

Arizona Smokers' Helpline Annual Report

ASH line

Fiscal Year 2014
(July 2013 through June 2014)

Youth Perceptions

Diabetes Self-Management Coaching

Public-Private Partnership

Improving the Health of Arizonans through
Technology Based Interventions



MEL AND ENID
ZUCKERMAN COLLEGE
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ASHLine Client and Community Youth Evaluation Youth Perceptions about Media Messages: More Hope, Less Fear

To assist ASHLine in improving its services and media messages for youth (ages 15-23), focus groups and interviews were held in February and March 2014 with former youth clients and non-client, community youth.

Thirty-two youth participated in the evaluation—11 clients and 21 community youths. Client youth were interviewed in person and over the phone. Community youth participated via focus groups. This data brief emphasizes discussions held with focus group participants.

Community youth discussed their perception of anti-tobacco media messages, including two ASHLine-specific advertisements. Based on the focus group discussions, they provided recommendations for improving future ASHLine media messages.

Youth are interested in messages that are informative and inspiring. Most want to quit, but are resistant to messages that focus on the negative consequences of smoking. Though participants readily acknowledged tobacco's negative health effects, many expressed it helps them manage their stress and feel calmer. Thus, when messages only speak to the risks, youth tend to discredit them. Four themes emerged along these lines:

1. Youth smokers do not relate to the majority of anti-tobacco messages they see. They view them as being hyperbolic, repetitive and irrelevant. They believe the messages promote fear instead of hope.

“ They're trying to scare you instead of telling you, like, what's the good thing about quitting. ”

2. Youth do not want to hear they have a problem or are at risk. They want to hear how to quit and what ASHLine offers. Quit messages should empower. Messages should stress that 'you can quit' more than 'you should quit.' ASHLine ads are not clear enough to be distinguished from other anti-tobacco ads.

Youth are not paying attention to the phone number at the end.

“ I feel that something that would be a lot more effective would be something that would be not beating down smokers but may be empowering them to make that choice. ”

3. It is not immediately apparent to youth how or why calling a tobacco quit line would be helpful. They are skeptical they would not relate to a person over the phone.

“ What I want to know is, how do you guys help? ”

4. Participants want to hear stories from others, like them, who have quit. After watching ASHLine ads¹, many felt they could relate to the youth portrayed in them, but the ads were missing details about what happens when youth use ASHLine.

“ Looking at an example and how, like, they achieved it and they did it, it kind of gives you feelings of, 'okay I can do that too'. ”

Recommendations:

- ASHLine messages to youth should focus on how one quits and how ASHLine helps. Messages need to emphasize ASHLine offers hope and help, not just an edict to quit.
- Promote ASHLine to youth using social media and a dedicated website. Youth report being hesitant to call but are interested in stories and information. Direct them to a site that provides youth-specific resources.

¹ ASHLine ads “Only Smoke When” and “Brian”

Summary of the Fiscal Year

Fiscal Year 2014 was another strong year for ASHLine. The quitline received more than 17,300 calls and enrolled almost 11,000 Arizonans in the quit-tobacco coaching program. The proactive referral program remains strong as well, with more than 1,600 healthcare professionals referring more than 9,900 individuals to ASHLine services. Additionally, ASHLine recruited seven employers to participate in pilot projects to advance the Public-Private Partnership initiative. This year 10,824 enrolled in services with a higher percentage of clients opting into health coaching than ever before. Quit rates also showed a marked increase from FY2013.

ASHLine Core Measures

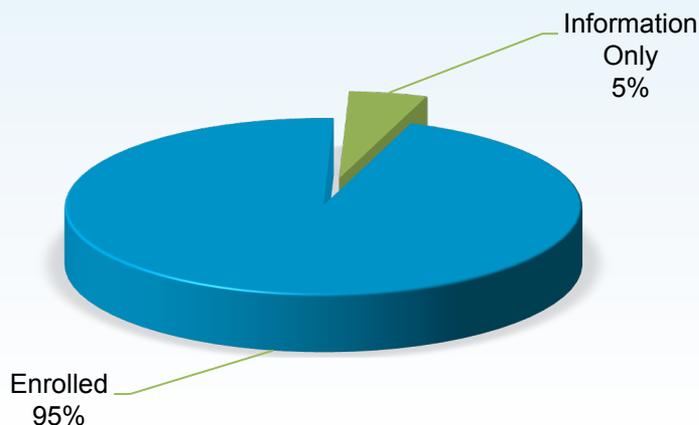
	FY2013	FY2014
Incoming Calls	26,469	17,328
# Referrals	10,518	9,974
# Enrolled	14,214	10,824
# Info Only	3,157	561
Quit Rate	30%	37%

Community Development Team

Key Accomplishments FY2014:

- Spearheaded the development of county-specific “ASHLine Outreach and Engagement Plans” to guide referral development activities and structure technical assistance to Community Engagement Staff as part of an ongoing partnership among ASHLine, the Bureau of Tobacco and Chronic Disease (BTCD) and county tobacco programs
- Initiated a multi-phase systems change project with a large, multi-state health network/ Accountable Care Organization (ACO)
- Completed the training phase for an ongoing Regional Behavioral Health Authority-level project with Cenpatico, aimed at increasing access to cessation services for adults with Serious Mental Illness (SMI)
- Recruited seven employers to participate in pilot projects to advance the Public-Private Partnership (PPP) Initiative

Intake Type



This year, the Community Development Team focused on three primary objectives:

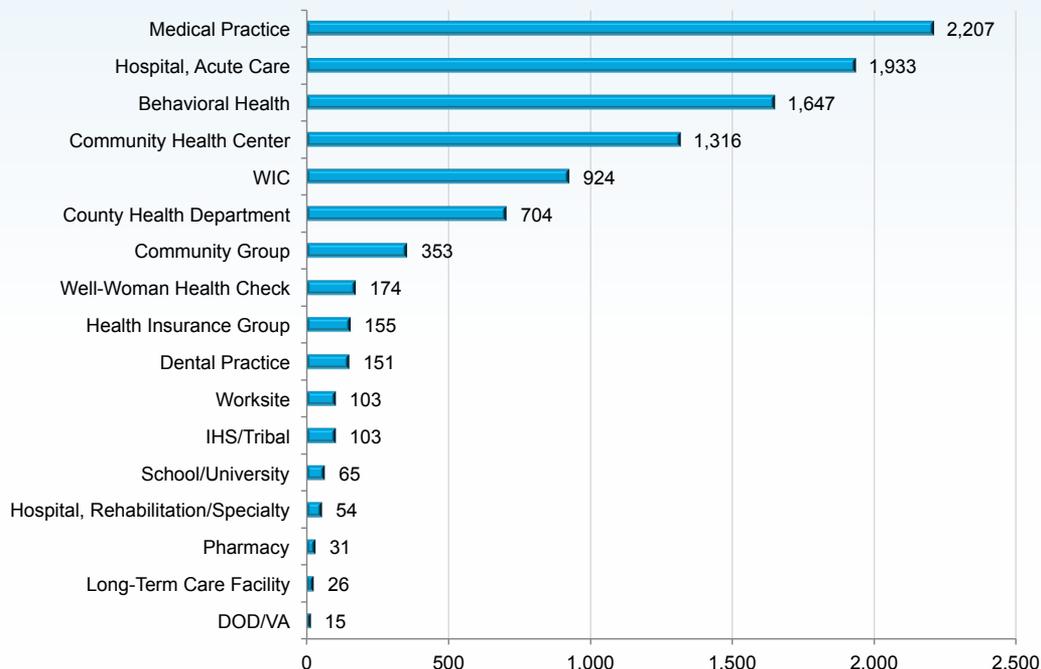
(1) Advancing the PPP initiative by recruiting employers to participate in pilots with ASHLine (for more information, see Public-Private Partnerships); (2) Developing a more structured approach to partnering with county health departments to guide referral development work statewide; and (3) Continuing to shift our emphasis toward systems-level work with healthcare organizations.

Community Development and Enrollment Teams

	FY2013	FY2014
# Referrals	10,518	9,974
% Reached	53%	47%
% Reached who Enrolled	56%	64%
# Unique Locations	715	791
# Unique Agents	1,269	1,645

To support these objectives, the Community Development Team began developing several new suites of materials, including: PPP-specific marketing materials and trainings; referral development resources, references and trainings for county partners, in addition to county-specific action plans; a community health center assessment tool designed to capture current progress toward implementation of U.S. Public Health Service recommended tobacco systems strategies; revised Ask, Advise, Refer (AAR) trainings for both medical and behavioral professionals that incorporate new information on e-cigarettes; and re-designed provider information folders for distribution during trainings. In addition, the Manager of Community Development oversaw the work of an undergraduate University of Arizona intern who completed a project evaluating conversational elements of intake calls that may support or hinder the likelihood of client enrollment. The findings of this internship project will be used by the Enrollment Team to improve customer service, support client engagement, and increase the conversion to enrollment in the next fiscal year.

Number of Referrals by Service Provider Type



Enrollment Team

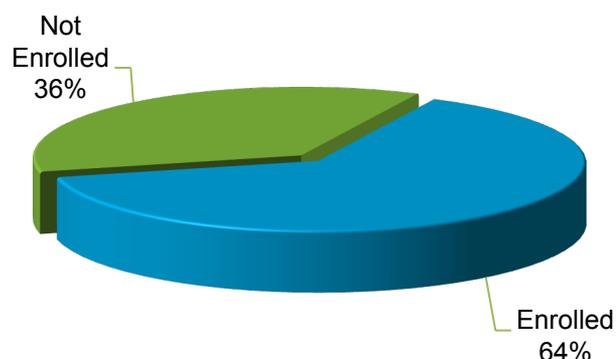
Key Accomplishments FY2014:

- Completed a unit re-organization, including hiring and training a team of Engagement Specialists, as well as appointing a Manager of Referral & Enrollment
- Processed nearly 10,000 fax and web-based referrals
- 97% of first call attempts to referred clients were made within 24 hours of referral receipt

Fiscal Year 2014 marked the transition of the Referral Call Team into the Enrollment Team. This

shift signaled an expansion of duties from processing referrals and enrolling clients to providing immediate support to new callers in the early stages of the behavior change process. The purpose of this intervention is to engage tobacco users in the quit process from the earliest contact and bridge the gap from the initial intake call to the first coaching call. A new team of Engagement Specialists was hired and trained in principles of coaching and client engagement to support this expansion in services. In addition, a new Manager of Referral & Enrollment was appointed to oversee the daily functions of the Enrollment Team, coordinate with the Manager of Community Development to ensure seamless processing of all fax and electronic referrals submitted to ASHLine, monitor protocol adherence, and guide unit-specific strategic planning and quality improvement initiatives.

