

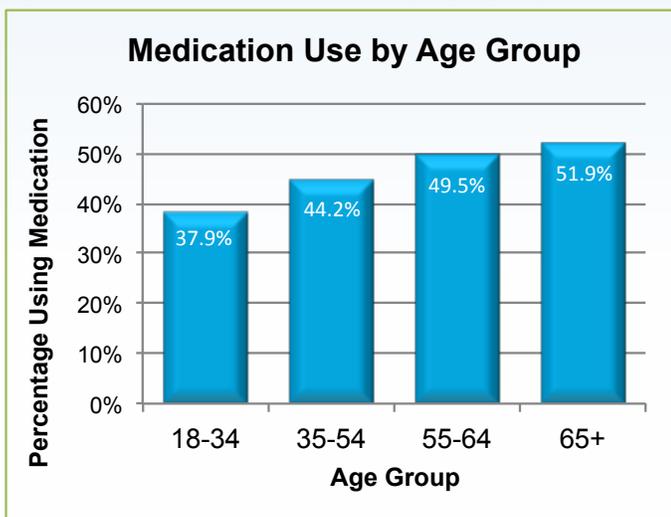
## Treatment for the Ages: Do younger clients differ in medication use and quit rate from older clients?

Anti-smoking efforts aimed at youth have traditionally focused on prevention, rather than cessation. As cessation becomes an increasingly targeted area, such as with the CIGNal campaign, questions about youth quit rates and medication use are becoming relevant. Do youth who use the ASHLine quit at different rates than older clients? Does their medication use differ from older clients? Answers to these questions could help direct future youth cessation campaigns and help to tailor quitline services.

To better understand how youth use quitlines, we analyzed the relationship between medication and quit rate among four age groups. ASHLine clients who enrolled in the two year period between January 2011 and December 2012 were examined.

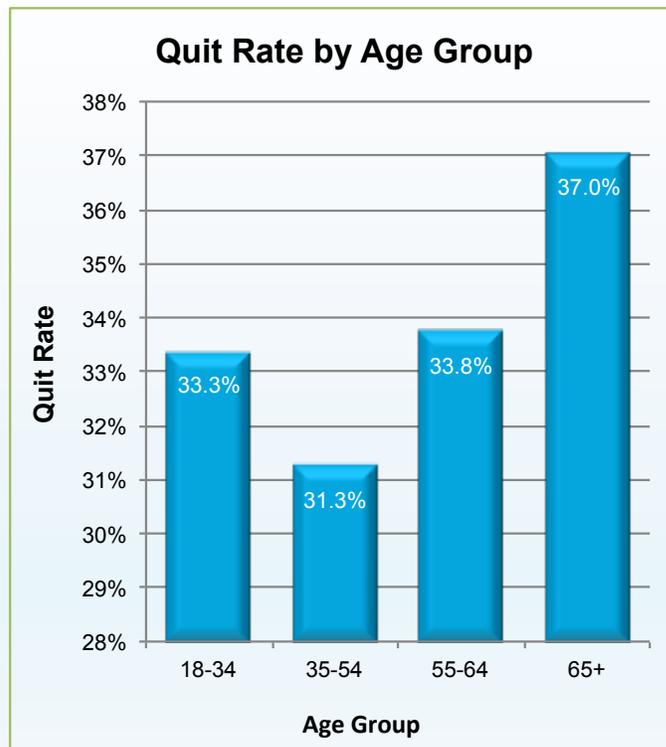
Medication use by ASHLine clients is indeed related to age, with older clients using medication more than younger clients,  $p < .001$ . Only 38 percent of 18 to 34 year olds used medication, compared to 44 percent of 55 to 64 year olds, and 52 percent of clients aged 65 years and older (Figure 1).

Figure 1. Percent medication use by age group.



Quit rates were also significantly different among age groups,  $p < .001$ . The lowest quit rate of 31 percent is in the 35 to 54 year old age group. The highest of 37 percent is for the 65 and older group. Quit rates do not follow the same linear pattern with age as medication use does; however, quit rates are generally lower in the younger age groups than in the oldest age groups.

Figure 2. Quit rate by age group.



Results show that medication use and quit rates differ among age groups. Evaluating possible reasons for the lower rates of medication use and quit for younger clients can help us further engage and treat this demographic. Understanding reasons for the higher success rates of older clients, as well as considering the social, behavioral, and biological differences between clients of different ages can help quitlines develop protocols to further engage and support young clients.

