

April 30, 2014

ASHLine Quarterly Report

Quarter 3, Fiscal Year 2014 (January 2014 - March 2014)

Community Youth Evaluation

Lifestyle Behavior Change

Program Measures

Highlights:

- Referrals
- Enrollments
- Coaching measures
- Quit rate
- Client Follow-up



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ASHLine Client and Community Youth Evaluation: Alternatives to Phone-based Interactions with ASHLine

To better understand how ASHLine can improve the quality of its services for youth (ages 15-23) and reach more of them, focus groups and interviews were held in February and March, 2014 with former client youth and non-client, community youth.

Thirty-two youth participated in the evaluation: 11 client youth and 21 community youth. Client youth were interviewed in person and over the phone. Community youth participated via focus groups.

For this data brief, we describe participants' hesitations about calling a helpline and the alternative forms of communication they prefer to use when seeking quit help. From these findings, several options are presented for improving ASHLine's services for youth.

Participants explained that they are reluctant to "pick up the phone" because they do not know the person on the other end.

“Honestly I don't think people our age would like actually pick up the phone and be like, 'oh hey, I need to quit smoking'.”

If youth do not feel personally connected, they worry that they would be talking to a "random," non-empathetic person who lectures them.

“...I really hate talking on the phone. Like especially if it's even if they're trying to help give me resources, I kind of feel like I'm being lectured at and I feel really bad about it afterwards...”

Alternative options participants mentioned include broadening the form of interaction (i.e., meeting in person, using instant messages, visiting a website and using social media) as well as the nature of the interaction (i.e., interacting with peers who are currently quitting, having a 'quit buddy,' and hearing stories from others who have already quit).

“I think finding another person to quit with would be easy. Because, like, you know how people go on diets, they're like, 'I don't want to do this alone'.”

In addition to desiring a personal connection with their coach, youth also want more frequent contact in a format more conducive to their lifestyle. Participants report that they do not always remember to call and are not always available to talk, and when they are ready for help or are having an emergency, they want immediate support.

“We should be able to call you guys when we need a cigarette because, like, I don't know, if you're craving one, like, I need it. I need service now.”

Recommendations to compliment phone services:

1. Provide biographies of each coach, including pictures and video introductions.
2. Coaches can send a text message prior to calling their clients to let them know they are trying to reach them.
3. Increase contact by offering check-in messages that are different from the longer, once a week calls.
4. Develop a website through which youth can connect with current or former clients via videos, live chats or discussion boards.

ASHLine Quarter 3 Report

Fiscal Year 2014 (January 2014 – March 2014)

Summary of the Quarter

During the third quarter of Fiscal Year 2014, ASHLine made significant progress toward expanding and evaluating its standard and developing services. A number of comprehensive quality improvement and evaluation efforts were completed to monitor ASHLine's foray into lifestyle coaching. We launched a process evaluation aimed at refining the client assignment process and data collection process of the newly implemented diabetes protocol. Furthermore, formal outcomes evaluations were performed to test protocol variations for increasing enrollment and coaching contacts. ASHLine also continued to promote its public-private partnership with regional employers. We began reporting to two new employers to help them track the progress of employees referred to ASHLine. We also developed marketing materials to advertise our survey and call center services to University of Arizona faculty members seeking administration of research services. Finally, ASHLine clinical services continued to have sustained benefits, marked by the the seven month quit rate of 37%.

ASHLine Core Measures

	Q3 FY2013	Q3 FY2014
Incoming Calls	7,651	5,230
# Referrals	2,416	2,391
# Enrolled	4,451	2,944
# Info Only	1,458	200
Quit Rate	30%	37%

Community Development Team

- Initiated Phase 1 of a multi-phase system-level rollout of tobacco assessment and intervention with a large, multi-state health network/Accountable Care Organization (ACO)
- Initiated a Regional Behavioral Health Authority-level pilot with Cenpatico to provide Ask, Advise, Refer trainings and referral detailing to 19 agencies. The goal of this initiative is to train a combined total of 101 clinical locations statewide
- Completed the development of a community health center-specific tobacco assessment tool
- Recruited additional employers for structured pilots under the Public-Private Partnership initiative
- Completed the third round of quarterly calls with county partners statewide as part of the Fiscal Year 2014 outcomes-focused approach to providing technical assistance around referral development