Reached Referrals Enrollment Rate



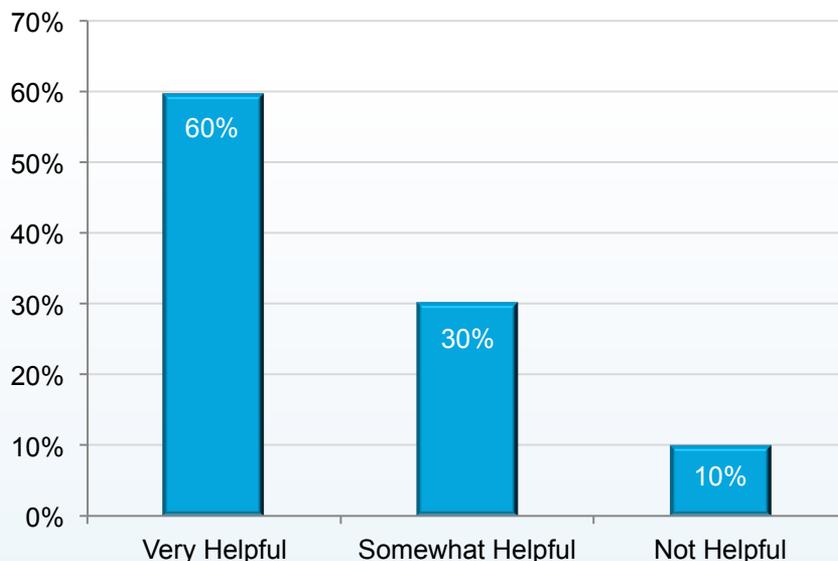
Coaching Team

Key Accomplishments FY2014:

- Completed data analysis and evaluation training with the Manager of Evaluation & Research to build coaches' skills in interpreting client in-program and outcomes data
- Initiated a pilot study addressing chronic disease-related behavior change for clients. This project involved clients with diabetes interested in support for their diabetes self-management in conjunction with tobacco cessation coaching.
- Completed qualitative research for youth tobacco-cessation efforts.

This project was used to create recommendations for youth-specific coaching support for the CIGnal client population.

How Helpful was Coaching in Your Efforts to Quit Tobacco?



In conjunction with the Manager of Evaluation & Research, the Coaching Team completed training on interpretation and utilization of client data in an effort to optimize the coaching process and behavioral support strategies. This exercise will be ongoing and provide a platform for assessing impact and using data to modify protocols in order to achieve greater life-improvement behavior change in our clients. While this work will primarily focus on tobacco cessation, ultimately these efforts will be used to support a cluster of health behaviors important to individual and public health.

Coaching

	FY2013	FY2014
New Episodes	14,300	10,711
% Receiving 1+ Coaching Calls	88%	79%
Avg # Coaching Sessions/Exited Episode	3.9	3.9
% Using Meds	52%	60%

Evaluation Team

Key Accomplishments FY2014:

- Led the process of developing and implementing the Diabetes Protocol
- Conducted focus groups among youth, Arizona Health Care Cost Containment System (AHCCCS) beneficiaries, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ), and diabetics
- Submitted three grant proposals
- Evaluated the CIGnal campaign
- Continued to provide support for internal and external data requests



This past year, the Evaluation & Research Team led the process of developing and implementing the diabetes protocol. This project was completed with the help of a University of Arizona Master of Public Health (MPH) student, whose internship was sponsored by the Evaluation Team. Part of the protocol development process entailed creating a database and user interface for outcomes and process data collection. This system enables coaches to enter data in real time on ASHLine's protected server. The Evaluation Team also worked with the diabetes coaches throughout the year to conduct a formal process evaluation. Members of both teams met numerous times to evaluate assignment, program invitation, coaching, and data collection processes. A report of the protocol development process was presented by the MPH intern at the University of Arizona Mel and Enid Zuckerman College of Public Health Internship Conference.

Changes were made to the diabetes protocol based on the initial evaluation, and a second revision of the diabetes database is underway. This establishment and preliminary success of the diabetes protocol has paved the way for ASHLine's attempt to expand lifestyle coaching to include hypertension and obesity. We also conducted focus groups to better understand the high smoking rates and low treatment-seeking rates of youth, AHCCCS, and LGBTQ smokers. Findings from these focus groups will help guide the development of marketing strategies and tailor behavioral support models.

The Evaluation Team has also been active in collaborating with external partners. We have submitted grant applications with faculty at the Mel and Enid Zuckerman College of Public Health, University of Arizona, to the William T. Grant Foundation, Department of Health and Human Services, and the Centers for Disease Control and Prevention.

Finally, the Evaluation Team continued to provide data analysis support for internal and external units on a recurring and *ad hoc* basis.

Survey Team

Key Accomplishments FY2014:

- Established call center cross-training so units can assist each other during high call volume
- Created follow-up survey for medication management to survey how providers, coaches, and clients used and benefitted from pharmacist medication recommendations
- Developed a proficiencies list that will be used to market the Survey Team's services to external collaborators
- Developed a new process for identifying clients currently enrolled in ASHLine services

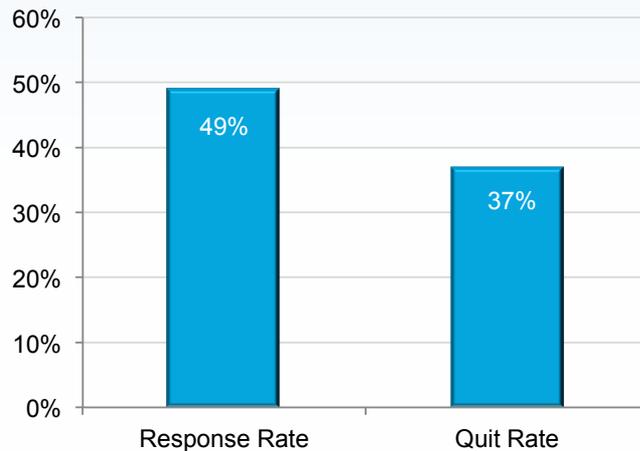
Survey Team

	FY2013	FY2014
7-Month Quit Rate	30%	37%
Response Rate	50%	49%

During times of high call volume, ASHLine benefitted tremendously from having staff who can perform multiple roles. By cross-training Survey and Enrollment Teams, staff members in the call center are able to shift responsibilities to help answer phones, enroll clients, and administer callback surveys. Furthermore, a follow-up survey was created to survey providers, coaches, and clients in the benefits of having a pharmacist make recommendations for integrating behavioral health medications and tobacco cessation medications.

The Survey Team continued the refinement of protocols by incorporating a method to identify active clients who are being called for follow-up. Evaluation data indicated some clients who are active within the program may think they have exited from the program because the ASHLine Survey Team has contacted them for a follow-up. This new protocol ensures that clients are specifically informed of their 'active' status and the purpose of the current survey call.

7-Month Follow-up Survey



Quality Improvement Team

Key Accomplishments FY2014:

- Developed strategies to address lower relative quit rates of low-income and behavioral health clients
- Began initiative to quantify how type and frequency of outreach events relate to referrals and characterize the lifecycle of referring organizations

The focus of the Quality Improvement Team this year was to develop protocols to address the disparate program completion rate of low-income and behavioral health clients. New protocols were created from a multidisciplinary team of staff members with expertise in community development, evaluation, and low-income and behavioral health coaches. In addition, findings from the focus groups conducted with AHCCCS clients were used to inform protocol development. The Quality Improvement Team also began working on characterizing the lifecycle of referring organizations. This project will help ASHLine identify which types of events support and sustain optimal levels of referrals to the ASHLine among provider organizations.

Public-Private Partnership Initiative

Key Accomplishments FY2014:

- ASHLine established pilot projects with seven employers across Arizona to provide tobacco cessation services for employees wanting to avoid a tobacco surcharge
- Began working with seven insurance broker firms in Arizona to promote ASHLine services to employers
- Established a partnership with Meritus to provide tobacco cessation benefits to their members
- Delivered trainings to approximately 250 staff on ASHLine services and the AAR brief intervention process at PPP target organizations (employers, insurers, insurance brokers)

The PPP Initiative is a multi-year strategic project aimed at diversifying ASHLine's financial portfolio to ensure long-term sustainability. Specifically, the goal is for ASHLine to work with employers and insurers to become a paid service provider under the tobacco cessation provisions outlined in the Affordable Care Act (ACA). Establishing cost-sharing relationships with employers and insurers is a long term goal requiring several infrastructural changes ASHLine will be working toward implementing in the coming fiscal year. In FY2014, however, ASHLine began making definitive strides toward promoting cessation services to employers, several of whom opted to begin referring their employees to ASHLine for support to quit tobacco. ASHLine received a total of 91 referrals from seven employers participating in service pilots this fiscal year. One hundred percent of employees referred among these organizations enrolled in ASHLine services. Five of the seven employers partnering with ASHLine expressed interest in developing tailored programs for their employees (e.g. minimum number of coaching sessions completed, minimum number of days quit). Among these five employers, 99% of the employees referred took a coaching call and 67% of the employees who enrolled successfully completed their employer-specific requirements.

In addition to establishing pilot relationships with employers, ASHLine partnered with the BTCD within the Arizona Department of Health Services (ADHS) to conduct outreach to leadership among a number of insurance providers and insurance brokers across the state. Trainings were delivered addressing information on ASHLine services and the AAR brief intervention process to approximately 250 individuals ranging from decision makers to direct service providers (e.g. case managers). In the coming fiscal year, ASHLine will continue to build on this momentum and begin working toward laying the groundwork for the infrastructural changes required to successfully establish cost-sharing partnerships with partner organizations.