**ASHLine Quarter 2 Report**

Fiscal Year 2014 (October 2013 – December 2013)

## Summary of the Quarter

The second quarter of Fiscal Year 2014 was highlighted by intra-unit integration and expansion of services. This integration came in the form of cross training all ASHLine units, so that staff members can better communicate with clients and assist other staff members in activities during high call volume. The expansion of services was accomplished by training our Quit Coaches to become Lifestyle Behavior Change Specialists. This expanded role allows coaches to use their practiced behavioral support skills to help clients incorporate healthy lifestyle regimens such as diet and exercise into their daily activity. In addition to these new services, ASHLine continued to provide its quit tobacco services. ASHLine received more than 3,899 calls and enrolled 2,534 Arizonans. In addition, ASHLine also received 2,310 referrals from health professionals. Finally, the 7-month quit rate remained high at 36%.

**ASHLine Core Measures**

	Q2 FY 2013	Q2 FY 2014
<b>Incoming Calls</b>	4,078	3,899
<b># Referrals</b>	2,815	2,310
<b># Enrolled</b>	2,045	2,534
<b># Info Only</b>	559	70
<b>Quit Rate</b>	30%	36%

## Community Development Team

- Partnered with the Bureau of Tobacco and Chronic Disease to develop a new, outcomes-focused approach for providing technical assistance to county health departments around referral development
- Partnered with the Bureau of Tobacco and Chronic Disease on two key initiatives surrounding public-private partnerships and systems change within Arizona's community health centers
- Engaged in recruitment and training for two pilot projects

This quarter the Community Development Team has been working on a number of pilots and initiatives, several in partnership with the Bureau of Tobacco and Chronic Disease, Arizona Department of Health Services. In addition to providing ongoing training and technical assistance to our targeted partners in the field, the Community Development Team worked with the Bureau of Tobacco and Chronic Disease to provide a training summit for county partners. This collaboration also spearheaded the development of individualized outreach and engagement plans for each county health department to help guide their ASHLine-related referral development activities in the field. To further support this work, a new monthly reporting format was developed that highlights key referral-related metrics to ensure an outcomes-focused feedback loop is available to county partners. The Community Development Team also partnered with the Bureau of Tobacco and Chronic Disease to provide a summit, create educational materials, and develop relationships with a number of insurance brokers, employers, and health insurance organizations to move the public-private partnership initiative forward. Similarly, we partnered with the Bureau of Tobacco and Chronic Disease on a presentation to the Board of the Arizona Alliance for Community Health Centers to initiate a systems change dialogue with key administrators from Arizona's community health centers. Finally, the Community Development Team worked hard to recruit partner organizations to participate

in two pilot projects. One pilot is being offered in partnership with the Multi-State Collaborative for Systems Change and BowLink Technologies surrounding the implementation of a fully bi-directional electronic referral process between ASHLine and participating organizations' electronic health records. The second pilot focuses on partnering with behavioral health organizations and a behavioral health pharmacist on utilizing a client medication review to improve quit outcomes and overall health among clients referred from pilot locations.

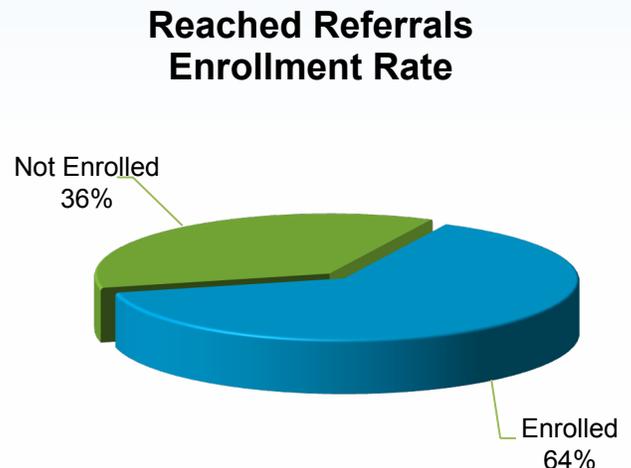
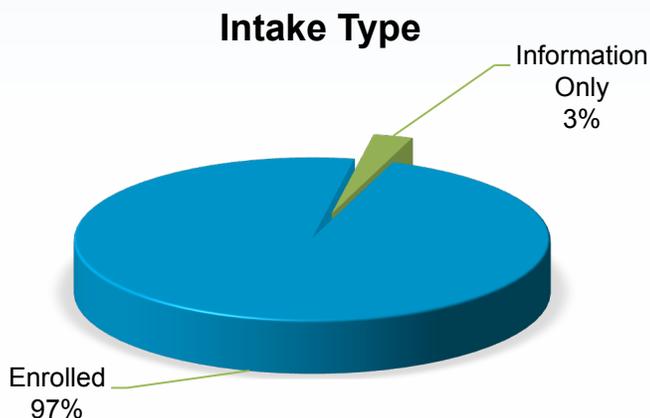
## Enrollment Team