This quarter, the Community Development Team has continued to work on a number of different projects and initiatives. In addition to providing ongoing training and technical assistance to our targeted partners in the field, the Community Development Team has begun the process of identifying specific trainings and topics to be incorporated into a suite of new materials for our provider outreach toolkits, set to debut in Fiscal Year 2015. The team also began the process of researching electronic cigarettes (e-cigarettes) and outlining an approach for addressing questions about e-cigarettes from providers, as well as how we can better educate providers about current e-cigarette concerns and options for referral. Finally, the team continues to make progress on the public-private partnership initiative, educating new employers and insurers about ASHLine services and partnership options each quarter.

Community Development and Enrollment Teams

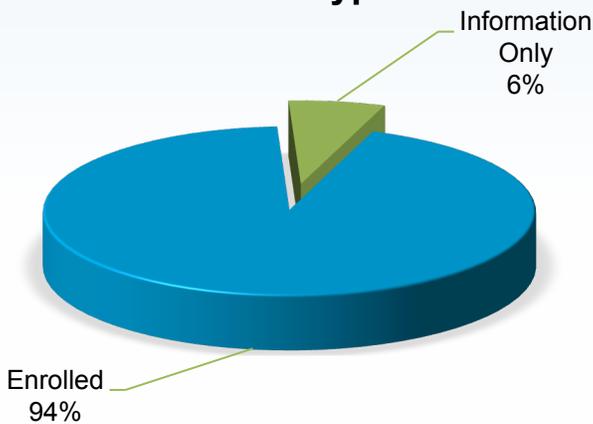
	Q3 FY2013	Q3 FY2014
# Referrals	2,416	2,391
% Reached	53%	52%
% Reached who Enrolled	64%	77%
# Unique Locations	407	448
# Unique Agents	535	654

Enrollment Team

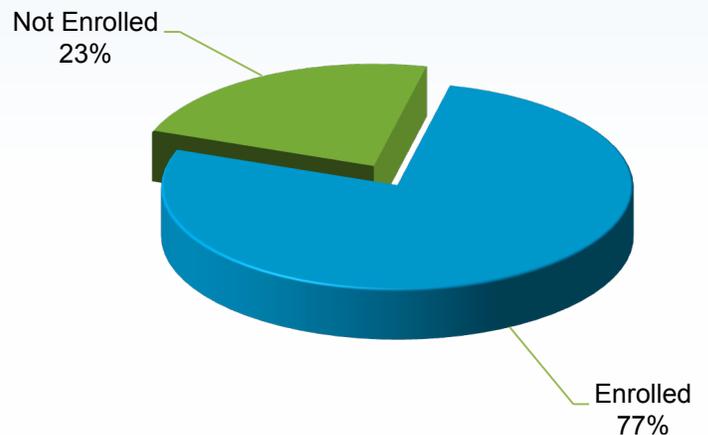
- Developed new protocols for improving reach and enrollment rates
- Implemented warm transfers for callers interested in a coaching session at the time of enrollment

The enrollment team has used this quarter to assess areas that might improve reach and enrollments. One critical area that has been identified for further enhancement and evaluation is structuring the tone, emotion, and content of enrollment calls. A University of Arizona intern is evaluating the relationship between different elements of telephonic conversation and will provide recommendations and strategies for standardizing calls. The Enrollment Team is also looking into protocols to change call patterns for reaching potential clients who were referred

