

Arizona Smokers' Helpline Quarterly Report

The logo for the Arizona Smokers' Helpline, featuring the word "ASHLINE" in a bold, green, sans-serif font. The letters are contained within a dark blue rectangular box with rounded corners. A small white circle is positioned above the letter "H".

ASHLINE

Quarter 2

Fiscal Year 2015

(October 2014 - December 2014)

Summary of Quarter

E-Cigarette Use

Client Demographics

Improving the Health of Arizonans



MEL AND ENID
ZUCKERMAN COLLEGE
OF PUBLIC HEALTH

E-Cigarette Use Among ASHLine Clients – Six Part Series Part IV - Coaching Clients Who Use E-Cigarettes

This is the fourth installment in a six-part series that explores electronic cigarette (e-cigarette) use among ASHLine clients. In Parts I and II, we presented demographic and tobacco use history profiles of clients who are users and non-users of e-cigarettes. In Part III, we detailed e-cigarette use among clients who self-reported having at least one behavioral health condition. Part IV focuses on coaches' perspectives on working with clients who use e-cigarettes and how they perceive e-cigarettes to affect clients' ability to quit.

To identify client experiences using e-cigarettes, a questionnaire was administered to ASHLine coaches and Engagement Specialists eliciting their perspectives on how and why clients are using e-cigarettes. In the absence of client-derived data on e-cigarette use, the coaches' responses serve as a rudimentary starting point from which to identify preliminary themes and consider whether coaches believe that current ASHLine coaching protocols are sufficient to serve clients who use e-cigarettes.

Methods - The questionnaire included 12 questions, equally divided between the coaches' impressions of clients' experiences using e-cigarettes and coaches' impressions of working with e-cigarette using clients. The questions yielded both quantitative and qualitative data. Coded themes were organized into a report that was discussed during a coaching meeting in December 2014. The data and themes presented in this brief were generated from the questionnaire and subsequent group discussion.

Findings - Coaches indicated that "many", "about half" or "most" of their clients have at least experimented with e-cigarettes, though "most... clients do not use e-cigs regularly." When asked if clients are satisfied with using e-cigarettes, several coaches responded that most clients believe e-cigarettes are helping them quit. Clients view the e-cigarette "as an easier way to quit." In

asking coaches to comment on whether they find that e-cigarettes help their clients quit tobacco, opinions were split. Almost the same number of coaches answered "yes", "no" and "unsure".

Figure 1. Number of Coaches Who Perceive that E-cigarettes Help or Hinder Clients' Ability to Quit

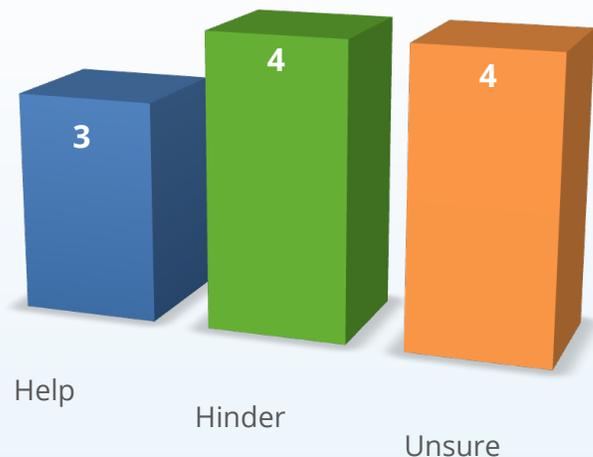
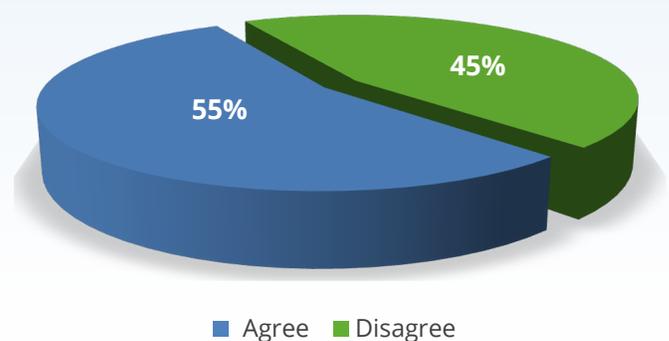


Figure 2. Percentage of Coaches who Agree that Coaching E-cigarette Users is the Same as Coaching Non-E-Cigarette Users



This division in opinion underlies a principle idea that emerged from the study; despite some clients' positive view of e-cigarettes, coaches identified risks in using e-cigarettes, which they worry clients are not fully able to perceive. For coaches,

the potential e-cigarettes have for facilitating quitting are tempered by an equally high potential to hinder or complicate quitting. For this reason, instead of asking whether e-cigarettes facilitate or complicate quitting (i.e., are they beneficial or problematic) it may be more appropriate to focus on how e-cigarettes can be beneficial for some clients and problematic for others. Three themes follow from this point: (1) Having a plan, (2) Coaches' concerns, and (3) Clients' questions.

1 – Having a Plan

Coaches perceive that clients who are more committed to quitting and use their e-cigarette with the specific purpose of quitting tend to have more successful, satisfying experiences. "It all depends on the client's commitment to quit and whether they have used the e-cig for an extended period of time or not." Success depends upon whether clients have a plan. If they do not, they are at risk for using e-cigarettes haphazardly and developing to a point where the e-cigarette doesn't replace but supplements tobacco. Having a plan involves:

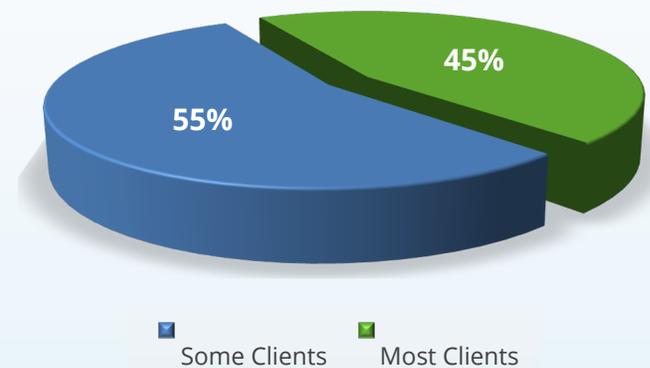
- Commitment to quitting
- Consistent and conscious use of e-cigarettes
- Purposeful use of e-cigarettes as a tool for quitting

"The ones who use the e-cig faithfully state that the e-cig is helping them to quit tobacco." In contrast, coaches described occasional e-cigarette users as those who tend to be more interested in experimenting, following a trend, or trying something new when previous quit aids did not seem to help them quit. Coaches reported it is obvious to them when a client is being purposeful and when they are not.

In describing the importance of having a plan, coaches affirmed that they do not proscribe how a client should quit; they assist clients in articulating their goals and framing them into an explicit plan. Regarding e-cigarettes, this is more difficult without clear recommendations or a strong body of evidence on their therapeutic value. Though, as some coaches commented, making

a specific recommendation about the efficacy of e-cigarettes may be less important than giving clients information and support so that they are as successful as possible in meeting their goals. With or without a recommendation, many clients are using e-cigarettes. It will be important for coaches to work with them to become more purposeful in how they use them. Figure 3 suggests this is a current concern; only some clients have an e-cigarette quit plan.

Figure 3. Percentages of Coaches who Estimate that Some or Most Clients Intend to Quit E-cigarettes Once They Are Tobacco Free



2 – Coaches' Concerns

Most coaches worry that for some of their clients, e-cigarettes will inhibit their ability to quit tobacco. "Many have changed over to an e-cig as a new way to smoke. They do not plan to stop smoking." Some coaches view it as an excuse that justifies a new way to continue smoking. "For those who are not as committed, the e-cig becomes almost the perfect excuse to continue smoking." Others expressed concern that e-cigarettes maintain nicotine addiction and reinforce key behavioral aspects of smoking, such as the hand-to-mouth motion and taking drags.

Table 1 highlights how coaches hear clients describe ways they believe e-cigarettes help them quit tobacco and the concerns coaches have about how e-cigarettes may complicate quitting and coaching. The perceived benefits were noted from the perspective of the client and the concerns from that of the coaches.

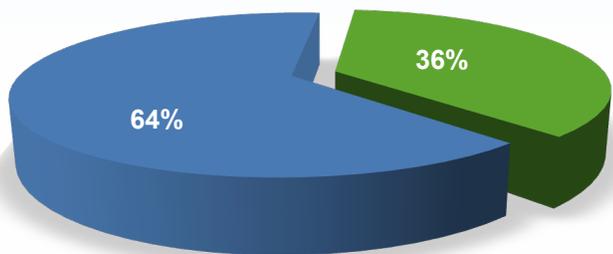
Table 1. Coaches' and Clients' Perceptions about E-cigarette's Effect on Coaching and Quitting

Clients' Views about How E-cigarettes Facilitate Quitting	Coaches' Views about How E-cigarettes Complicate Quitting	Coaches' Views about How E-cigarettes Complicate Coaching
<ul style="list-style-type: none"> E-cigarette helps with cravings E-cigarette provides a similar experience to smoking Gradual decrease in nicotine consumption Improve quitting experience - more satisfying than NRT 	<ul style="list-style-type: none"> New way to smoke Do not plan to stop – not in quit plan Excuse to keep smoking Sustain nicotine addiction Reinforce behavioral aspects of smoking Poor quality products – constantly breaking 	<ul style="list-style-type: none"> Cannot quantify use to track reductions in use Cannot quantify nicotine dose, frequency of use and product content Clients seem less self-aware about triggers or patterns

3 – Clients' Questions

Clients who use e-cigarettes as well as those who do not commonly ask their coaches to provide “expert” opinion on whether they should use them, if they are safe, and how they work. For clients who have previously used e-cigarettes, their questions are generally more “customer service-oriented” in nature: “how does it work?”, “what is in them?”, “which are better?”, and so forth. Clients who do not currently use e-cigarettes tend to ask for coaches’ recommendations about whether they should use them (e.g., “would it help me quit?” and “how well do they work?”). For all clients, coaches expressed a strong interest in having more information to give to clients. As big tobacco has become more involved in the e-cigarette market, identifying trustworthy information is a concern.

