer-term goals, such as reducing smoking prevalence, still require more time.*

An extra year might have been beneficial because it takes six months to get up and running.

Planning for sustainability is essential

Grantees are at various planning stages for sustainability, with the majority just beginning to address it. Most grantees are focused on finding funding, with many primarily focused on MFH grants. There was little being done to ensure buy-in from program sites. *Moving forward, the sustainability of TPCI programs depends on finding a balance between the resources grantees provide and what sites or participants can contribute.* In addition, grantees need to develop more comprehensive plans for sustainability that look beyond receiving funding.

For more information about this report or other evaluation activities, please contact:

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