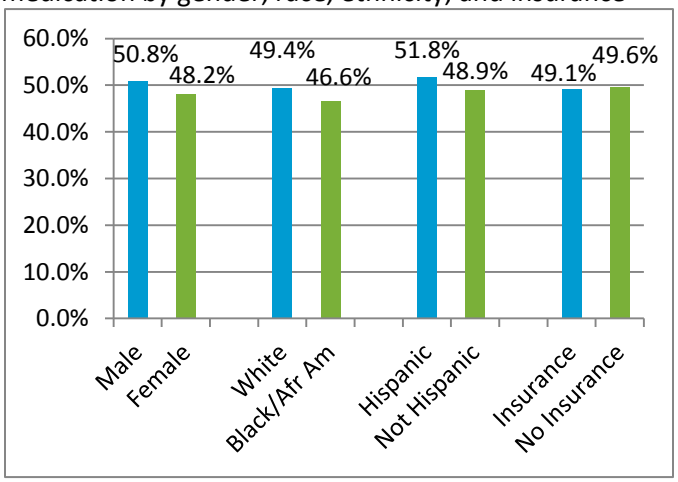
ASHLine Quarterly Report, Fiscal Year 2012 Quarter 3: Does gender, race, ethnicity, or insurance affect medication use and quit rate?

Quarter 3 of Fiscal Year 2012 saw the official end of the CPPW grant which funded ASHLine's Behavioral Health initiative. Although the partnerships ASHLine has formed with Behavioral Health service providers across the state will continue, the time to evaluate the effectiveness of the project is approaching. One question that will be asked is whether behavioral health clients engage in ASHLine services differently than or the same as other groups. If there are differences in the way behavioral health clients use ASHLine services and there are differences in their short-term and long-term service outcomes, it may be desirable and necessary to develop specialized programming to support those clients to quit tobacco. To understand how behavioral health clients interact with ASHLine services, we will examine the rates at which they use quit tobacco medications and their quit rates, among other factors. Data on clients' quit outcomes are currently being collected, but it will be some time before a full analysis may be conducted.

In the meantime, we are presented with an excellent opportunity to begin an analysis of program disparities for other groups of interest. Namely, we will examine medication use and quit rates by gender, race, ethnicity, and insurance for clients for whom 7-month follow-up data has been collected most recently (intake dates between September 2010 and August 2011).

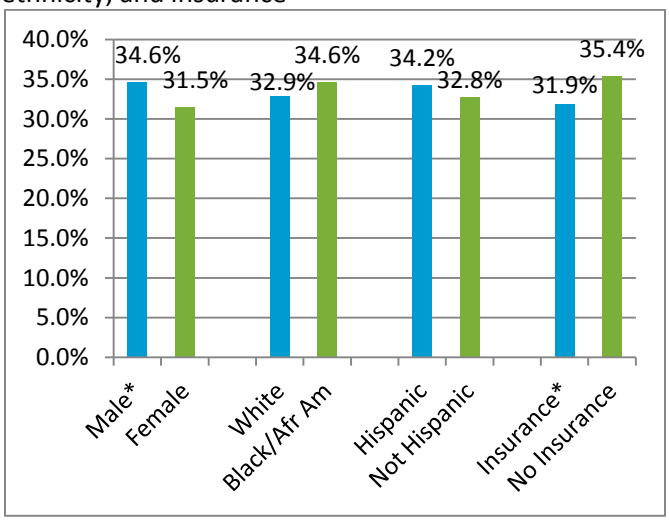
Approximately half of ASHLine clients use quit tobacco medications during their quit attempt. Figure 1 displays the rate at which clients use quit tobacco medications. Men, whites, and clients of Hispanic ethnicity are slightly more likely to use medications during their quit attempt. The differences are slight and none are statistically significant.

Figure 1. Percentage of clients using quit tobacco medication by gender, race, ethnicity, and insurance



The quit rate for ASHLine clients is about 32%. This varies slightly by the demographics of interest with men, African American, Hispanics, and those without insurance having a slightly higher quit rate. Overall, clients from disparate populations benefit from ASHLine services similarly compared to other clients.

Figure 2. Quit rate for clients by gender, race, ethnicity, and insurance[1]



[1] Differences for gender and insurance are statistically significant (p<.05).