Intake Type



Reached Referrals Enrollment Rate



Coaching Team

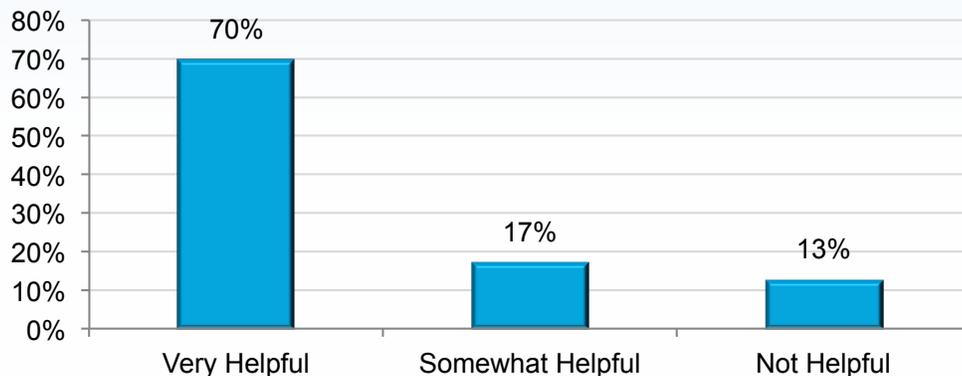
- Full implementation of the diabetes protocol for diabetic clients using tobacco
- Began reviewing call patterns to assess whether different types of callers benefit from call frequencies at different rates

The diabetes protocol to assist diabetic smokers in navigating and implementing their diabetes self-management plan was fully implemented through the entire quarter. During this time, process evaluation has begun to adapt and refine the protocol and process of client assignment and data collection. In addition, coaching outcomes related to quit have improved over the quarter, and these findings are being used to evaluation protocol changes to the coaching process. Data for increasing coaching efficiency with these new protocols is just now being collected, and early results indicate positive relationships between protocol changes and outcomes.

Coaching

	Q3 FY2013	Q3 FY2014
New Episodes	4,540	2,944
% Receiving 1+ Coaching Calls	81%	81%
Avg # Coaching Sessions/Exited Episode	3.8	4.1
% Using Meds	50%	55%

How helpful was coaching in your efforts to quit tobacco?



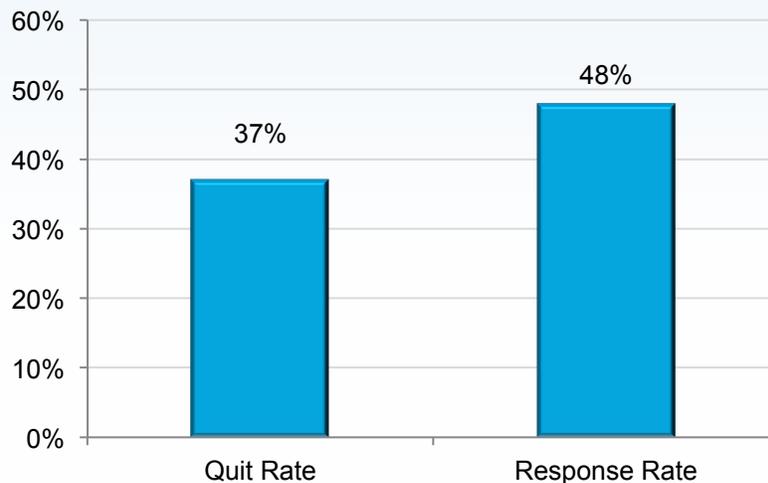
Survey Team

- Implemented Survey Team cross-training to members of the Enrollment Team
- Developed a proficiencies list that will be used to market the Survey Team's services to external collaborators

During times of high call volume, ASHLine benefits tremendously from having staff who can perform multiple roles. During this quarter, the Survey Team completed training of staff members from the Enrollment team on completing the Callback Survey, and the Enrollment Team completed training of the Survey Team on administering enrollment forms. The other major accomplishment has been the creation of a list of skills and services offered by the Survey Team that can be used to disseminate and market to potential collaborators. The intention of this list is to advertise our services to faculty at the University of Arizona who require survey development and administration efforts as part of service and research projects.