Figure 4. Percentage of Coaches Who Hear Non-E-cigarette Users Expressing Interest in Using E-cigarettes to Help Them Quit



■ Coaches Who Hear Clients Expressing Interest
 ■ Coaches Who Do Not Hear Clients Expressing Interest

Recommendations – Based on these themes, three recommendations stand out.

1. Information to disseminate to clients

Even though ASHLine has not taken an official position on whether the organization recommends or discourages clients in using e-cigarettes, clients are still looking to coaches to offer trustworthy information and advice. E-cigarette coaching protocols developed earlier this year are an important step in this direction. Additional steps may include creating information sheets that can be disseminated to clients. Several options exist: website fact sheets, an FAQ webpage, a welcome packet letter addressing e-cigarettes, and so forth. Through these documents, ASHLine can acknowledge known risks, potential benefits, and address common questions clients ask coaches. For example:

*What is an e-cigarette?
 Will an e-cigarette help me quit?
 Should I use an e-cigarette?*

By providing an “it depends” answer to some of these questions, ASHLine can substantiate its position as a neutral, client-directed counseling service. In addition to information sheets, coaches also expressed interest in a list of instructional resources they could provide to

clients. It would be useful to compile a common list of health literate websites, web-based videos, journals, and/or professional blogs.

2. Consider coaching strategies to help e-cigarette using clients develop "a plan"

The findings in this report are extremely preliminary. Notwithstanding, they provide a starting point from which coaches can talk to clients who use e-cigarettes about observed concerns and encourage them to become more conscientious about how they are using e-cigarettes. To include e-cigarettes in the clients' plan, coaches can talk to them about whether they believe it is helping them quit and to encourage them to consider their goal in using an e-cigarette, while they are quitting and after they are tobacco free.

3. Future research is needed to clarify for coaches what indicators and warning signs to watch for in how clients use e-cigarettes

The coaches expressed a desire to receive updated information as future e-cigarette research and position papers are published. To collect and disseminate this information, it may be necessary to consider implementing internal processes that promote the exchange of information between coaches and evaluators. Working on the "front line," coaches are in a position to identify areas where additional research is needed. Coaches' questions can be passed to ASHLine and/or other partners at the University of Arizona who could be invited to guest lecture to ASHLine staff. This seems to be an area in which ASHLine's position within the university could directly improve the quality of our services.

ASHLine Quarter 2 Report

Fiscal Year 2015 (October 2014 – December 2014)

Summary of the Quarter

This quarter ASHLine was very excited to relocate to the Abrams Public Health Center, which provides an integrated workspace. The move was completed successfully, with all ASHLine services being restored within one day.

The quitline received about 2,900 calls and enrolled close to 1,600 Arizonans in the quit-tobacco coaching program. The proactive referral program remains strong as well, with more than 705 healthcare professionals referring approximately 2,500 individuals to ASHLine services. Of those, around 640 enrolled in services.

ASHLine Core Measures

	Q2 FY2014	Q2 FY2015
Incoming Calls	3,899	2,880
# Referrals	2,310	2,507
# Quit Coaching	2,534	1,578
# Information Only	70	103
Quit Rate	36%	35%

Business Office

Under Dr. Thomson's and the College of Public Health's leadership, a formal Business Office has been formed at ASHLine to assist the program by offering a high level of financial and administrative management, so the program can continue to grow ASHLine's operational efficiency. A Business Manager and Office Specialist were hired in the second quarter. They successfully organized the office move to Abrams Public Health Center, started to implement policies and procedures to improve and increase the level of operational efficiency. By offering robust business services, program managers can focus on research and technical aspects of the program.

Community Development Team

- Developed a set of Electronic Nicotine Delivery Systems (ENDS) trainings for healthcare providers and partner organizations
- Provided a total of 32 trainings to over 565 providers across Arizona on conducting brief interventions and referring to ASHLine
- Joined the Health Improvement Partnership of Maricopa County (HIPMC)
- Partnered with Safeway to support the implementation of an Ask, Advise, Refer (AAR) initiative across 98 Safeway Pharmacies statewide

This quarter, the Community Development Team continued to provide training and technical assistance to county tobacco programs on fundamentals of referral development to support their work in adult cessation. In addition, the team developed two trainings (standard and abbreviated) for healthcare providers and community partners addressing electronic nicotine delivery systems or ENDS. The team also worked on expanding partnerships and establishing new partnerships with provider organizations and collaborative groups (e.g. HIPMC, Mercy Care, MMIC PNOs, Safeway, Terros) to promote health systems change and increase access to tobacco cessation services across the state. Work to support the Public-Private Partnership continued as well, with the addition of two new employer pilot employers this quarter – Knight Transportation and Southwest Diagnostic Imaging – East Valley Diagnostic Imaging.

Community Development and Enrollment Teams

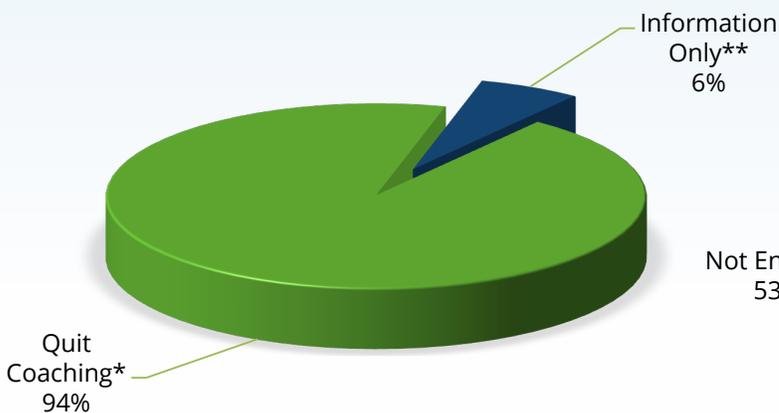
	Q2 FY2014	Q2 FY2015
# Referrals	2,310	2,507
% Reached	47%	53%
% Reached who Enrolled	64%	47%
# Unique Locations	412	436
# Unique Agents	583	705

Enrollment Team

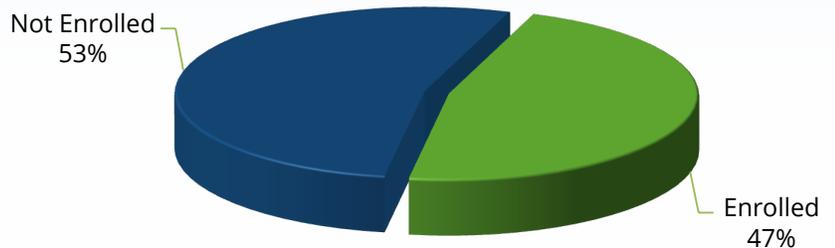
- Reviewed strategic standards to improve our reach rates for enrollment
- Revised trainings for Enrollment and Engagement call initiatives

This quarter the Enrollment Team reviewed strategies to improve the rate and timeliness in which clients are reached. The team is also in the process of updating training protocols and creating a new layout for receiving and making enrollment calls. As part of these changes, the Enrollment Team has begun exploring the use of social media to improve future client engagement.

Enrollment Status



Reached Referrals Enrollment Rate



* Clients enrolled in quit coaching program with or without Nicotine Replacement Therapy (NRT)

** Clients who only requested self-help quit material

Coaching Team

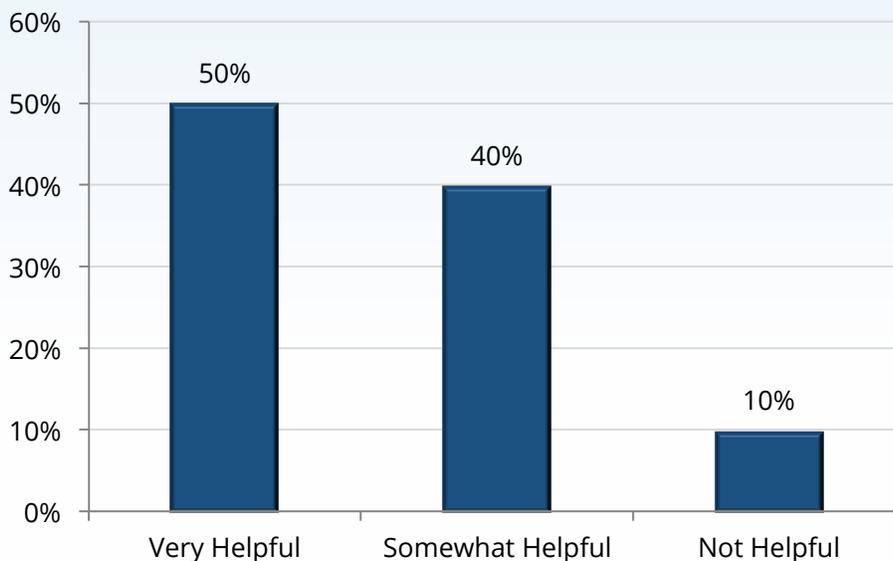
- An additional bilingual quit coach was hired and trained to serve Spanish speaking clientele
- Began quarterly individualized coaching reports generated for each coach with individual goals set with clinical manager
- Journal club initiated to discuss relevant and timely topics in tobacco cessation
- Materials related to behavioral health clients completed for Pfizer grant

Coaching

	Q2 FY2014	Q2 FY2015
New Episodes	2,510	2,193
% Receiving 1+ Coaching Calls	80%	79%
Avg # Coaching Sessions/Exited Episode	3.6	4.1
% Using Meds	59%	49%

The Coaching Team hired a bilingual coach to meet the growing demand of clients needing services in Spanish by an evening coach. End products of the Pfizer grant included video clips and patient materials specific to the behavioral health clientele of ASHLine. Goals for the upcoming quarter include the clinical manager completing instructor level tobacco cessation certification, and amending continuing education for quit coaches on nicotine cessation to include e-cigarettes and youth with the development of a specific coaching protocol for youth.