ASH line

Fiscal Year 2014
(July 2013 through June 2014)

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Appendix: FY2014 Statistics and Demographics

Referrals to ASHLine Services

Table 1. Number of Unique Referring Locations and Referring Agents

	Count
Referring Locations	791
Referring Agents	1,645

Table 2. Number of Referrals by County

County	Referrals	Percent of Total
Apache	38	0.4%
Cochise	209	2.1%
Coconino	444	4.5%
Gila	76	0.8%
Graham	89	0.9%
Greenlee	22	0.2%
La Paz	44	0.4%
Maricopa	4,715	47.3%
Mohave	467	4.7%
Navajo	88	0.9%
Pima	3,015	30.2%
Pinal	188	1.9%
Santa Cruz	102	1.0%
Yavapai	337	3.4%
Yuma	128	1.3%
Unknown	12	0.1%
Out of State	0	0.0%
Refused	0	0.0%
Total	9,974	100.0%

Figure 1. Number of Referrals by County

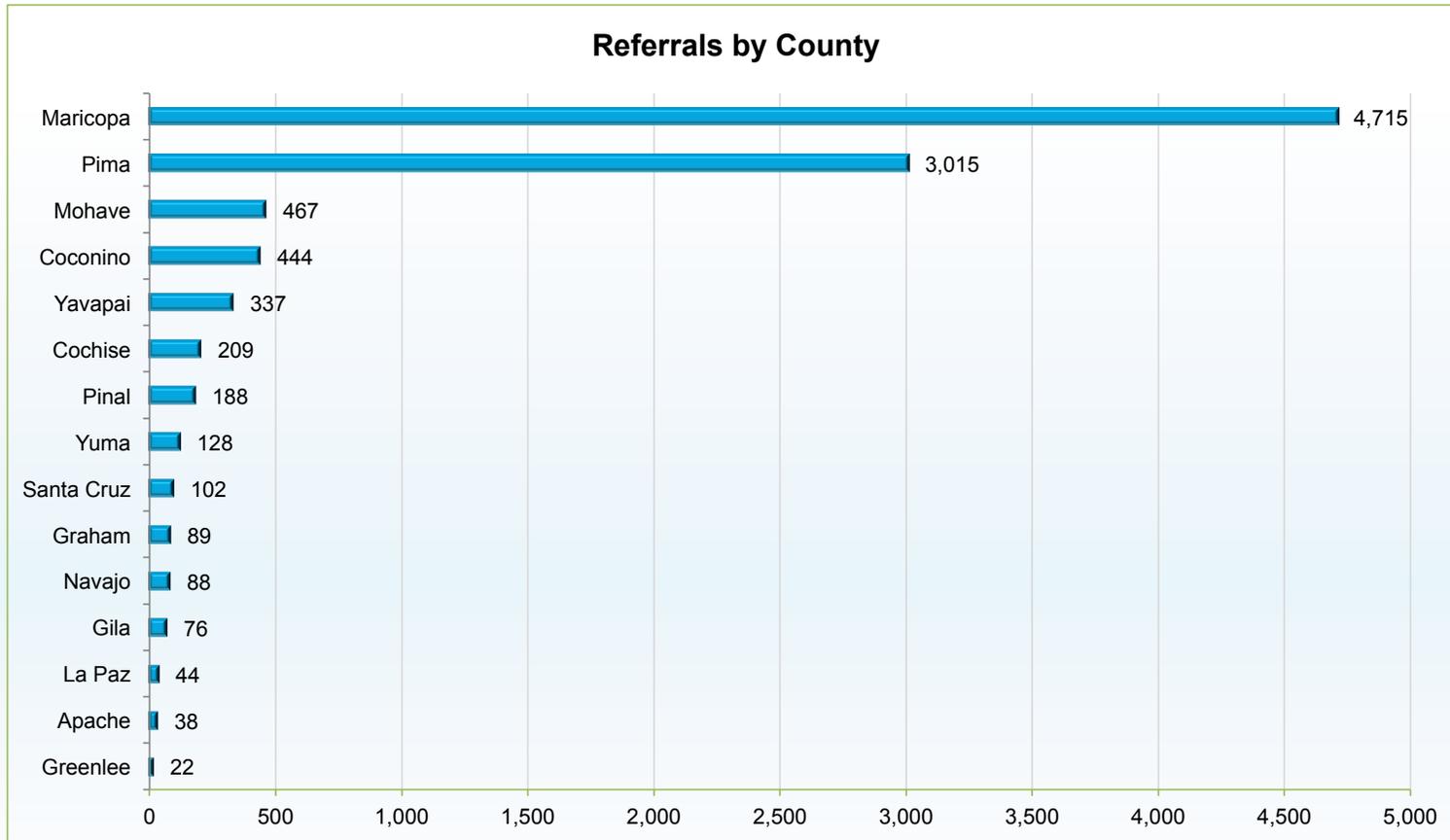


Table 3. Number of Referrals by Service Provider Type

Location Type	Referrals	Percent of Total
Behavioral Health	1,647	16.5%
Community Group	353	3.5%
Community Health Center	1,316	13.2%
Correction/Probation	1	0.0%
County Health Department	704	7.1%
DOD/VA	15	0.2%
Dental Practice	151	1.5%
Health Insurance Group	155	1.6%
Hospital, Acute Care	1,933	19.4%
Hospital, Rehabilitation/Specialty	54	0.5%
IHS/Tribal 638	103	1.0%
Long-Term Care Facility	26	0.3%
Medical Practice	2,207	22.1%
Pharmacy	31	0.3%
Project Reach	0	0.0%
School/University	65	0.7%
WIC	924	9.3%
Well-Woman Health Check	174	1.7%
Worksite	103	1.0%
Unknown	12	0.1%
Total	9,974	100.0%

Figure 2. Number of Referrals by Service Provider Type

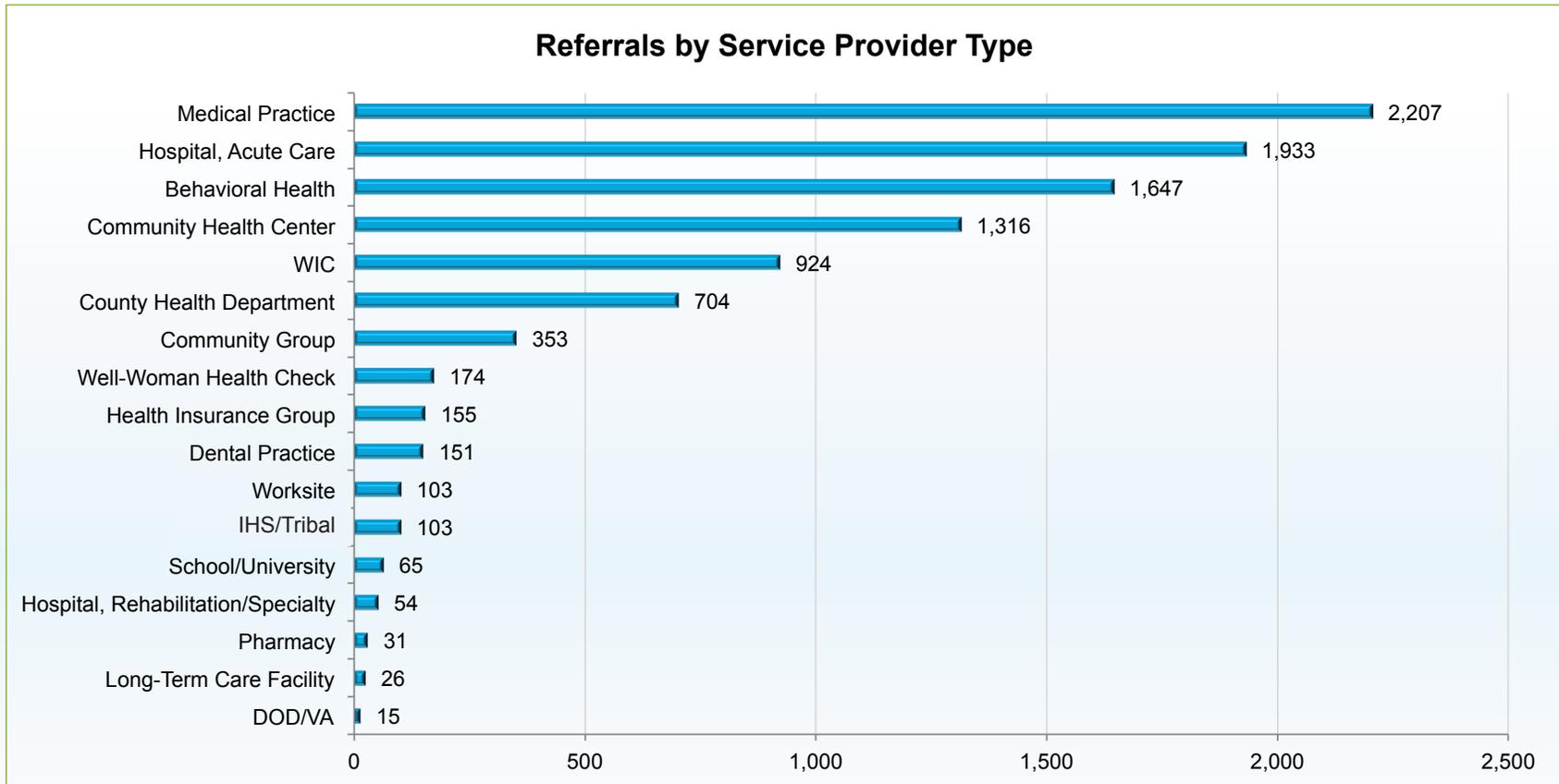


Table 4. Referrals by County and Intake Type

County	Enrolled	Information Only	Total
Apache	13	1	14
Cochise	62	4	66
Coconino	155	3	158
Gila	24	0	24
Graham	30	2	32
Greenlee	9	0	9
La Paz	14	1	15
Maricopa	1,670	37	1,707
Mohave	189	6	195
Navajo	37	0	37
Pima	998	20	1,018
Pinal	83	1	84
Santa Cruz	52	0	52
Yavapai	131	2	133
Yuma	51	3	54
Unknown	6	0	6
Out of State	0	0	0
Refused	0	0	0
Total	3,524	80	3,604