Survey Team		
	Q3 FY2013	Q3 FY2014
7-Month Quit Rate	30%	37%
Response Rate	48%	48%

7-Month Follow-up Survey



Evaluation Team

- Began integrating metrics collection and dissemination with Coaching Team
- Revised database for collecting data on diabetes protocol
- Continue expanding lifestyle coaching
- Completion of youth focus groups

This quarter, the Evaluation Team worked closely with the Coaching Team to generate a suite of metrics that coaches can use on a regular basis to evaluate their own performance. These metrics are also intended to be used to develop targeted strategies for improving outcomes such as reach rate, goal success rate, and quit rate. The Evaluation Team also continued working with members of the Coaching Team who are participating in the diabetes protocol to conduct a formal process evaluation. Members from both teams met numerous times to evaluate assignment, program invitation, coaching, and data collection processes. A few changes were made to the diabetes protocol as a result of this evaluation, and a second revision of the diabetes database is underway. The establishment and preliminary success of the diabetes protocol has paved the way for ASHLine's attempt to expand lifestyle coaching to hypertension and obesity. The Evaluation Team also completed its focus groups with youth tobacco users from a number of different sample populations. A comprehensive report of this initiative is being formalized for distribution. Finally, the Evaluation Team continued to provide data analysis support for internal and external units on a recurring and ad hoc basis.

Quality Improvement Team

- Continued developing and implementing strategies to address lower relative quit rates of low income and behavioral health clients
- Continued quantitative analysis of 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 the continuation and implementation of 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 continued to work 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: January - March 2014 Statistics and Demographics

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

County	Referrals		Enrollments		Total Coaching Calls		Avg # Coaching Calls for Exited Clients	
	Q3 FY 2014	Year-to-Date	Q3 FY 2014	Year-to-Date	Q3 FY 2014	Year-to-Date	Q3 FY 2014	Year-to-Date
Apache	11	31	19	44	75	175	2.75	6.54
Cochise	58	143	65	168	185	626	3.98	4.43
Coconino	92	349	57	204	206	593	4.62	3.93
Gila	15	41	34	80	118	299	4.75	4.42
Graham	30	79	22	58	91	225	4.67	4.74
Greenlee	10	18	3	15	7	32	2.00	2.46
La Paz	2	30	4	24	13	73	5.00	3.52
Maricopa	1,235	3,189	1,710	4,768	5,739	14,849	4.01	3.57
Mohave	139	338	167	423	605	1,406	3.19	3.60
Navajo	17	72	54	124	221	492	3.98	4.18
Pima	656	2,307	487	1,522	1,782	4,943	4.35	3.97
Pinal	41	113	126	379	430	1,217	4.16	3.67
Santa Cruz	11	91	15	76	59	239	4.08	3.68
Yavapai	47	279	119	381	436	1,212	4.05	3.64
Yuma	27	76	52	160	168	552	3.86	3.88
Unknown	0	12	10	47	9	59	6.00	4.00
Total	2,391	7,168	2,944	8,473	10,144	26,992	4.09	4.01

Table 2. Incoming Calls and Quit Rate

Summary Statistics	Q3 FY 2014	Year-to-Date
# Incoming Calls	5,230	13,596
7-Month Quit Rate	37%	37%

Table 3. Demographics and Intake Type

	Enrolled (N=2,944)	Information Only (N=200)	Total (N=3,144)
Gender			
Male	1,265	22	1,287
Female	1,652	42	1,694
Missing	27	136	163
Race			
White	2,144	46	2,190
Black or African American	231	5	236
Asian	17	0	17
Hawaiian	3	0	3
American Indian	64	0	64
Multiracial	64	1	65
Other Race	38	1	39
Unknown	383	147	530
Hispanic Identification			
Hispanic	554	3	557
Non-Hispanic	1,832	51	1,883
Unknown/Missing	558	146	704
Age			
Less than 18	6	1	7
18-24	165	2	167
25-34	430	5	435
35-44	488	9	497
45-54	772	12	784
55-64	676	11	687
65-79	361	8	369
80+	30	0	30
Unknown/Missing	16	152	168

Figure 3. Referrals by Location Type