How Helpful was Coaching in Your Efforts to Quit Tobacco?



Survey Team

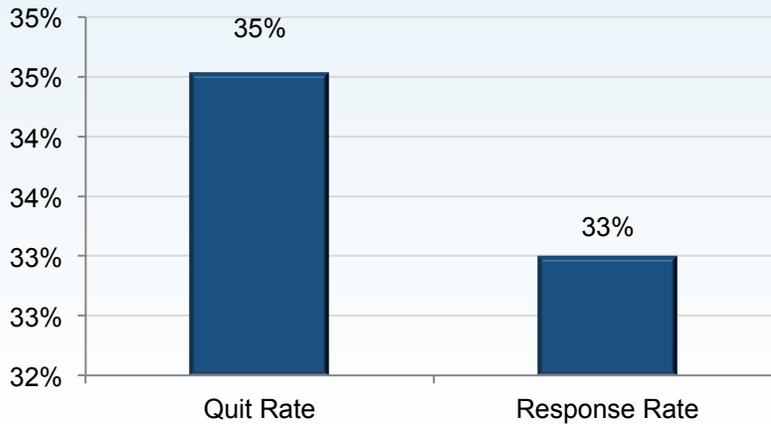
- Currently in the process of recruiting new Survey Team members
- Continuing to train Enrollment Team members to assist with follow-up surveys

Survey Team

	Q2 FY2014	Q2 FY2015
7-Month Quit Rate	36%	35%
Response Rate	49%	33%

This quarter the Survey Team continued to provide training to newly hired Enrollment Team members. This cross-training facilitates ASHLine's ability to provide a more consistent client experience, from the point of enrollment to the final follow-up survey. The Survey Team is also updating its call procedures to improve the follow-up response rate.

7-Month Follow-up Quit and Response Rates



Research and Evaluation Team

- Developed a proposal process for research investigators to use ASHLine data for manuscripts and presentations
- Drafted descriptive manuscript detailing ASHLine's structure and services
- Improved internal reporting process
- Submitted an abstract focusing on mental health clients and ENDS usage
- Continued study of ASHLine clients who use ENDS products, including a focus group with ASHLine coaches and a literature review

This quarter the Research and Evaluation Team worked on a formal process for investigators proposing to use ASHLine data to draft research manuscripts and/or present findings at professional conferences. The process will help document projects being done at ASHLine and help researchers evaluate the feasibility of proposed projects. The first paper to undergo this process is a manuscript detailing ASHLine's structure and services. The paper informs on the basics of ASHLine and is intended to be a published reference for other papers using ASHLine data.

The Research and Evaluation Team also worked on improving internal reporting procedures by automating monthly Community Development county reports. This automation will save time in the future while keeping the reporting quality consistent.

Finally, the Research and Evaluation Team continues to examine ENDS use among ASHLine clients. A profile of ENDS using clients with and without self-reported mental health conditions was completed and a rapid response abstract based on this research was submitted to the annual conference of the Society for Research on Nicotine and Tobacco. ASHLine coaches were also surveyed regarding clients who use ENDS and they participated in a focus group to discuss the results. A data brief based on the findings appears in this report. The ENDS analysis will conclude in the next quarter with a review of current ENDS literature and 7-month quit rates among ENDS using clients.

Appendix: Statistics and Demographics Quarter 2 Report, Fiscal Year 2015 (October 2014 – December 2014)

Referrals to ASHLine Services

Table 1. Number of Unique Referring Locations and Referring Agents

	Count
Referring Locations	436
Referring Agents	705

Figure 1. Number of Referrals by County

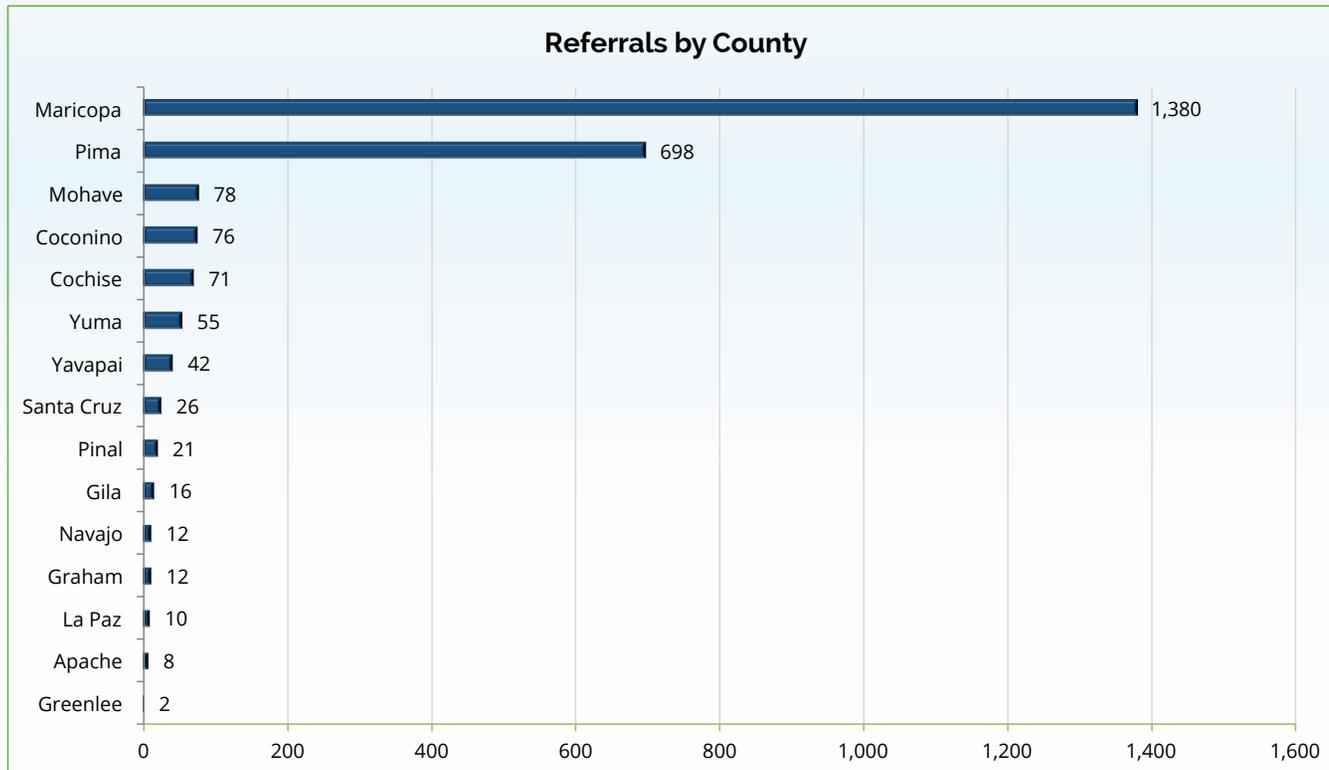
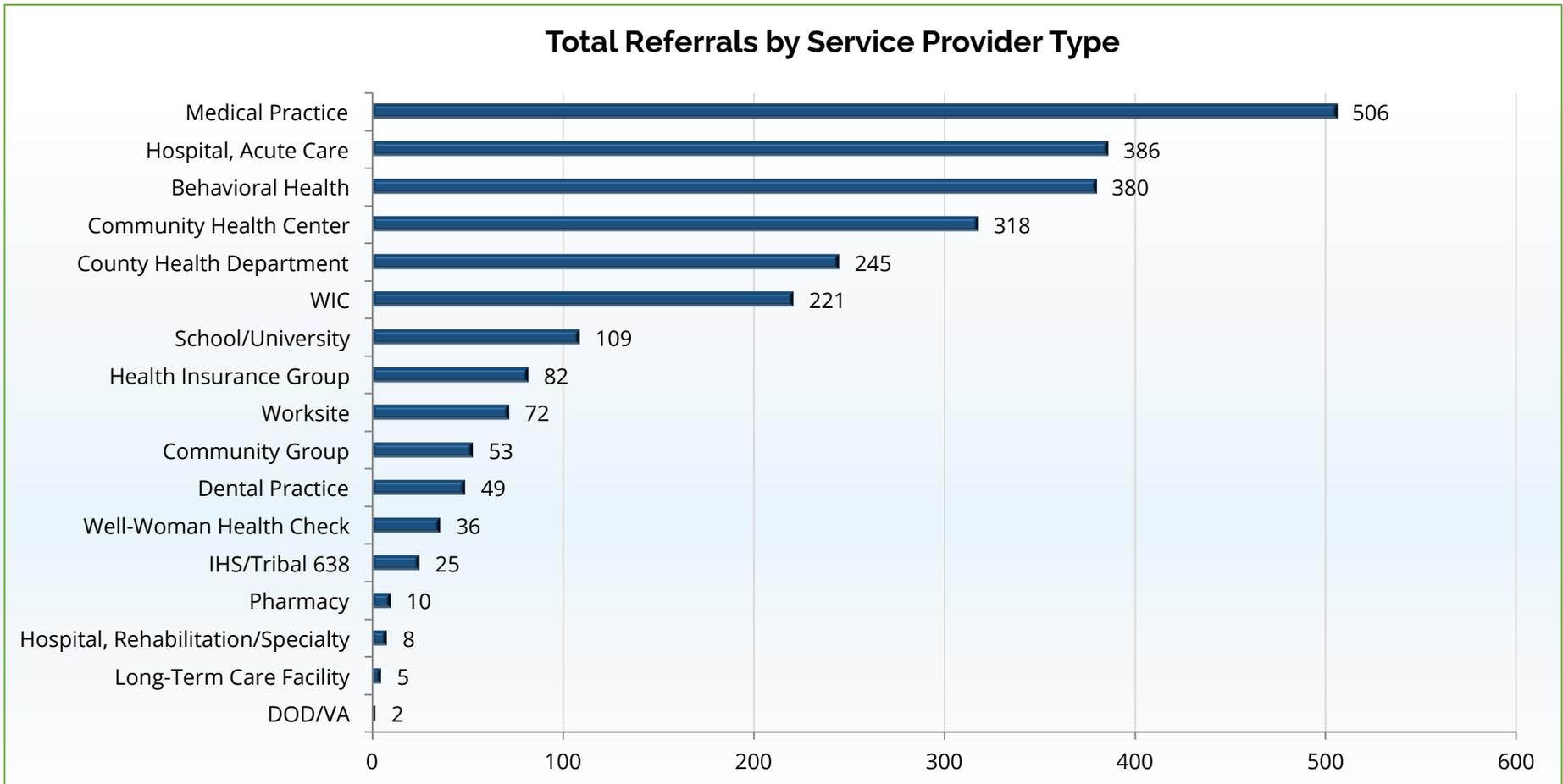