- Continued skill-building training for Engagement Specialists
- Community Development Team training

This quarter the Engagement Specialists began to handle client calls requiring advanced skills and clients requiring immediate attention. The Engagement Specialists participated in clinical training to increase their engagement skills during intake and to prepare for future coaching caseloads. The Enrollment Team also participated in a Community Development Team training that included an overview of the Community Development Team daily duties and tasks, as well as expectations from the Enrollment/Engagement team to help assist referral clients, to efficiently enter referrals, and to provide professional outbound calls.

### Community Development and Enrollment Teams

	Q2 FY 2013	Q2 FY 2014
# Referrals	2,815	2,310
% Reached	49%	47%
% Reached who Enrolled	47%	64%
# Unique Locations	414	412
# Unique Agents	542	583



## Coaching Team

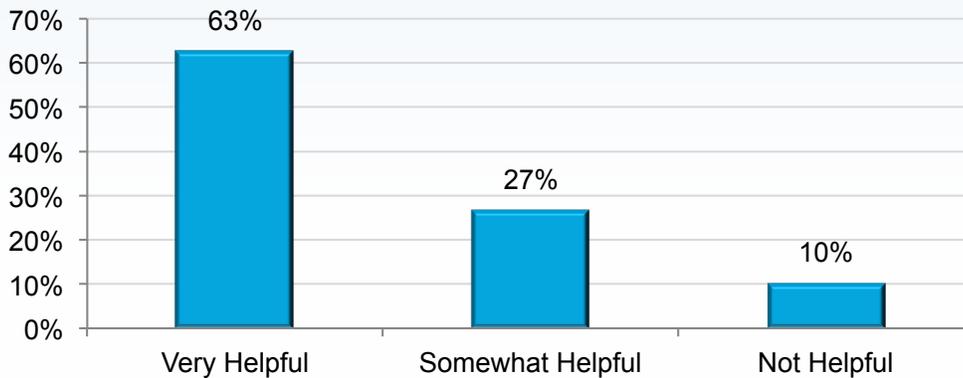
- Focused training on communication and engagement skills and data analysis
- Specialized coaching curriculum developed for youth (CIGnal) desiring to quit tobacco

Clinical training focused on communication effectiveness and engagement core competency skills to meet the needs of current and future tobacco cessation and wellness contracts. A ten-hour “Motivational Interviewing” module was developed for this purpose by the Clinical Manager. There was also continued training on utilizing outcome data from reports to measure and improve personal and team effectiveness. The team developed a specialized curriculum tailored for youth wanting to quit tobacco participating via the CIGnal program.

### Coaching

	Q2 FY 2013	Q2 FY 2014
<b>New Episodes</b>	2,072	2,510
<b>% Receiving 1+ Coaching Calls</b>	83%	80%
<b>Avg # Coaching Sessions/Exited Episode</b>	6.2	3.6
<b>% Using Meds</b>	43%	59%
<b>Reached 30-Days Quit</b>	67%	65%

### How helpful was coaching in your efforts to quit tobacco?



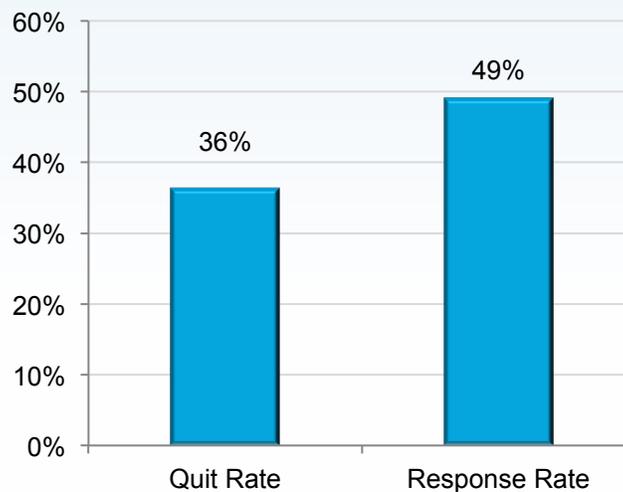
## Survey Team

- Established call center cross training so units can assist each other during high call volume
- Created a follow-up survey for the new medication management pilot to evaluate how providers, coaches, and clients used and benefitted from pharmacist medication recommendations
- Annual Survey Team Retreat

During times of high call volume, ASHLine benefits 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. The Survey Team also created and installed a follow-up questionnaire to survey providers, coaches, and clients on the benefits of having a pharmacist make recommendations for integrating behavioral health medications and tobacco cessation medications. Finally, the Survey Team held its annual retreat during which staff members discussed process and protocol changes and quality improvement strategies.

