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Healthy Work Places: The Influence of the Office Environment on Stress, General Health, and Health Behavior

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Introduction: Just as unhealthy physical environments threaten health, healthy environments enhance health. Nature contact, which has been described as direct or indirect human contact with animals, plants, landscape views, and the outdoors, is one component of healthy environments. Offices are priority environments because approximately 89 million people and 70% of the US workforce spend their days in offices. **Purposes:** This study was designed to (1) develop a comprehensive instrument to measure nature contact at work among office staff and (2) examine the relationship between nature contact at work and (a) perceived stress and (b) stress-related health and behavioral outcomes. **Methods:** A census of office staff at the University of Florida (N=1622) were invited to participate in the study. The nature contact questionnaire (NCQ), developed in this study, perceived stress questionnaire (PSQ,) and historical health and behavioral BRFSS items were sent via Survey Monkey twice, 2 weeks apart. The NCQ's face and content validity, construct validity, internal consistency, and test-retest reliability were assessed. **Results:** The response rate for the survey at time I was 30% (N=503), and the overall response rate for both data collections was 25% (N=401). The NCQ was stable over time (test-retest $r = .85$, $P < .01$). Overall internal consistency of the scale was adequate for exploratory scales (Cronbach's $\alpha = .64$). Principal component factor analysis revealed 3 factors that corresponded with the hypothesized NCQ subscales (outdoor, indoor, and indirect). Bivariate correlation analyses revealed a significant negative association between nature contact and both perceived stress and general health ($r = -.14$, $P < .01$). The multiple regression analysis of the panel data (times I and II) revealed that nature contact at time 1 did not significantly predict the change in stress. **Conclusions:** Consistent with environmental restoration theory and previous findings, nature contact was associated with less stress and better general health among office staff. Surprisingly, none of the health behavior items were stress related in this study and thus were not compared to nature contact. These findings suggest that promoting minor changes to the office environment and workday behaviors may have a small positive impact on generalized perceived stress and stress-related health among office staff. The lack of significance in the panel regression analysis may suggest that the 2-week time frame was too long or short to detect the possible causal relationship.

Key words: healthy environments, office, stress

The Effect of a MultiLevel Intervention to Promote Smoking Cessation in Public Housing Neighborhoods: The Sister to Sister Pilot Study

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Purpose: To conduct a pilot study to test the effectiveness of a multilevel smoking cessation intervention among African American women in public housing neighborhoods. **Methods:** A quasi-experimental, repeated measures design was used. Two of 16 public housing neighborhoods in a southeastern US metropolitan community were matched according to socio-demographic data and randomly assigned to treatment or comparison neighborhood. Women from the treatment neighborhood (n=51) received the multilevel (Sister to Sister) intervention, and women from the comparison community (n=52) received a matched time and attention general health education intervention. The multilevel (Sister to Sister) intervention consisted of (1) neighborhood level activities (ie, distribution of antitobacco pamphlets, message board at entrance to community, policy changes) led by the neighborhood advisory board; (2) small-group behavioral counseling weekly for 6 weeks led by a nurse cessation specialist; and (3) individual contact (ie, to enhance social support and self-efficacy) led by indigenous community health workers. **Results:** The 6-month continuous smoking abstinence outcomes were 27.5% and 5.7% in the treatment and comparison neighborhoods respectively, as validated by exhaled carbon monoxide. Changes in social support and smoking self-efficacy over time predicted smoking abstinence, and self-efficacy mediated 6-month smoking abstinence outcomes. **Conclusion:** These pilot study findings show promise for the use of a multilevel, community-based intervention to promote tobacco cessation among African American women in public housing neighborhoods.

Key words: multilevel intervention, smoking cessation, health disparities