Figure 2. Total Number of Referrals by Service Provider Type



Note: Self-referred clients excluded; Total referrals = 2,507

Table 2. Referrals by County and Enrollment Status

County	Quit Coaching*	Information Only**	Total
Apache	3	0	3
Cochise	17	0	17
Coconino	18	0	18
Gila	3	0	3
Graham	6	0	6
Greenlee	0	0	0
La Paz	4	0	4
Maricopa	361	5	366
Mohave	23	0	23
Navajo	7	0	7
Pima	146	5	151
Pinal	6	0	6
Santa Cruz	9	0	9
Yavapai	16	0	16
Yuma	19	1	20
Unknown	0	0	0
Out of State	0	0	0
Refused	0	0	0
Total	638	11	649

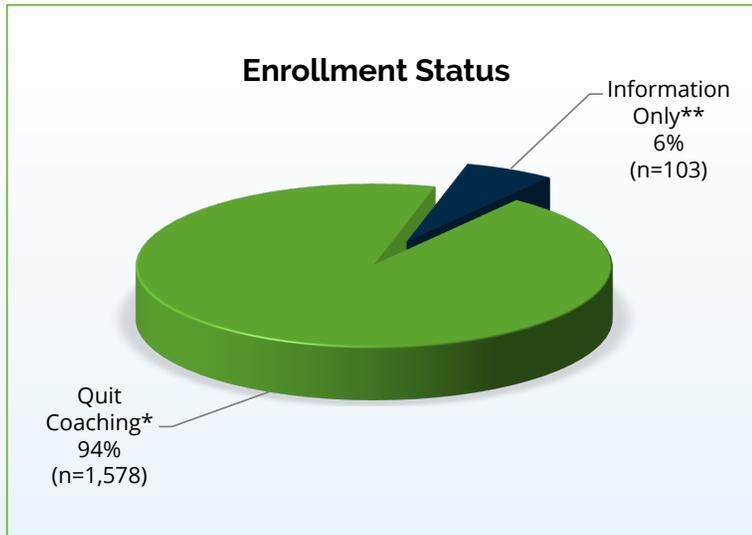
Note: Self-referred clients excluded

* Clients enrolled in quit coaching program with or without Nicotine Replacement Therapy (NRT)

** Clients who only requested self-help quit material

Enrollment Status

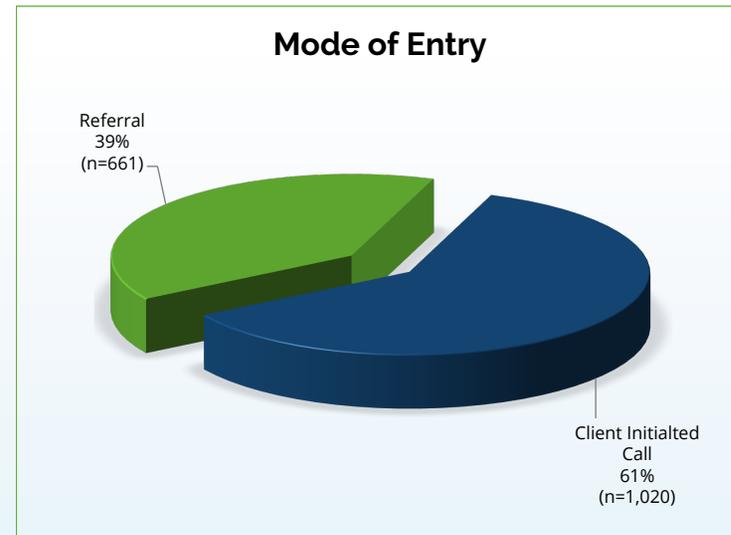
Figure 3. Enrollment Status



Note: Total = 1,681

Mode of Entry

Figure 4. Mode of Entry to ASHLine



Note: Total = 1,681

* Clients enrolled in quit coaching program with or without Nicotine Replacement Therapy (NRT)

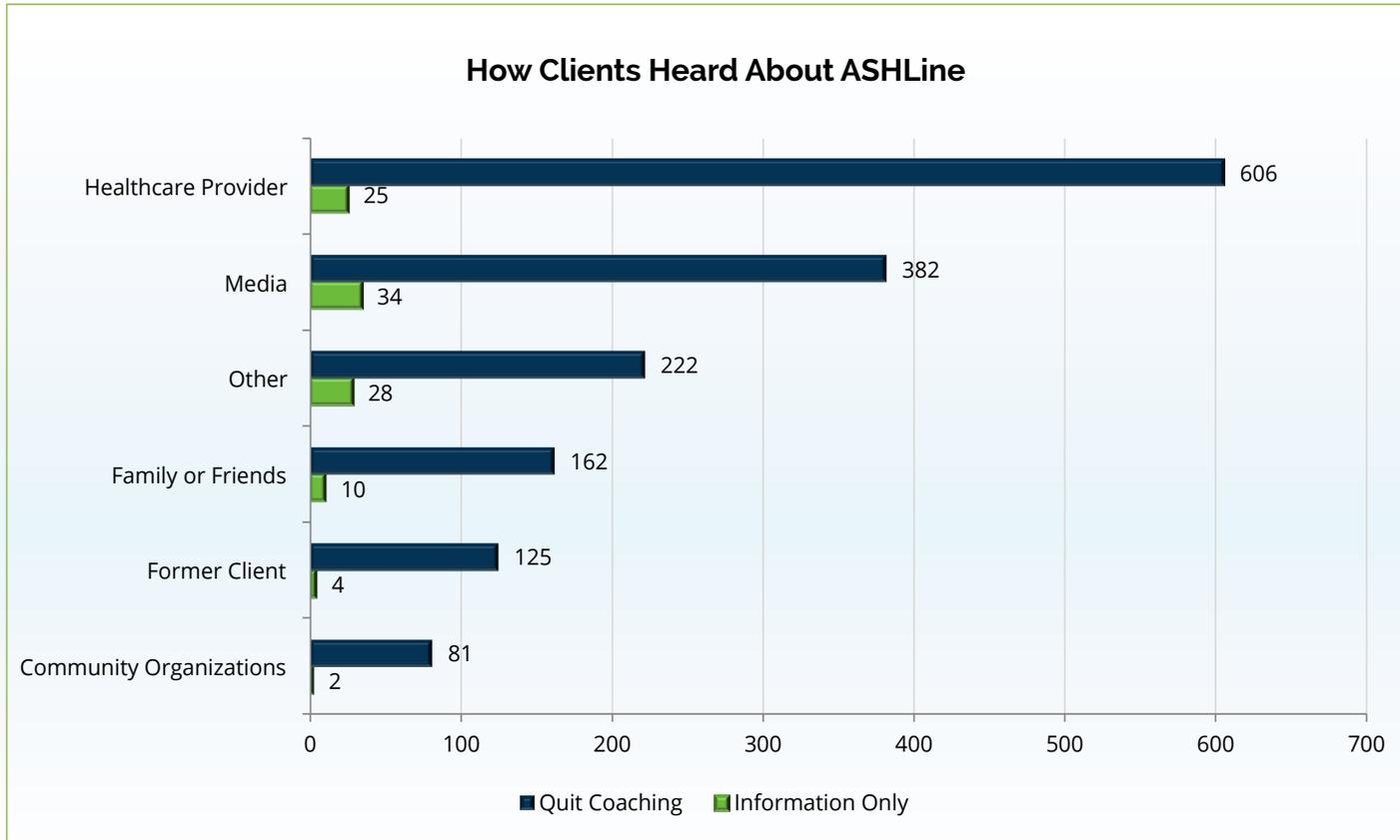
** Clients who only requested self-help quit material