Table 5. Number of Referrals by County and Service Provider Type

County	BH	Comm Grp	FQHC	Correction/ Probation	County Hlth Dept	DOD/VA	Dental Practice	Hlth Ins Grp	Hosp, Acute Care	Hosp, Rehab/ Specialty	Tribal	Long-Term Care Facility	Medical Practice	Pharmacy	Project Reach	School	WIC	WWHC	Worksite	Unknown	Total
Apache	6	0	13	0	9	0	0	0	0	0	5	0	1	0	0	0	4	0	0	0	38
Cochise	20	3	18	0	31	0	14	0	80	0	0	0	18	0	0	3	13	9	0	0	209
Cocoonino	12	4	105	0	103	0	6	0	144	2	7	0	45	0	0	0	8	8	0	0	444
Gila	21	0	0	0	5	0	0	0	42	0	0	0	7	0	0	0	1	0	0	0	76
Graham	1	0	8	0	22	1	0	0	47	0	0	0	10	0	0	0	0	0	0	0	89
Greenlee	0	0	10	1	7	0	0	0	0	0	0	0	3	0	0	0	1	0	0	0	22
La Paz	5	0	0	0	36	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	44
Maricopa	542	129	342	0	151	1	114	118	776	47	7	26	1,505	10	0	44	782	64	57	0	4,715
Mohave	32	1	62	0	83	0	0	1	121	0	6	0	114	0	0	0	3	9	35	0	467
Navajo	2	0	37	0	10	0	2	0	2	0	1	0	19	0	0	0	10	5	0	0	88
Pima	889	201	530	0	130	13	10	36	628	0	76	0	395	21	0	16	33	27	10	0	3,015
Pinal	29	0	70	0	19	0	0	0	1	0	0	0	37	0	0	0	4	27	1	0	188
Santa Cruz	8	0	75	0	0	0	0	0	5	0	0	0	0	0	0	0	0	14	0	0	102
Yavapai	47	0	35	0	90	0	0	0	79	0	0	0	10	0	0	2	63	11	0	0	337
Yuma	33	15	11	0	8	0	5	0	6	5	0	0	43	0	0	0	2	0	0	0	128
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	12
Out of State	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Refused	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	1,647	353	1,316	1	704	15	151	155	1,933	54	103	26	2,207	31	0	65	924	174	103	12	9,974

Intake

Table 6. Intake

Enrolled	Information Only	Total
10,824	561	11,385

Figure 3. Intake Type

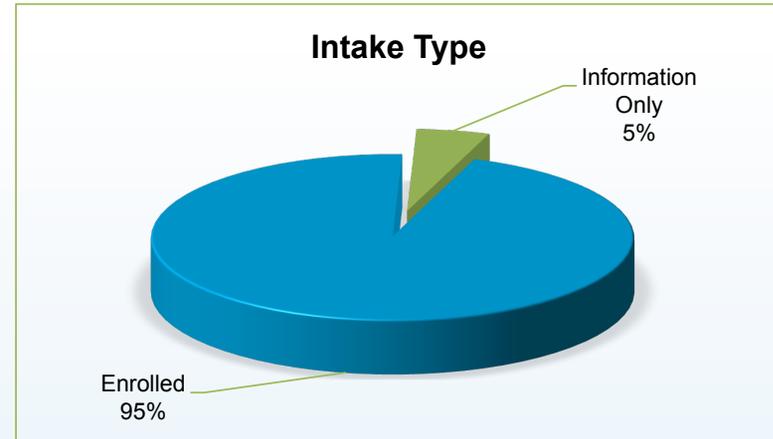


Table 7. Intake by County

County	Enrolled	Information Only	Total
Apache	59	3	62
Cochise	233	10	243
Coconino	245	7	252
Gila	112	2	114
Graham	70	3	73
Greenlee	23	0	23
La Paz	30	2	32
Maricopa	6,104	110	6,214
Mohave	543	13	556
Navajo	158	2	160
Pima	1,920	37	1,957
Pinal	516	7	523
Santa Cruz	85	1	86
Yavapai	464	11	475
Yuma	206	7	213
Out of State	3	5	8
Refused	5	21	26
Unknown	48	320	368
Total	10,824	561	11,385

Figure 4. Intake by County, Information Only

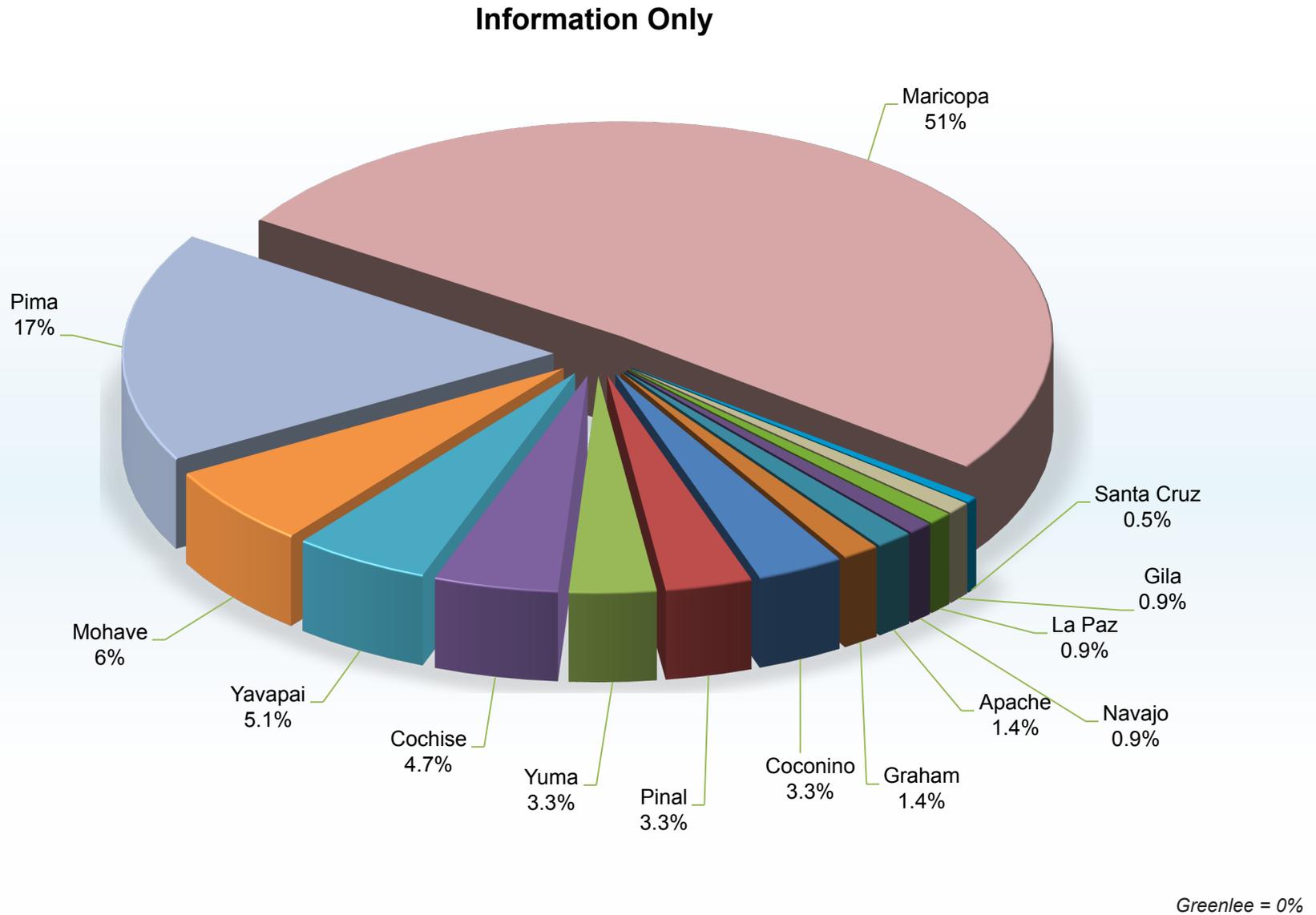
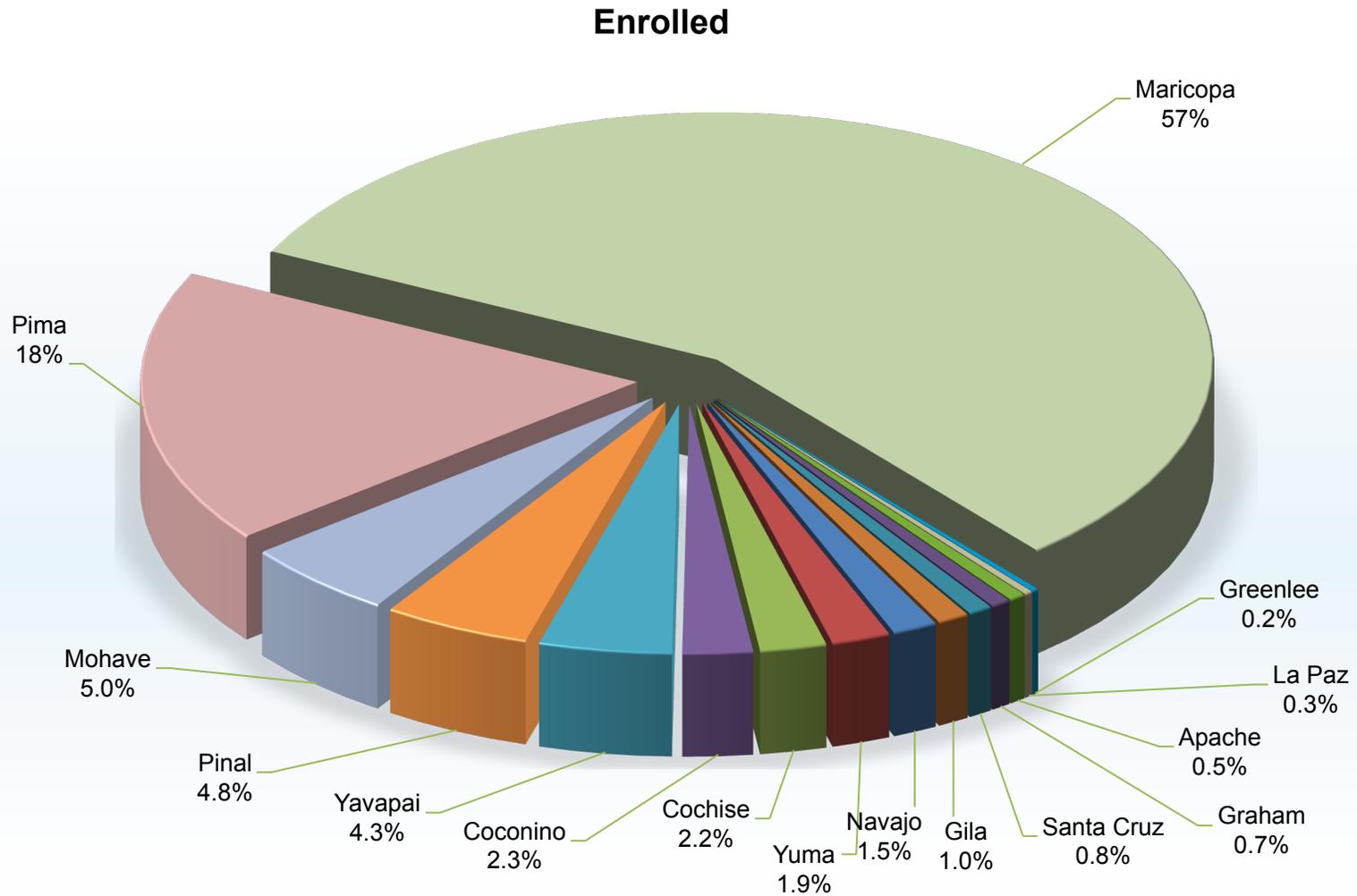