Survey Team		
	Q2 FY 2013	Q2 FY 2014
<b>7-Month Quit Rate</b>	30%	36%
<b>Response Rate</b>	51%	49%

### 7-Month Follow-up Survey



## Evaluation Team

- Implemented Diabetes Protocol
- Evaluation of CIGnal campaign
- Conducted focus groups with youth and LGBTQ smokers
- Continued support for internal and external data requests

The Evaluation Team implemented the Diabetes Protocol in Quarter 2. This was a major step in ASHLine's goal of extending technology-based support services beyond tobacco cessation. This protocol was designed to help diabetic tobacco users navigate their self-management plans and integrate healthy lifestyle behaviors into their daily activities. We also began coordinating focus groups to better understand high smoking rates and low treatment-seeking rates of youth and LGBTQ smokers. As we gather data from these focus groups, findings will help guide the development of marketing strategies and tailoring of behavioral support models. We also implemented the pharmacist medication management program to assist providers in integrating behavioral health medications with tobacco cessation medications. Finally, we continued to provide support for internal and external data requests.

## Quality Improvement

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

The focus of the Quality Improvement Team this quarter was to develop protocols to address the disparate program completion rate of low-income and behavioral health clients. These new protocols were created from a multidisciplinary team of staff members with expertise in community development, evaluation, and low-income and behavioral health coaches. The Quality Improvement Team also began working on characterizing the lifecycle of referring organizations. This project will help ASHLine identify which type of events are likely to be required to ensure that organizations maintain optimal levels of referrals to ASHLine.

## Appendix: October - December 2013 Statistics and Demographics

Table 1. Referrals, Enrollments, and Coaching Calls by County

County	Referrals		Enrollments		Total Coaching Calls		Avg # Coaching Calls for Exited Clients	
	Q2 FY 2014	Year-to-Date	Q2 FY 2014	Year-to-Date	Q2 FY 2014	Year-to-Date	Q2 FY 2014	Year-to-Date
Apache	10	20	16	25	52	100	8.87	7.67
Cochise	41	85	49	103	218	441	5.28	4.64
Coconino	129	257	68	147	221	387	4.24	3.78
Gila	12	26	22	46	84	181	3.76	4.27
Graham	20	49	17	36	76	134	5.60	4.78
Greenlee	6	8	6	12	12	25	3.00	2.60
La Paz	14	28	12	20	36	60	3.13	3.05
Maricopa	986	1954	1,397	3059	4673	9113	3.43	3.37
Mohave	89	199	106	256	366	801	3.71	3.75
Navajo	30	55	27	70	139	271	5.74	4.32
Pima	781	1651	489	1037	1699	3177	3.53	3.79
Pinal	46	72	118	252	416	781	3.40	3.46
Santa Cruz	24	80	26	61	110	180	3.14	3.44
Yavapai	98	232	125	262	389	776	3.30	3.45
Yuma	19	49	39	108	136	384	4.61	3.94
Unknown	5	12	17	36	20	47	3.56	3.67
<b>Total</b>	<b>2,310</b>	<b>4,777</b>	<b>2,534</b>	<b>5,530</b>	<b>8,647</b>	<b>16,858</b>	<b>4.3</b>	<b>4.0</b>

Table 2. Incoming Calls and Quit Rate

Summary Statistics	Q2 FY 2014	Year-to-Date
# Incoming Calls	3,899	8,366
7-Month Quit Rate	36%	37%

Table 3. Demographics and Intake Type

	Enrolled (N=2,534)	Information Only (N=70)	Total (N=2,604)
<b>Gender</b>			
Male	1,044	15	1,059
Female	1,465	13	1,478
Missing	25	42	67
<b>Race</b>			
White	1,853	28	1,881
Black or African American	200	0	200
Asian	16	0	16
Hawaiian	3	0	3
American Indian	66	0	66
Multiracial	61	1	62
Other Race	58	0	58
Unknown	277	41	318
<b>Ethnicity</b>			
Hispanic	422	5	427
Non-Hispanic	1,644	24	1,668
Unknown/Missing	468	41	509
<b>Age</b>			
Less than 18	3	1	4
18-24	145	1	146
25-34	352	4	356
35-44	423	3	426
45-54	687	6	693
55-64	605	7	612
65-79	285	2	287
80+	20	0	20
Unknown/Missing	14	46	60

Figure 3. Referrals by Location Type