Table 3. How Clients Heard about ASHLine

How did you hear about ASHLine?	Quit Coaching	Information Only	Total
Community Organizations:			
Community Organization	73	2	75
County Health Department (Local Project)	7	0	7
My School	1	0	1
Social Service Agency	0	0	0
Family or Friends:			
	162	10	172
Former Client:			
	125	4	129
Healthcare Provider:			
Dentist	17	0	17
Doctor	402	20	422
Health Insurance	22	1	23
Healthcare Facility	161	4	165
Pharmacist	1	0	1
Regional Behavioral Health Authority	3	0	3
Media:			
Brochures (Flyers)	30	0	30
Call It Quits App	0	0	0
CIGnal	0	0	0
Newspaper	2	0	2
Radio	40	2	42
TV	253	27	280
Website	57	5	62
Other:			
Church	1	0	1
My Child's School	0	1	1
Survey Team	79	3	82
Work	58	0	58
If other source, please describe	0	0	0
Unknown	42	2	44
Missing	42	22	64
Total	1,578	103	1,681

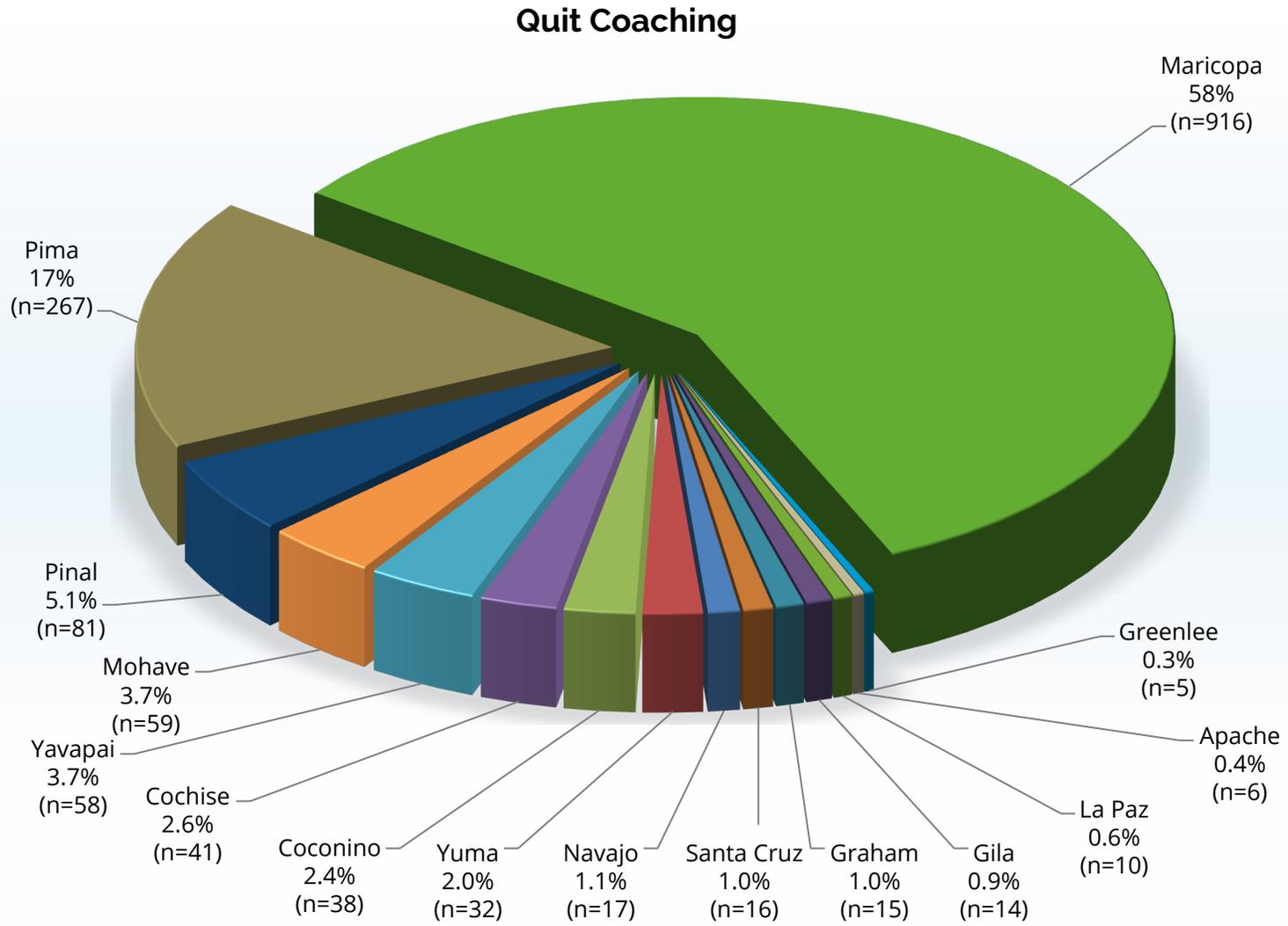
While television advertising reaches a high number of clients who eventually enroll in ASHLine, these data also show an important role of physicians in advocating tobacco cessation.

Figure 5. How Clients Heard about ASHLine, collapsed groups



Media campaigns and referral systems generate the highest percentage of enrollments. ASHLine is actively pursuing new and novel community and clinically-based partnerships for expanded referral base.

Figure 6. Enrollment Status by County, Quit Coaching

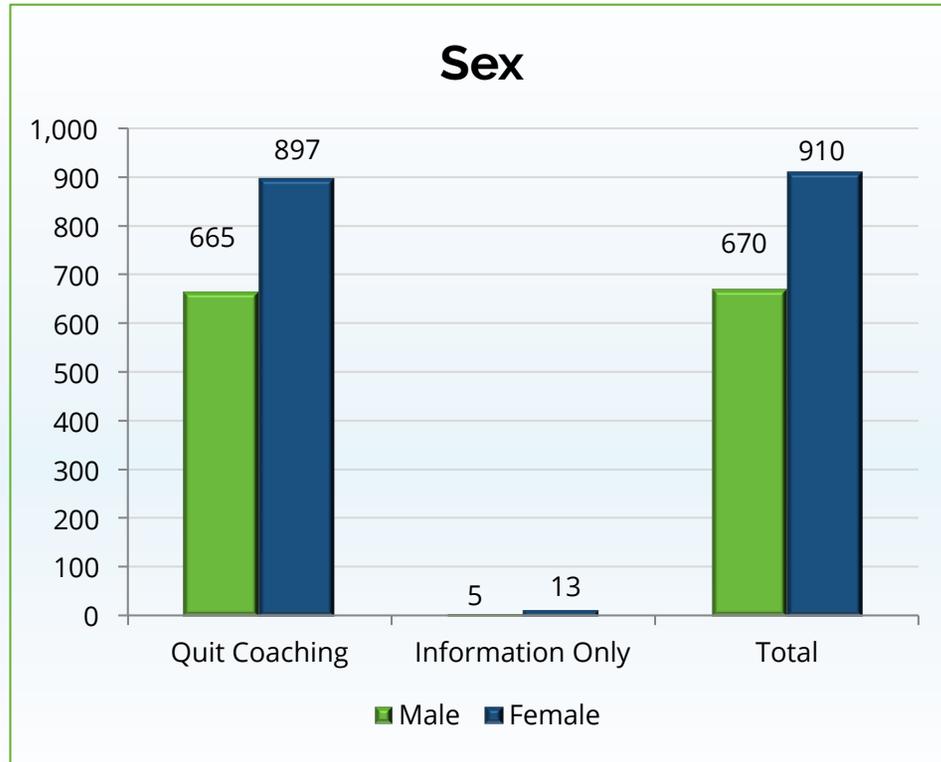


Note: Total = 1,575

Demographics and Other Characteristics of ASHLine Clients

Sex

Figure 7. Enrollment Status by Sex



Note: Total = 1,681; Missing = 101

Females continue to use ASHLine services at a higher rate than males despite higher smoking rates among males.¹