Figure 5. Intake by County, Enrolled



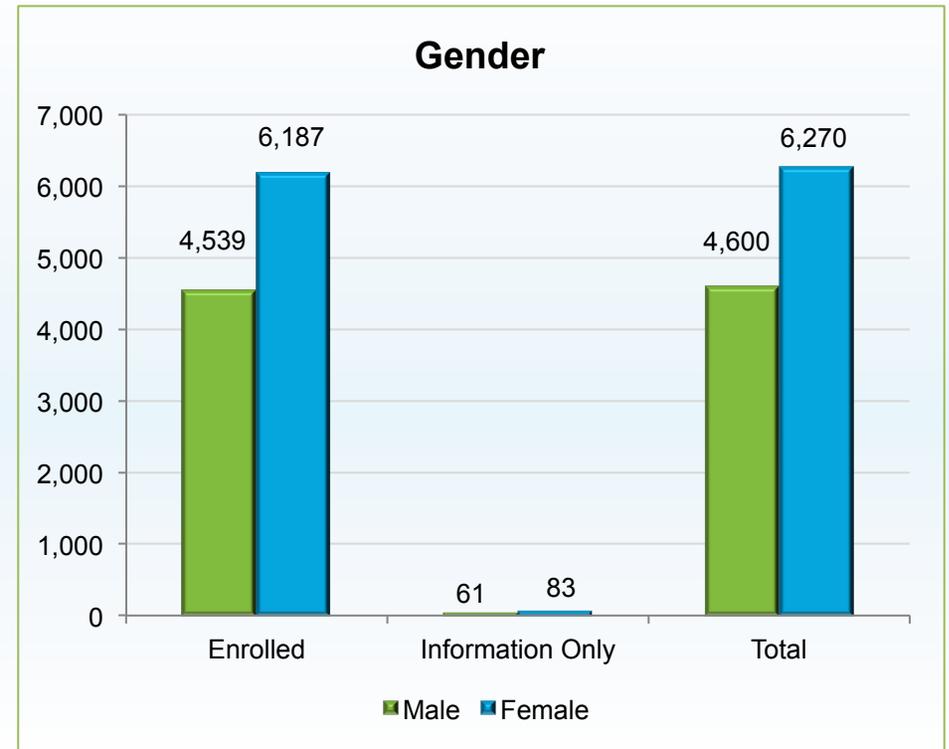
Demographics and Other Characteristics of ASHLine Clients

Gender

Table 8. Gender

Gender	Enrolled	Information Only	Total
Male	4,539	61	4,600
Female	6,187	83	6,270
Missing	98	417	515
Total	10,824	561	11,385

Figure 6. Gender by Intake



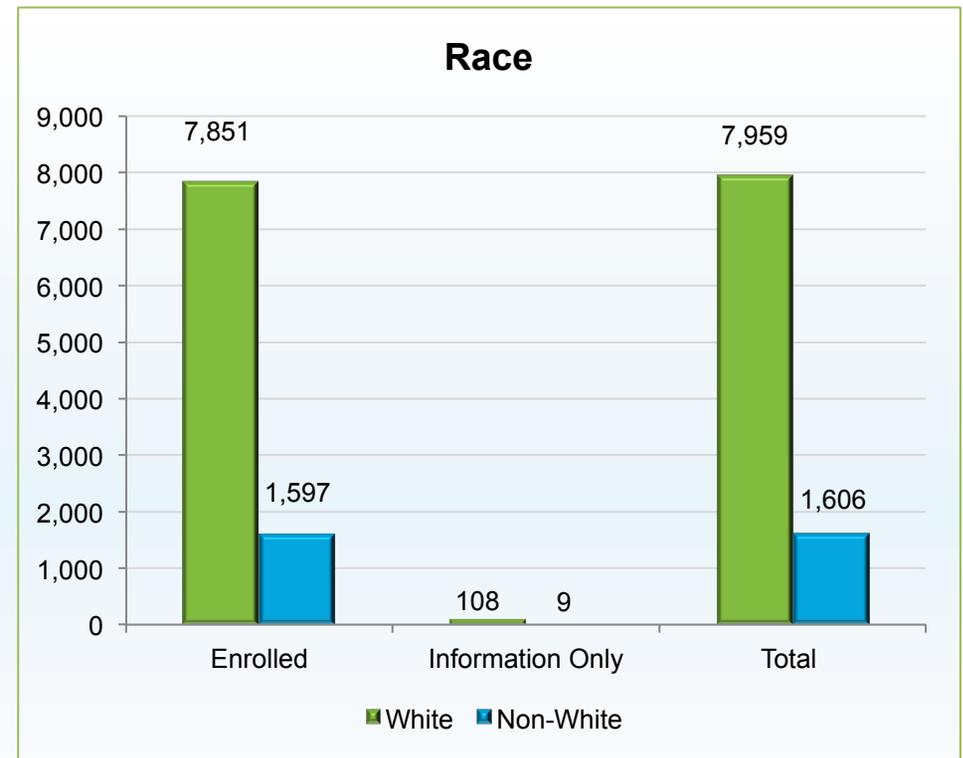
Females continue to use ASHLine services at a higher rate than males despite higher smoking rates in males.

Race

Table 9. Race

Race	Enrolled	Information Only	Total
White	7,851	108	7,959
Black or African American	874	5	879
Asian	61	0	61
Hawaiian	11	0	11
American Indian	230	0	230
Multiracial	242	2	244
Other Race	179	2	181
Unknown	1,376	444	1,820
Total	10,824	561	11,385

Figure 7. Race by Intake



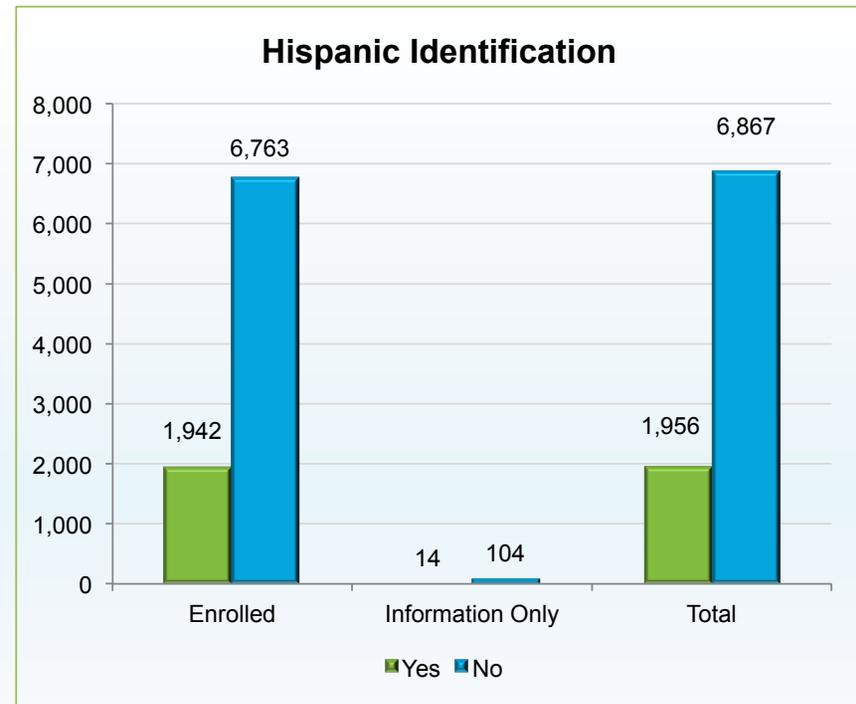
ASHLine enrollment among clients who classify themselves as White are higher than that of clients who classify themselves as a racial minority. A greater focus needs to be placed on reaching out to clients of other racial groups.

