



an affiliate of the University of Arizona

# Arizona Smokers' Helpline Quarterly Report

Fiscal Year 2016, Quarter 3  
January - March 2016

Breathing Vitality into the  
Lives of Arizonans through

Inquiry Innovation Inspiration

*Envisioning an Arizona where everyone  
achieves a healthy lifestyle.*



MEL AND ENID  
ZUCKERMAN COLLEGE  
OF PUBLIC HEALTH



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## I. ASHLINE HIGHLIGHTS

ASHLine is pleased to report a productive and successful third quarter. Our Community Development, Enrollment, Clinical Services, and Research and Evaluation teams have made important contributions to assure that we are able to extend our reach within the community, enhance in-program client engagement, and improve the quality of our services.

This quarter experienced a surge in call volume which was a direct result of two media campaigns that were aired from January 2016 onward (CDC's TIPS campaign and ADHS's statewide-run ASHLine ad). While we averaged approximately 3,000 calls per month, we successfully and efficiently managed the call volume due to the ongoing efforts of our enrollment team and enrolled over 2,900 clients this quarter.

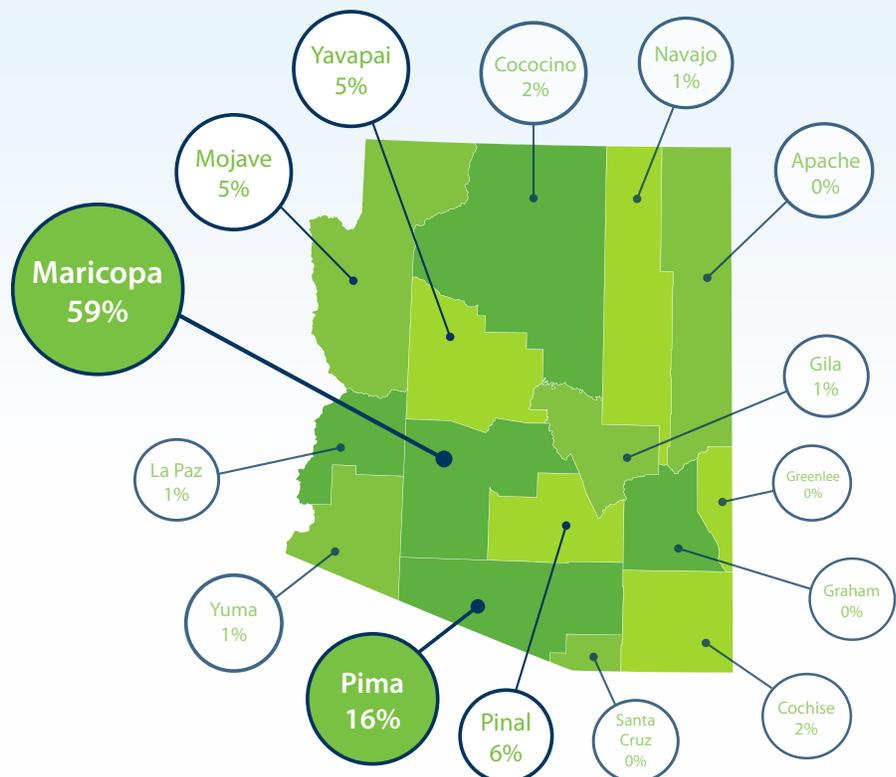
The Clinical Services team has continued to provide state of the art evidence-based treatment services to all enrolled clients. We are pleased to report that our 7-month tobacco quit rate of 49% in this quarter is above the national average for quitlines.

The Community Development Team persisted with their efforts to train and provide technical assistance to health care providers across the state. This quarter, they held over 20 AAR training and targeted close to 270 providers. Moreover, ASHLine hired a manager to oversee the Public-Private Partnerships (PPP) initiative. This critical hire marks a significant movement in our efforts to support sustainability via cost-sharing and financial diversification.

The Research and Evaluation Team continues to contribute to the tobacco research community through dissemination of findings at national conferences and manuscripts to peer-reviewed journals. We anticipate being able to continue our efforts and be a visible presence within the scientific community through these strategies.