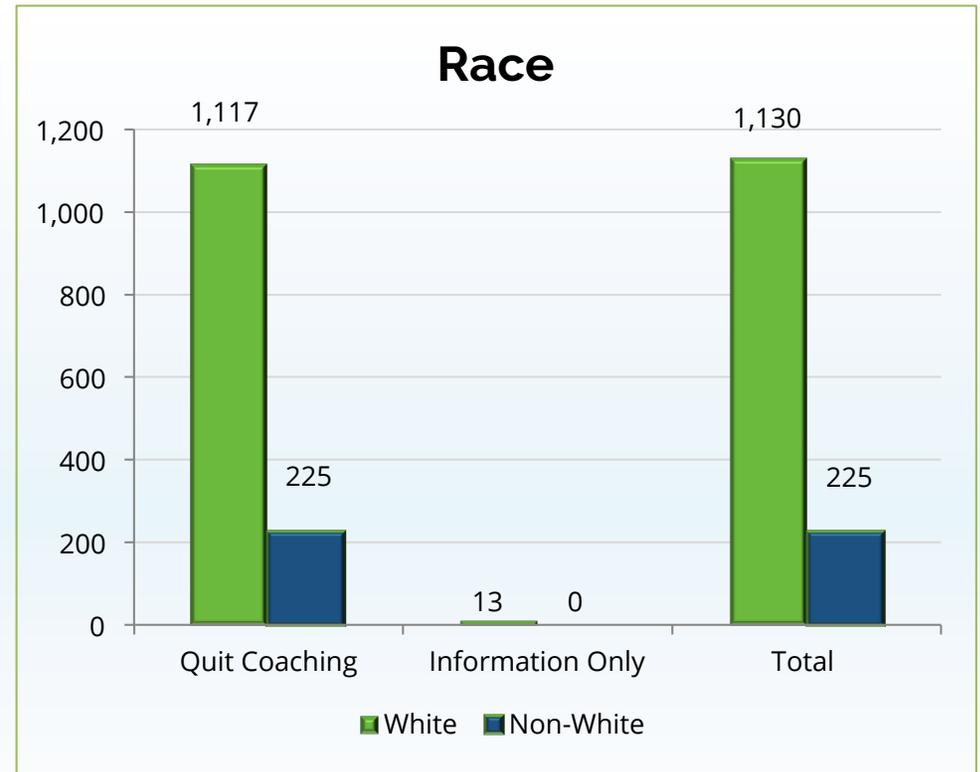
1. Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2005–2012. Morbidity and Mortality Weekly Report 2014;63(02):29–34 [accessed 2014 Aug 19].

Race

Table 4. Enrollment Status by Race

Race	Quit Coaching	Information Only	Total
White	1,117	13	1,130
Black or African American	114	0	114
Asian	16	0	16
Hawaiian	1	0	1
American Indian	33	0	33
Multiracial	33	0	33
Other Race	28	0	28
Unknown	236	90	326
Total	1,578	103	1,681

Figure 8. Enrollment Status by Race

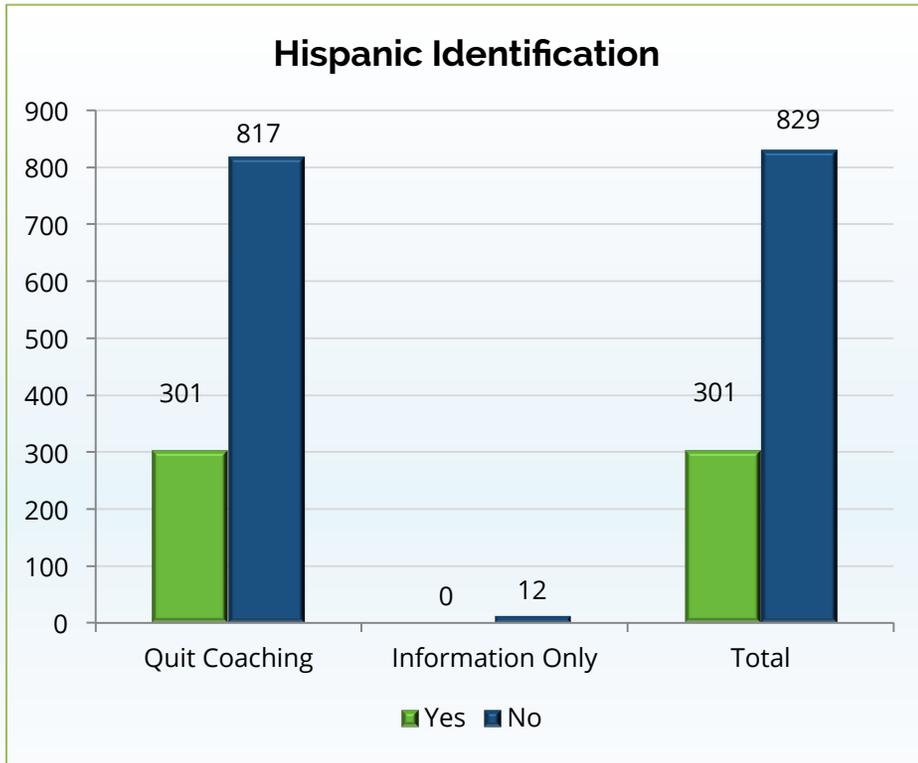


Note: Total = 1,681; Missing = 326

ASHLine enrollment among clients who classify themselves as White is higher than that of clients who classify themselves as a racial minority. It will be important to investigate how the enrollment rates of ethnic minority clients compare to their tobacco use prevalence in Arizona.

Hispanic Identification

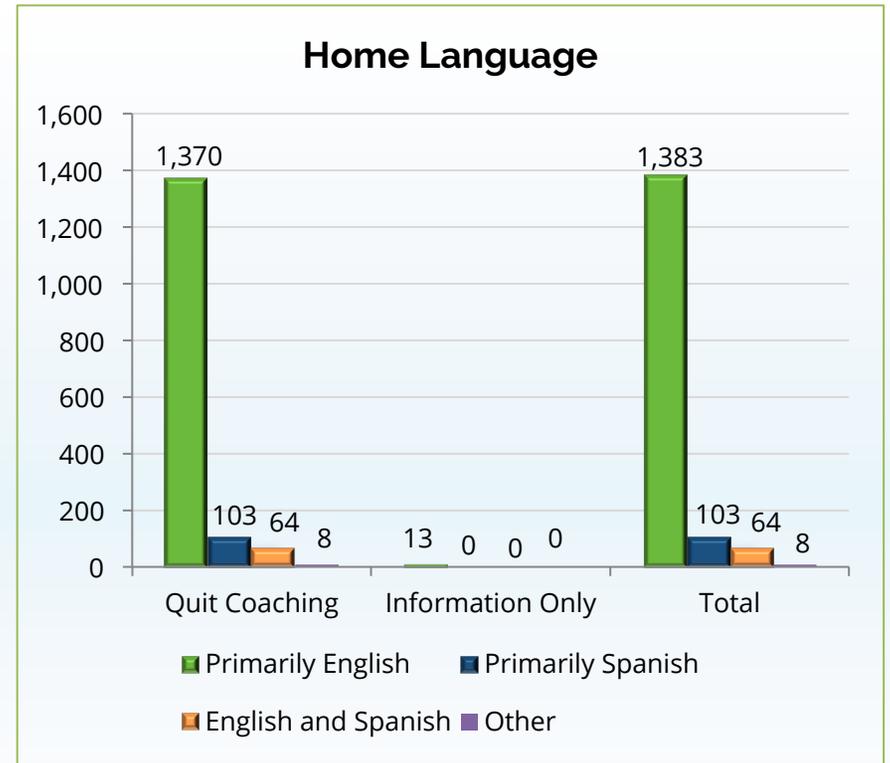
Figure 9. Enrollment Status by Hispanic Identification



Note: Total = 1,681; Missing = 551

Language

Figure 10. Enrollment Status by Home Language



Note: Total = 1,681; Missing = 103; Refused = 20

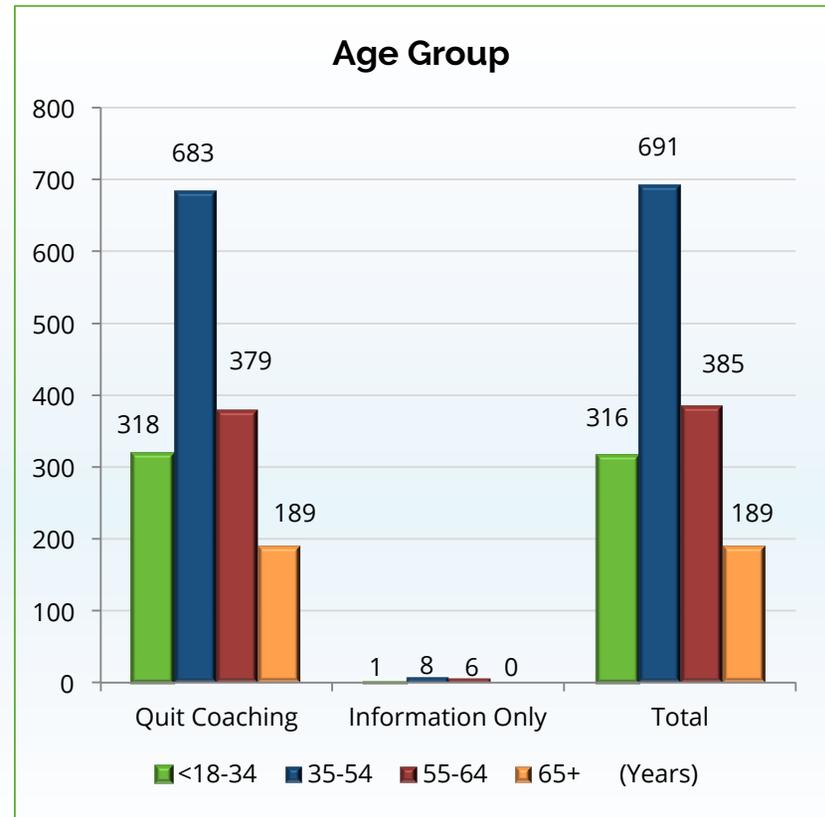
Hispanics represent ~27% of clients enrolled during Quarter 2 FY2015, with all opting for quit coaching.