Hispanic Identification

Table 10. Hispanic Identification

Hispanic	Enrolled	Information Only	Total
Yes	1,942	14	1,956
No	6,763	104	6,867
Unknown	2,119	443	2,562
Total	10,824	561	11,385

Figure 8. Hispanic Identification by Intake



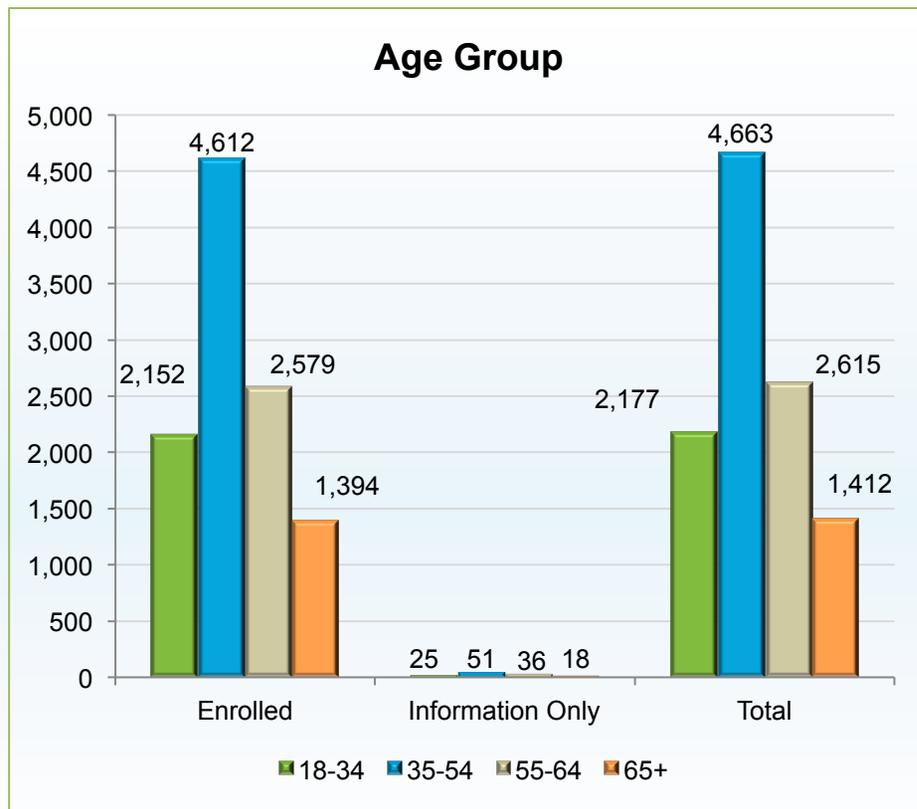
Hispanics represent ~17% of clients served; the majority opt for coaching with <1% requesting information only.

Age

Table 11. Age Group

Age Group	Enrolled	Information Only	Total
Less than 18	29	3	32
18-24	628	8	636
25-34	1,524	17	1,541
35-44	1,766	18	1,784
45-54	2,846	33	2,879
55-64	2,579	36	2,615
65-79	1,307	17	1,324
80+	87	1	88
Missing	58	428	486
Total	10,824	561	11,385

Figure 9. Age Group by Intake



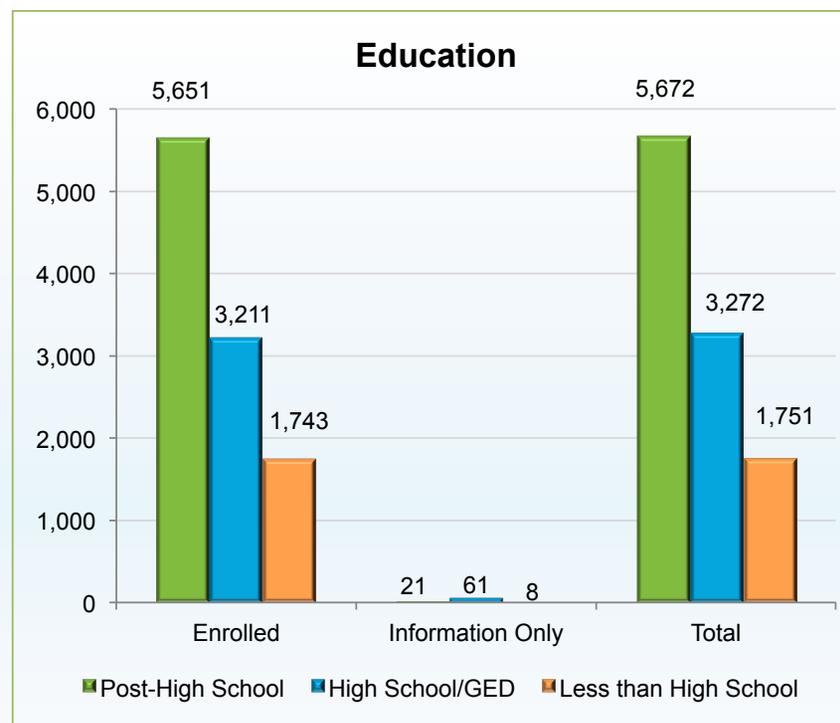
Enrollment among clients who are between the ages of 35 - 64 is higher than those younger than 35 or older than 65. ASHLine is evaluating ways to reach out to young adults and the elderly to improve their enrollment numbers.

Education

Table 12. Education

Education	Enrolled	Information Only	Total
College Degree	2,039	5	2,044
Some College	3,162	14	3,176
Technical or Trade School	450	2	452
High School Diploma	2,622	59	2,681
GED	589	2	591
Grade 9-11 (no diploma)	1,291	7	1,298
Grade 8 or less	452	1	453
Missing	219	471	690
Total	10,824	561	11,385

Figure 10. Education by Intake



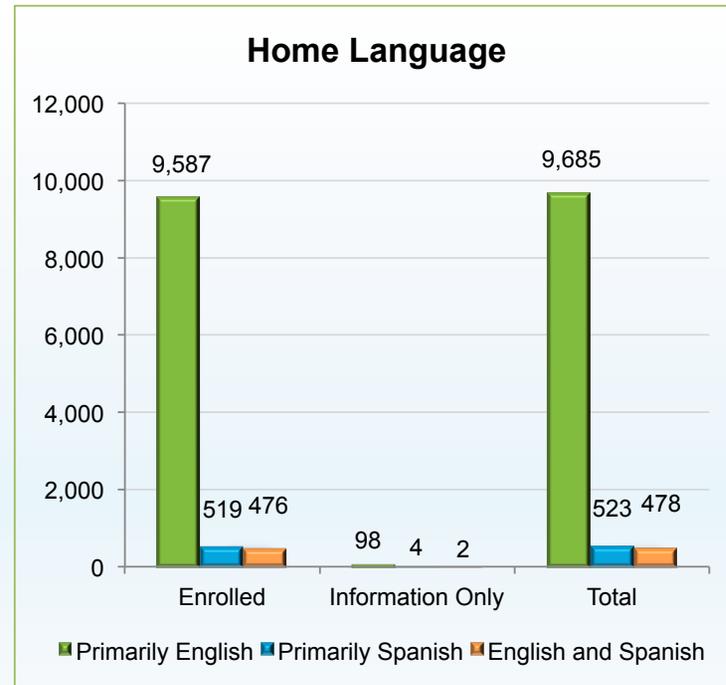
ASHLine enrollment numbers are higher among clients who have earned a post-high school education than those with just a high school/GED or less than high school education. Tobacco use prevalence is higher among those with a high school or less education, compared to those with a post-high school education. Future media and outreach should focus on low education and low-income populations.

Language

Table 13. Home Language

Home Language	Enrolled	Information Only	Total
Primarily English	9,587	98	9,685
Primarily Spanish	519	4	523
English and Spanish	476	2	478
Other	92	2	94
Refused	21	33	54
Missing	129	422	551
Total	10,824	561	11,385

Figure 11. Home Language by Intake

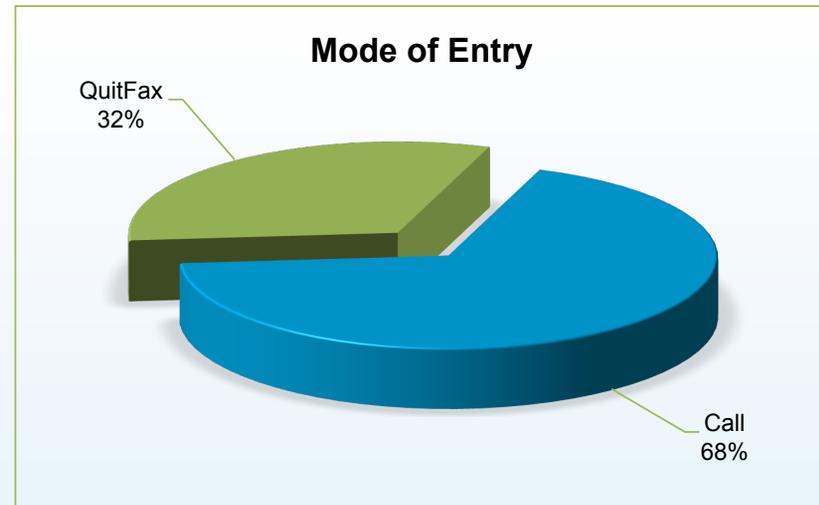


Mode of Entry

Table 14. Mode of Entry into ASHLine

Mode of Entry	Enrolled	Information Only	Total
Call	7,275	481	7,756
QuitFax	3,549	80	3,629
Total	10,824	561	11,385

Figure 12. Mode of Entry into ASHLine



While most clients enter through the 1-800 number, ASHLine experienced a 12% increase in the percentage of clients entering via QuitFax in FY2014, a system designed to increase engagement of healthcare providers and community partners in making ASHLine referrals.