ASHLine

Quarter 3 of fiscal year 2012 marked the end of the CPPW grant which has funded the Behavioral Health initiative. Although the grant has formerly ended, ASHLine's partnership with behavioral health service providers throughout Arizona continues.

	Quarter	Year-to-Date
Incoming Calls	7,458	20,608
# Referrals	3,553	9,464
# Enrolled	3,064	8,184
# Info Only	1,389	3,621
Quit Rate	32%	32%

The number of incoming calls and proactive referrals remain strong, with almost 7,500 incoming calls and over 3,500 referrals made to ASHLine during quarter 3. Incoming calls and referrals lead to over 3,000 clients enrolling in coaching services and more than 1,300 asking for information about quitting. The quit rate has remained high at 32%.

Referral Development Team

- After completing an annual assessment for systems change with acute care hospitals across the state last quarter, a preliminary report of the findings is being drafted.

	Quarter	Year-to-Date
# Referrals	3,553	9,464
# Unique Locations	463	698
# Unique Agents	739	1,474

- At the conclusion of the CPPW grant, the Referral Development team had conducted more than 150 meetings, trainings, and other events at the Behavioral Health facilities that were part of the grant and received 1,065 referrals from those locations. This represents a growth of 182 times in number of referrals from the targeted BH facilities prior to the initiative.
- Communications with the field continue to be strong:
  - Monthly email updates continue to incorporate chronic disease awareness topics relevant to tobacco use.
  - The contact list continues to grow. This is likely attributable to soliciting newsletter sign-up after all trainings.
  - Low rates of spam reporting and opt-outs.

Table 1. Constant Contact Metrics for Quarter 3 (January – March 2012)

Date Sent	Email Name	Sent	Bounces	Spam Reports	Opt-Outs	Opens	Clicks	Forwards
01/10	Monthly Update January 2012	935	8.2% (77)	0	0.2% (2)	12.8% (110)	9.1% (10)	0
02/06	Monthly Update February 2012	942	9.3% (88)	0	0.2% (2)	14.2% (121)	13.2% (16)	1.7% (2)
03/05	Monthly Update March 2012	1,038	18.2% (189)	1	0.2% (2)	10.2% (87)	0	0

- The new AAR In-Service and feedback form were finalized. From in-services conducted this quarter, 78.3% of respondents indicated they are likely to refer a client or patient to ASHLine for quit tobacco services.
- In order to ensure consistency of services, the team is piloting a new checklist for all trainings.
- New Referral Development data quality checks and corrections have been implemented.
- Revisions of the training and orientation materials for the Referral Development Team were started.

Referral Call Team

- The Referral Call Team processed 3,553 fax and web referrals.
- Active monitoring and adherence to a protocol of up to 5 calls to each referred patient has improved the reach rate to 56%.

	Quarter	Year-to-Date
# Referrals	3,553	9,464
% Reached	56%	56%
% Reached who Enrolled	41%	41%

Coaching

	Quarter	Year-to-Date
New Episodes	3,052	8,170
Avg # Coaching Sessions/Episode	2.8	3.6
30-Days Quit	69%	67%

- The Coaches' Quality Improvement Focus Group submitted a major revision of client satisfaction survey to the Evaluation team.
- Revisions were made to the policy and protocols for time-off, transferring clients to other coaches, follow-up when unable to reach clients, and accepting gifts.

Callback Team

- A new Team Lead was hired.
- The revision process for the Client Satisfaction Survey was started.
- New performance benchmarks were implemented in order to increase the quality of the work of the team.

	Quarter	Year-to-Date
Quit Rate	32%	32%
Response Rate	47%	47%
Client Satisfaction	85%	85%

Evaluation

- Participated in NAQC Public-Private Initiative with BTCD. The Evaluation Team helped to gather preliminary information about potential partners in the state.
- Submitted re-worked evaluation of the effect of individual coach differences on quit rates.
- Evaluation Team was coauthor on a poster of national quitline data presented with NAQC Director of Research, Jessie Saul, at the Society for Research on Nicotine and Tobacco Annual Conference.
- ASHLine data Quality Assurance Plan was initiated.
- Completed regular monthly reports to County and Community Partners.