Age

Table 5. Enrollment Status by Age Group

Age Group	Quit Coaching	Information Only	Total
Less than 18	3	0	3
18-24	87	1	88
25-34	228	0	228
35-44	289	5	294
45-54	394	3	397
55-64	379	6	385
65-79	178	0	178
80+	11	0	11
Missing	9	88	97
Total	1,578	103	1,681

Figure 11. Enrollment Status by Age Group



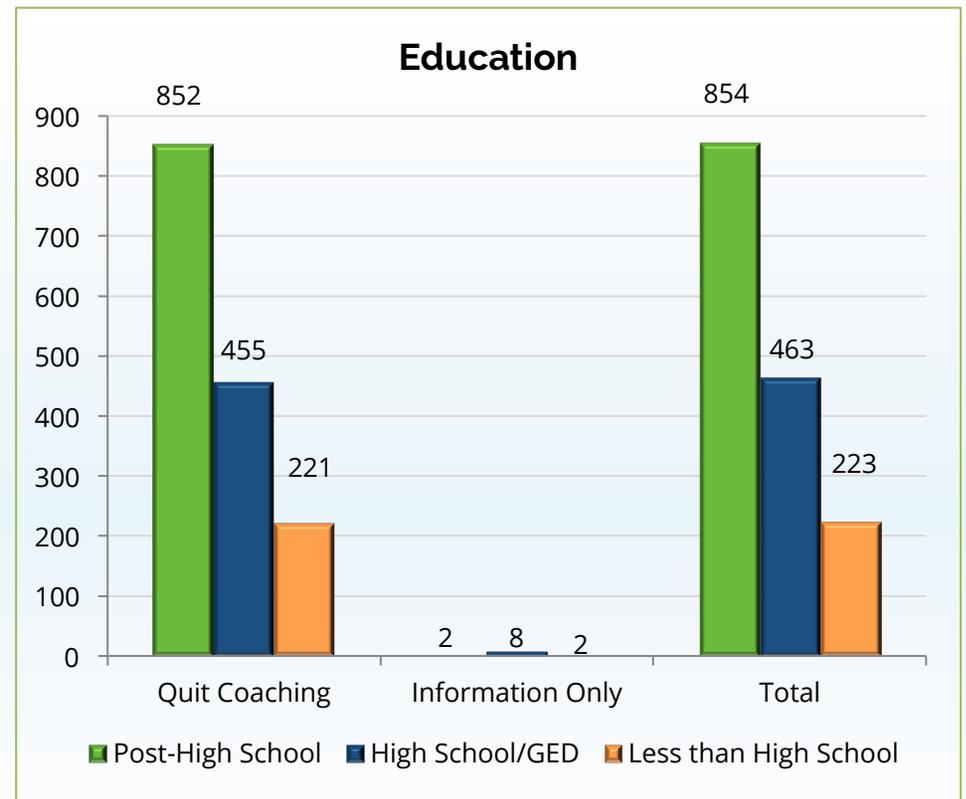
The largest enrollment group continues to be clients between the ages of 35 and 54. ASHLine is evaluating ways to reach out to younger and older adults to improve their enrollment numbers.

Education

Table 6. Enrollment Status by Education

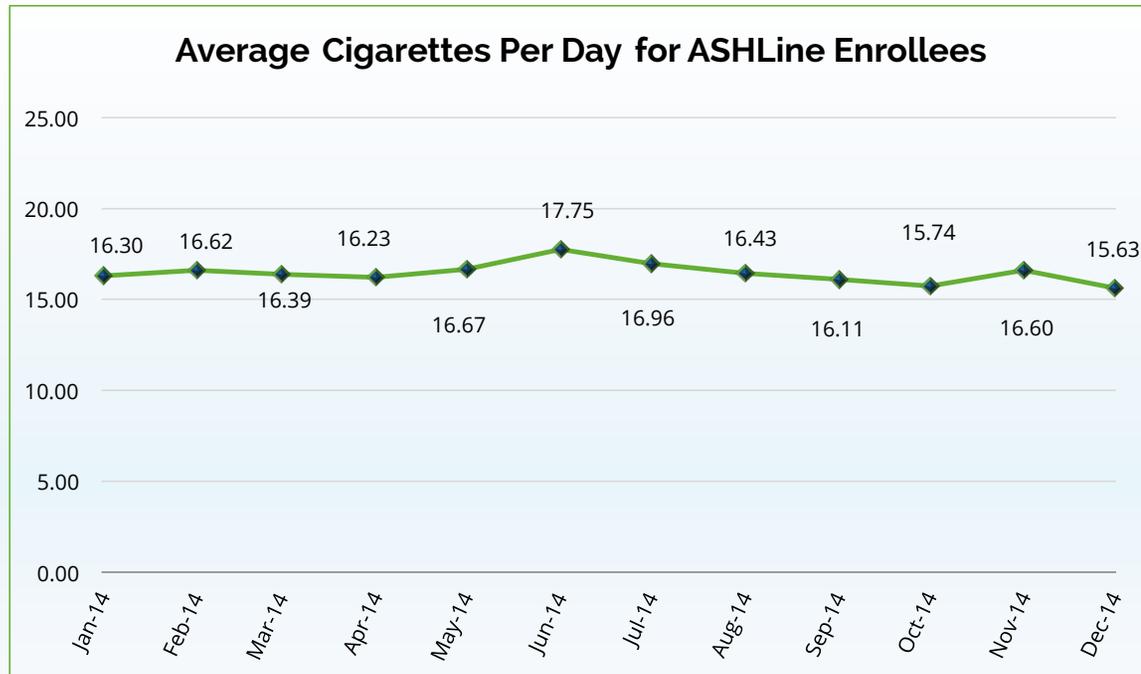
Education	Quit Coaching	Information Only	Total
College Degree	312	2	314
Some College	483	0	483
Technical or Trade School	57	0	57
High School Diploma	378	8	386
GED	77	0	77
Grade 9-11 (no diploma)	159	2	161
Grade 8 or less	62	0	62
Missing	50	91	141
Total	1,578	103	1,681

Figure 12. Enrollment Status by Education

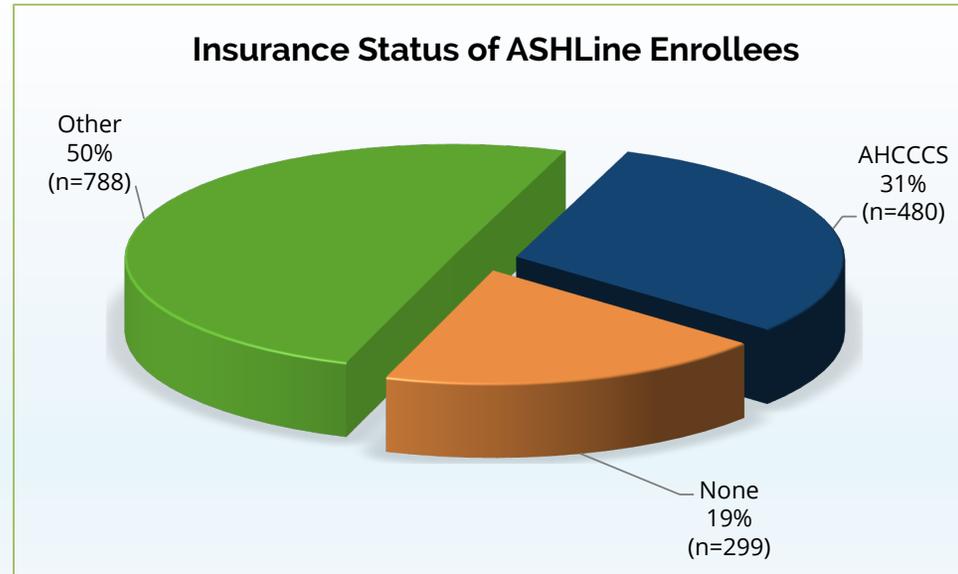


ASHLine enrollment numbers are higher among clients who have earned a post-high school education than those with a high school education or less. Tobacco use prevalence is higher among those with a high school education or less, compared to those with a post-high school education.¹ Future media and outreach should focus on low-education and low-income populations.

1. Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2005–2012. Morbidity and Mortality Weekly Report 2014;63(02):29–34 [accessed 2014 Aug 19].

Average Daily Cigarette Consumption*Figure 13. Average Number of Cigarettes Per Day for ASHLine Enrollees*

The average number of cigarettes per day has remained relatively stable over the past year. This may support cost as a prohibitory factor for controlling smoking 'dose' in our current population of clients choosing to use tobacco despite health risks.

Insurance*Figure 14. Insurance Status of ASHLine Enrollees*

Note: Total = 1,578; Unknown = 11

Half of ASHLine clients who enrolled during Quarter 2 FY2015 were uninsured or on state-supported healthcare; this suggests additional strategic planning to target enrollment of lower SES clients is essential to achieve sustainable improvements in quit rates across Arizona.