Table 15. How Clients Heard about ASHLine

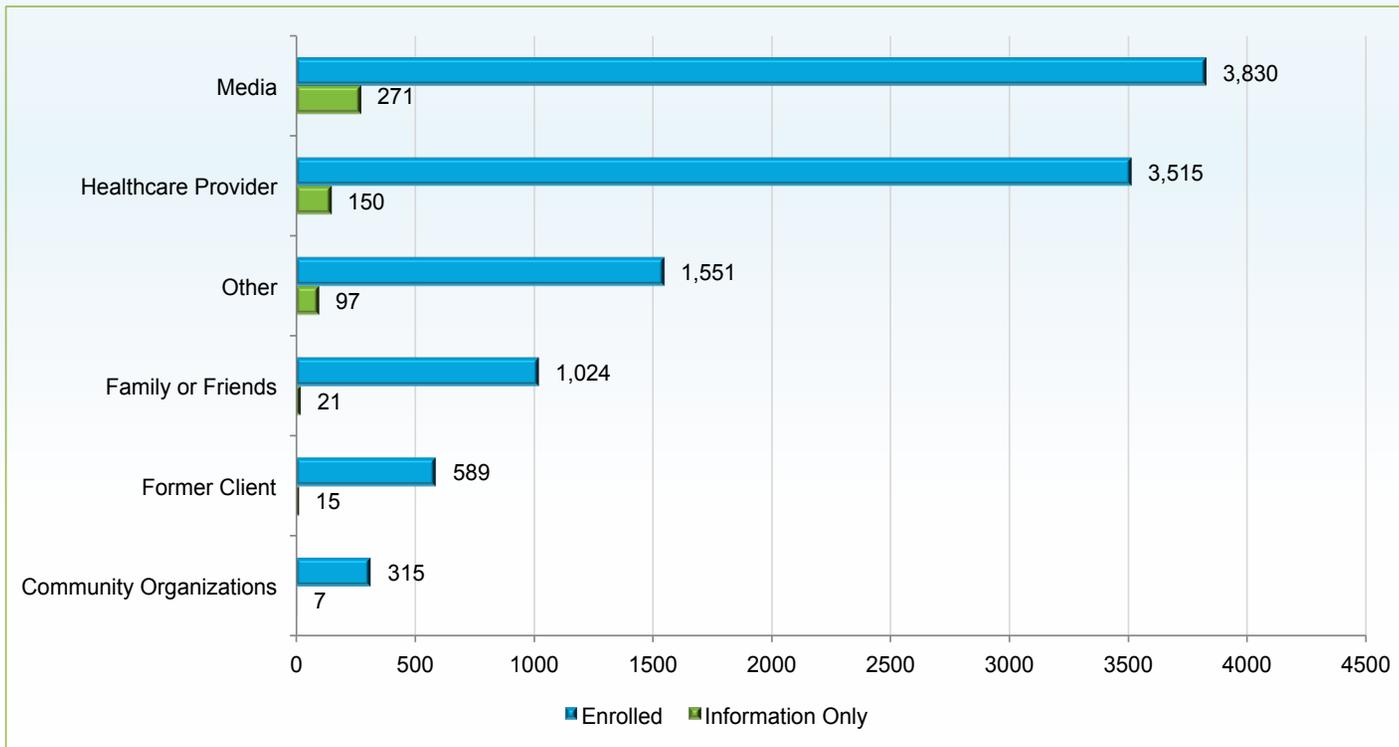
How did you hear about ASHLine?	Enrolled	Information Only	Total
Survey Team	810	23	833
Work	173	2	175
Website	298	12	310
TV	3,156	246	3,402
Radio	245	6	251
Newspaper	11	1	12
County Health Department (Local Project)	59	0	59
Healthcare facility	809	20	829
Health Insurance	104	8	112
Former Client	589	15	604
Brochures (Flyers)	118	6	124
Family or Friends	1,024	21	1,045
Doctor	2,540	118	2,658
Dentist	39	3	42
Community Organization	253	4	257
Church	3	3	6
Social Service Agency	0	0	0
Regional Behavioral Health Authority	16	0	16
My School	2	0	2
My Child's School	2	0	2
Pharmacist	7	1	8
Call It Quits App	2	0	2
CIGnal	0	0	0
If other source, please describe	0	0	0
Unknown	148	11	159
Missing	416	61	477
Total	10,824	561	11,385

While television advertising reaches a larger number of clients who eventually enroll in ASHLine, these data also show an important role of physicians in advocating tobacco cessation.

Table 16. How Clients Heard about ASHLine, collapsed groups

How did you hear about ASHLine?	Enrolled	Information Only	Total
Community Organizations	315	7	322
Family or Friends	1,024	21	1,045
Former Client	589	15	604
Healthcare Provider	3,515	150	3,665
Media	3,830	271	4,101
Other	1,551	97	1,648

Figure 13. How Clients Heard about ASHLine, collapsed groups



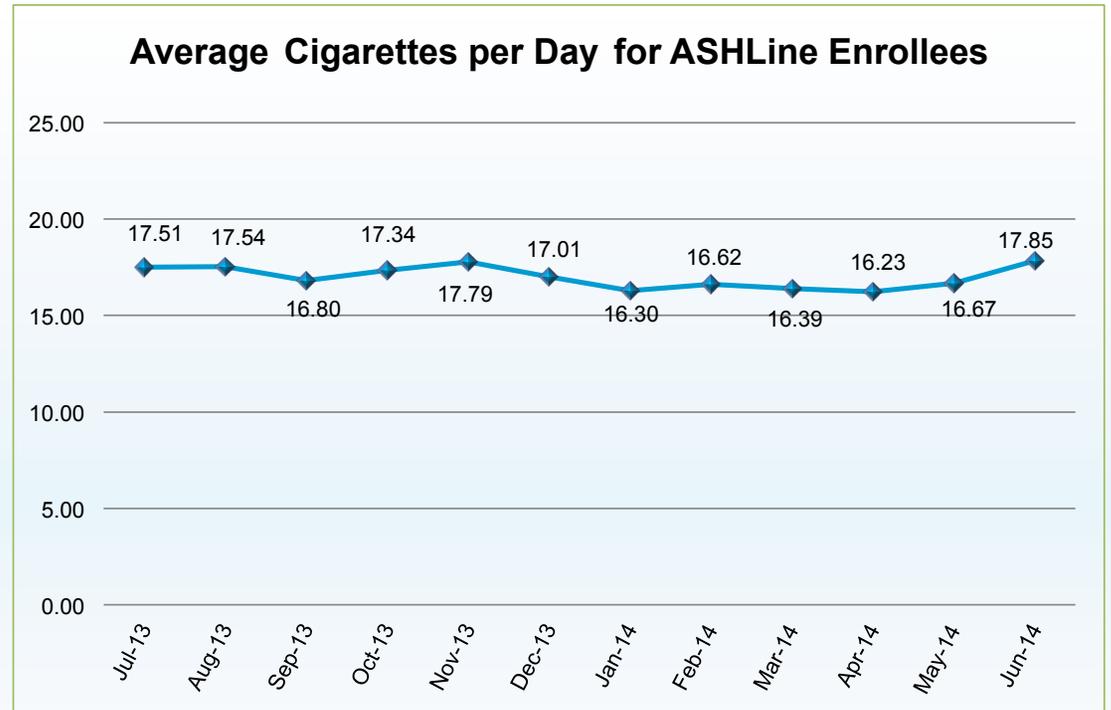
The media campaigns and referral systems generate the most enrollments. ASHLine can increase enrollments from other sources by expanding community partnership.

Cigarettes Smoked Daily Average

Table 17. Average Number of Cigarettes per Day

Month	Avg Cigs/Day
Jul-13	17.51
Aug-13	17.54
Sep-13	16.80
Oct-13	17.34
Nov-13	17.79
Dec-13	17.01
Jan-14	16.30
Feb-14	16.62
Mar-14	16.39
Apr-14	16.23
May-14	16.67
Jun-14	17.85

Figure 14. Average Number of Cigarettes per Day for ASHLine Enrollees

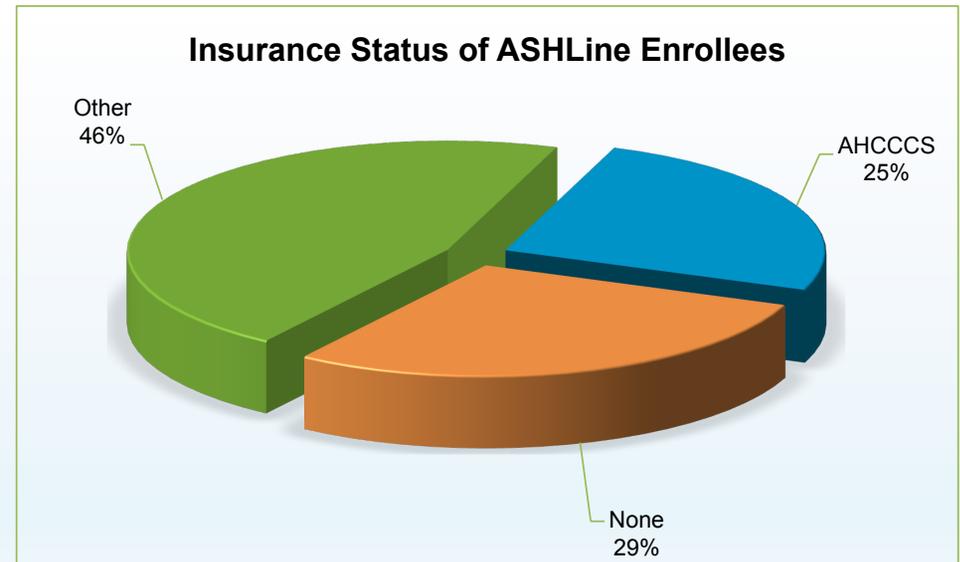


Insurance

Table 18. Insurance Status of ASHLine Enrollees

Insurance	Enrolled
AHCCCS	2,716
None	3,075
Other	4,935
Unknown	98
Total	10,824

Figure 15. Insurance Status of ASHLine Enrollees



In FY2014 almost 30% of ASHLine clients reported they did not have health insurance. With expanded enrollment through the Affordable Care Act we anticipate a significant shift in insurance coverages by 2015.