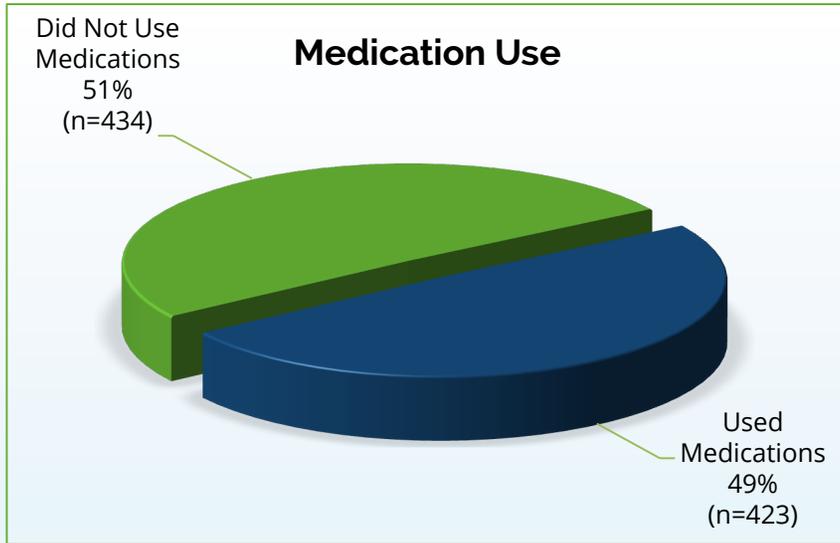
Table 7. AHCCCS Insurance Plans

AHCCCS Insurance	Enrolled
Bridgeway - Acute & LTC	2
Care1st Health Plan Arizona, Inc.	40
CMDP (DES Comprehensive Medical and Dental Program)	0
CRS - UnitedHealthcare Community Plan	7
CRS - UnitedHealthcare Community Plan - Fully Integrated	0
CRS - UnitedHealthcare Community Plan - Partial Acute	0
Health Choice Arizona	54
Health Net of Arizona	20
Maricopa Health Plan	38
Mercy Care Plan	108
Mercy Care Plan - Acute	0
Mercy Care Plan - LTC	0
Phoenix Health Plan-010299 (PHP)	15
UnitedHealthcare Community Plan	76
UnitedHealthcare Community Plan - Acute	0
UnitedHealthcare Community Plan - LTC	0
University Family Care (UFC)	33
No Response/Refused	1
Not Applicable	0
Not Sure	86
Total	480

Mercy Care Plan provided the highest number of enrollments of all AHCCCS plans during Quarter 2 FY2015. This reflects strengthened partnership with this insurer as a result of the public-private partnership initiative.

Medication

Figure 15. Clients Who Used Medication During Quit



Note: Total = 857

Evidence shows clients who use the combination of coaching and medication have the highest quit rate.² ASHLine is currently looking into ways to increase medication access for clients.

Coaching

Figure 16. Clients Reached for Coaching



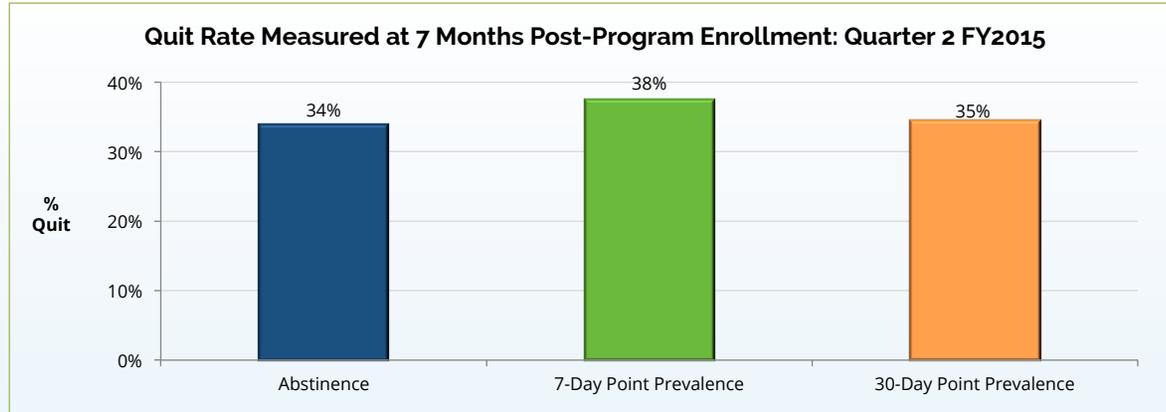
Note: Total = 1,574

A 21% unable to reach rate was observed for this quarter, 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 successfully reached.

2. Fiore MC, Jaén CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, Dorfman SF, Froelicher ES, Goldstein MG, Froelicher ES, Heaton CG, et al. Treating Tobacco Use and Dependence: 2008 Update— Clinical Practice Guidelines<image001.png>. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Agency for Healthcare Research and Quality, 2008 [accessed 2014 August 19].

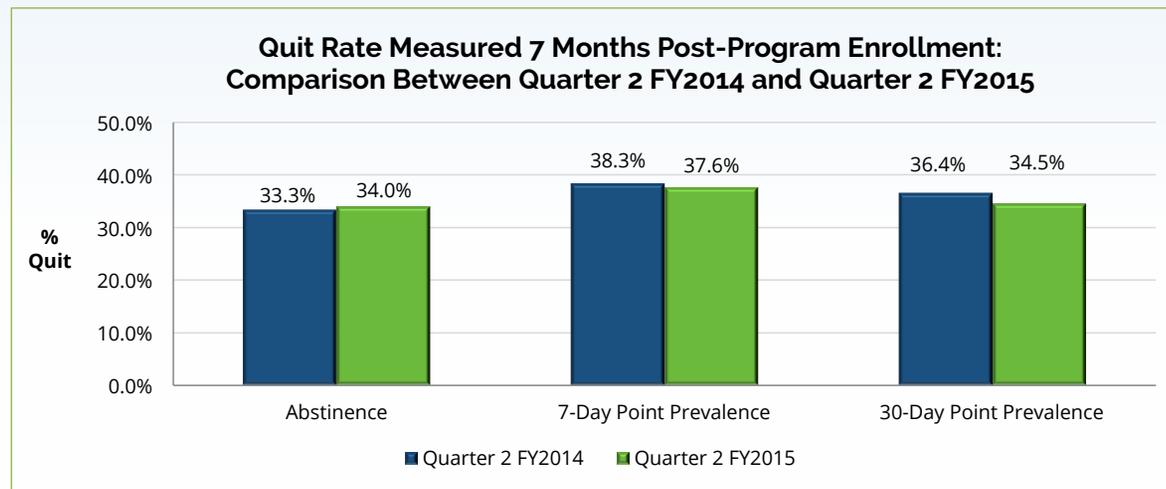
Quit Rates for ASHLine Enrollees

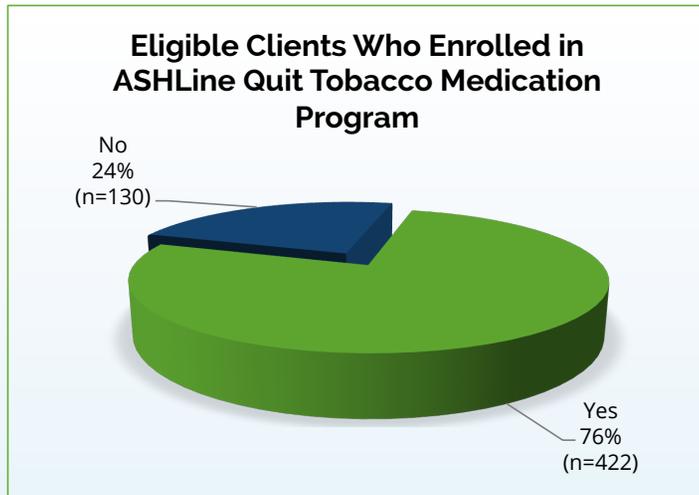
Figure 17. 7-Month Quit Rates for ASHLine Enrollees, Clients Surveyed October 2014 – December 2014



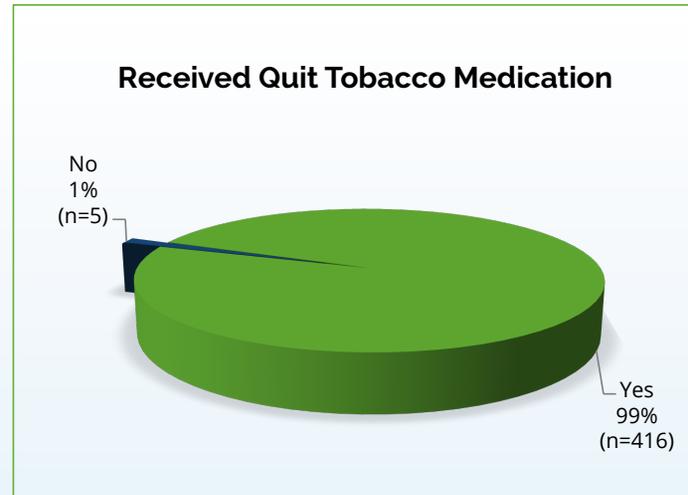
Note: Clients enrolled in March 2014 - May 2014

Figure 18. Quit Rate between Q2 FY2014 and Q2 FY2015



Seven-Month Post-Enrollment Survey*Figure 19. Enrolled in Free Quit Tobacco Medication Program*

Note: Total = 552

Figure 20. Received Quit Tobacco Medication

Note: Total = 421

Figure 21. Offer of Coaching Important in Decision to Quit

Note: Total = 749

Figure 22. Coaching was Helpful in Efforts to Quit

Note: Total = 749