Table 19. AHCCCS Insurance Plans of ASHLine Enrollees

AHCCCS Insurance	Enrolled
AZ Physicians-IPA (APIPA)	163
Bridgeway - Acute & LTC	21
Care1st Health Plan Arizona, Inc.	122
CMDP (DES Comprehensive Medical and Dental Program)	1
Cochise Health Systems	0
CRS – UnitedHealthcare Community Plan	30
CRS – UnitedHealthcare Community Plan - Fully Integrated	4
CRS – UnitedHealthcare Community Plan - Partial Acute	3
Department of Development Disabilities - Capstone Health Plan	0
Department of Development Disabilities - RX America	0
Evercare Select	3
Health Choice Arizona	378
Health Net of Arizona	32
Maricopa Health Plan	142
Mercy Care Plan	580
Mercy Care Plan – Acute	16
Mercy Care Plan – LTC	3
Phoenix Health Plan-010299 (PHP)	180
Pima Health System	1
Pinal/Gila	0
SCAN-LTC (Senior Care Action Network - Long Term Care)	2
UnitedHealthcare Community Plan	319
UnitedHealthcare Community Plan - Acute	8
UnitedHealthcare Community Plan - LTC	0
University Family Care (UFC)	204
Yavapai Co LTC	0
No Response/Refused	6
Not Applicable	0
Not Sure	498
Total	2,716

Coaching

Table 20. Clients Reached for Coaching

	Count
At Least 1 Coaching Call	8,514
Unable to Reach	2,197
Total	10,711

Figure 16. Clients Reached for Coaching



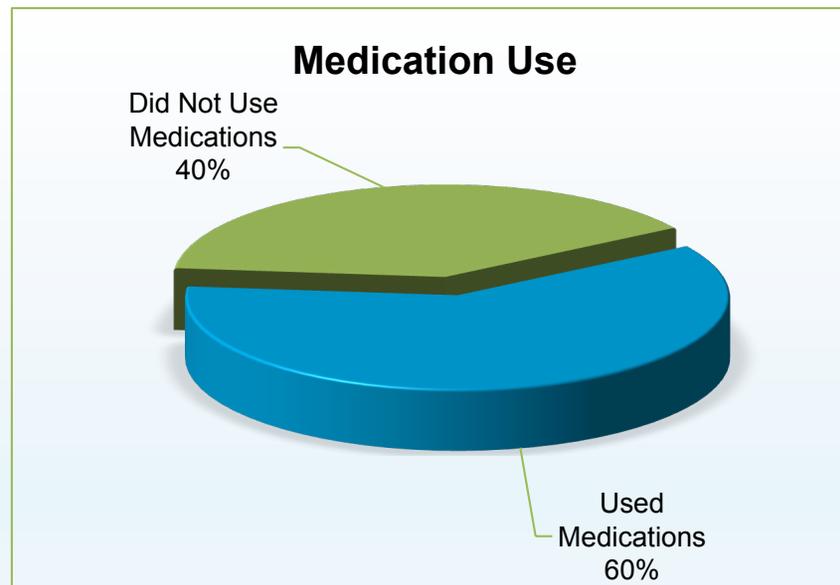
A 21% unable to reach rate was observed for FY2014, which is greater than our goal of $\leq 10\%$. ASHLine will determine whether having off-hour calls or including alternate contact numbers will increase the number of clients who can be reached.

Medication

Table 21. Clients Who Used Medications During Quit

	Count
Used Medications	3,761
Did Not Use Medications	2,465
Total	6,226

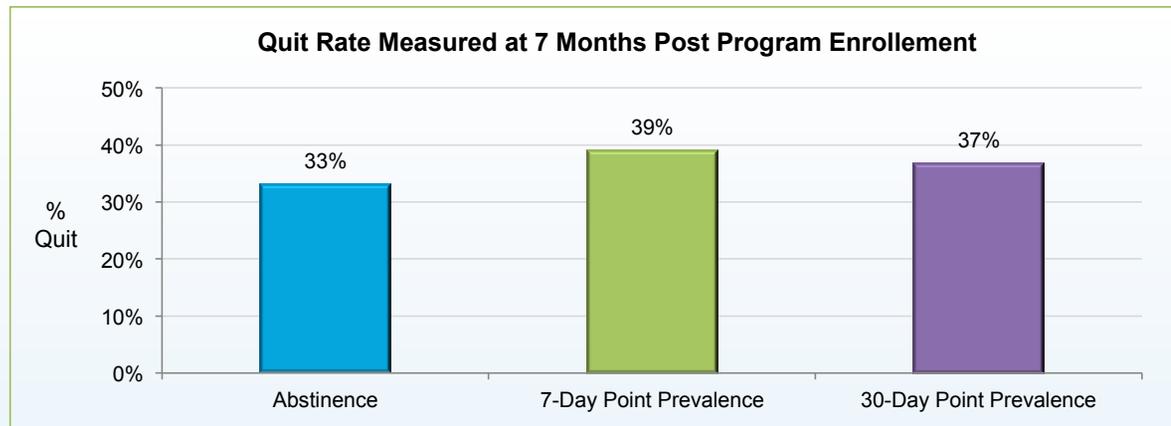
Figure 17. Clients Who Used Medications During Quit



Evidence shows clients who use medication and coaching have the highest quit rate. ASHLine is currently looking into ways to increase medication access for tobacco users trying to quit who request medication.

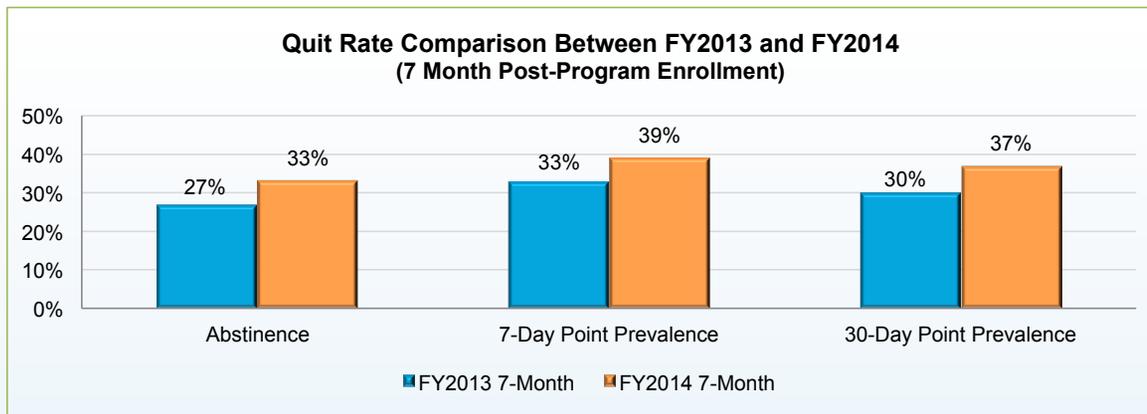
Quit Rates for ASHLine Enrollees

Figure 18. 7-Month Quit Rates for ASHLine Enrollees



The three quit rates reported continue to be higher than those reported by other quitlines across the U.S.

Figure 19. Quit Rate Comparison between FY2013 and FY2014



The quit rates for FY2014 are higher than those for FY2013, this may reflect a higher physician referral rate than FY2013 and/or greater uptake of coaching among those who did use ASHLine services.

Seven-Month Post-Enrollment Survey

Table 22. Eligible Clients Who Enrolled in ASHLine Quit Tobacco Medication Program

Eligible Clients who Enrolled in ASHLine Quit Tobacco Medication Program	Count
No	817
Yes	3,623
Total	4,440

Figure 20. Eligible Clients Who Enrolled in ASHLine Quit Tobacco Medication Program

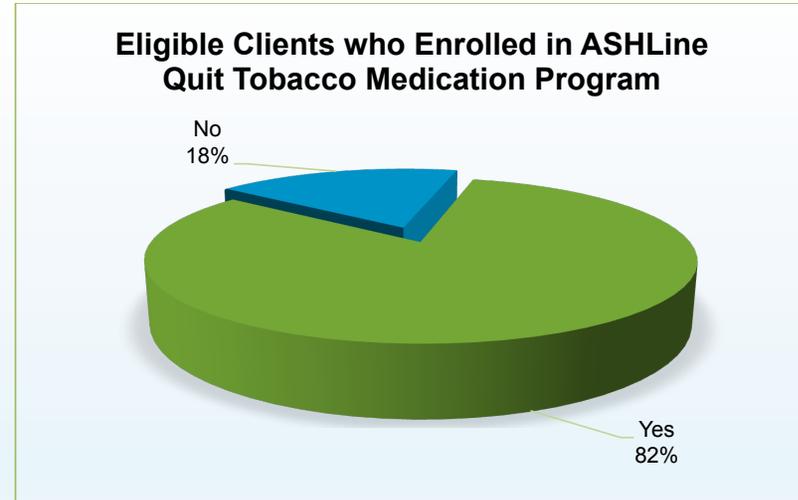


Table 23. Received Quit Tobacco Medication

Received Quit Tobacco Medication	Count
No	113
Yes	3,492
Total	3,605

Figure 21. Received Quit Tobacco Medication

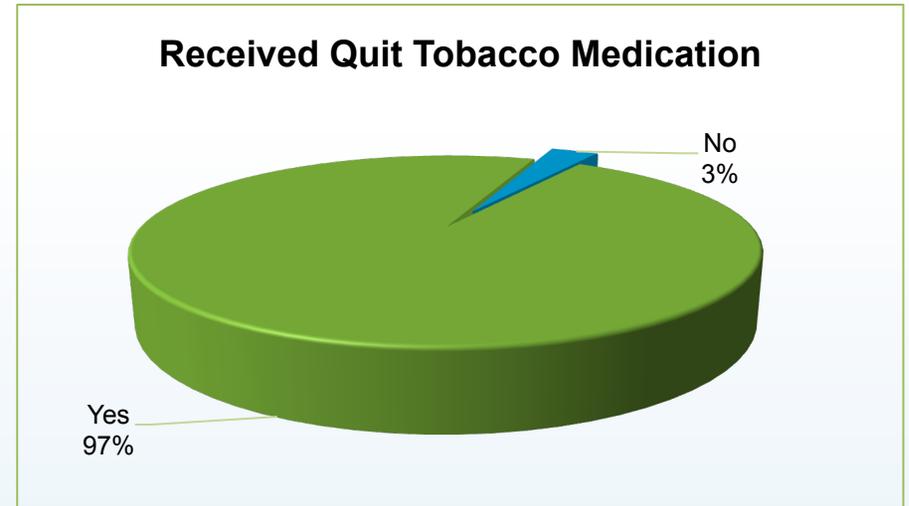


Table 24. Importance of Access to Coaching in Decision to Quit

How important was the offer of quit coaching in your decision to quit tobacco?	Count
Very Important	2,337
Moderately Important	2,107
Unimportant	591
Don't Know	328
Total	5,363

Figure 22. Importance of Access to Coaching in Decision to Quit



Table 25. Coaching was Helpful in Efforts to Quit

How helpful was coaching in your efforts to quit tobacco?	Count
Very Helpful	2,674
Somewhat Helpful	1,356
Not Helpful	452
I didn't receive any coaching	743
I don't know	132
Total	5,357

Figure 23. Coaching was Helpful in Efforts to Quit



Coaching continues to play a central role in quit success.