FIGURE 1: PERCENTAGE OF ASHLINE CLIENTS ENROLLED BY COUNTY



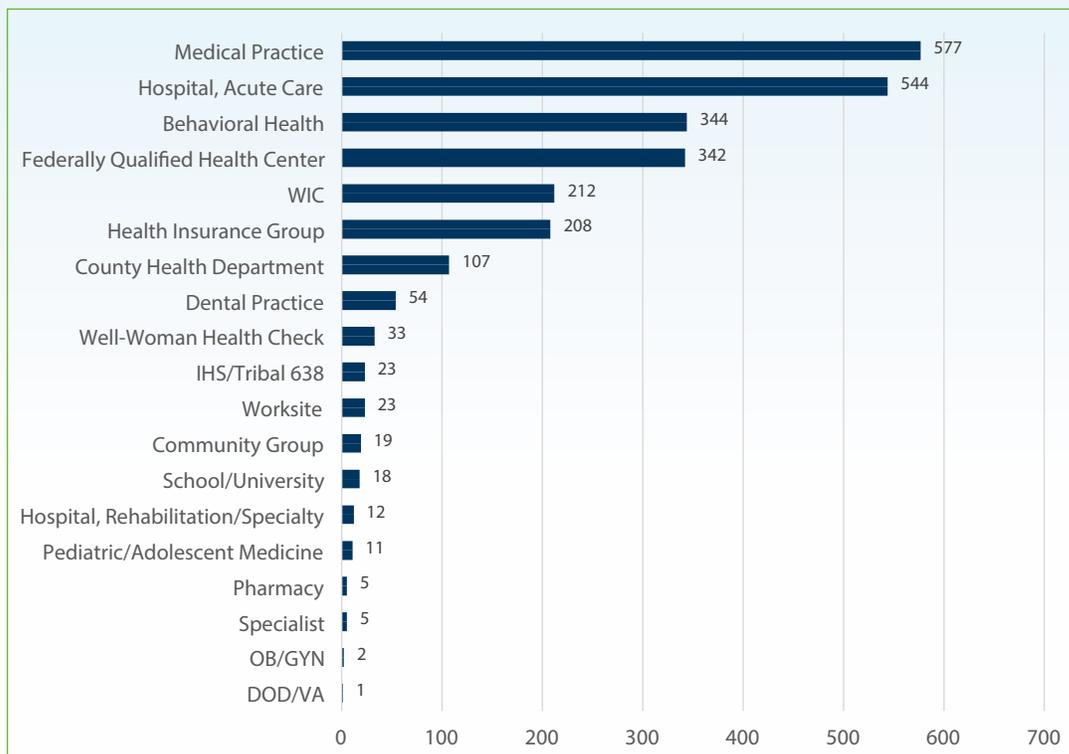


## II. COMMUNITY DEVELOPMENT

### PARTNER TRAINING AND TECHNICAL ASSISTANCE PROGRAM

This quarter the Community Development Team continued to provide training to our partners in healthcare and behavioral health on the Ask, Advise, Refer (AAR) brief intervention process, electronic nicotine delivery systems (ENDS), and the WebQuit online referral submission process. Throughout the fiscal year, we strive to meet our partners' training needs as a component of our larger strategic objective to promote health systems change. In doing so, we aim to continuously maintain and expand our reach statewide. Similar to Quarter 2, we delivered over 20 AAR trainings in medical and behavioral health settings, reaching an estimated 275 providers. Discussions with participants at trainings throughout the last quarter continue to suggest one of the most sought after areas of information among providers pertains to emerging tobacco products, particularly electronic nicotine delivery systems (ENDS) or e-cigarettes. In response to this trend, the Community Development Team will develop an updated suite of educational materials on ENDS, for educating providers and their patients. We anticipate rolling out these materials in Fiscal Year 2017.

FIGURE 2: REFERRALS BY LOCATION TYPE (TOTAL = 2,540)





In addition to our provider training program, the Community Development Team also completed a series of quarterly conference calls to provide referral development-related technical assistance to our Arizona Department of Health Services (ADHS) Bureau of Tobacco and Chronic Disease (BTCD)-funded tobacco partners within Arizona's county health departments. The focus of these calls was to review progress to-date toward county-identified goals around promoting ASHLine, review any new opportunities for collaboration, and provide partners with a status update on progress toward the release of our new health information platform. The efforts of our county partners continue to contribute to our quarterly referral numbers in a variety of locations, but especially from medical practices, dental providers, and Women, Infants and Children Clinic (WIC) providers (see Figure 2). In Quarter 3, county partners working in the field recruited 26 new partners, nearly half of which were dental providers. The three county tobacco programs with the highest number of partner recruitments this quarter were Maricopa (12 new partners), Cochise (8 new partners), and Pinal (5 new partners).

### PROVIDER FEEDBACK AFTER TRAININGS

*"Ask, Advise, Refer – gave us information on how to talk to patients about smoking cessation."*

*"Understanding what benefits ASHLine/ Medicaid can offer in terms of coaching, meds, referrals."*

*"Evidence-based support to help members, by accessing three simple steps."*

*"I am already familiar with ASHLine – I found the information on ecigs very informative & actually learned some new things about the manufacturing of cigarettes."*

*"Knowing a coach can be available before starting medication, patch, etc."*

*"The facilitator was very clear and was willing to answer any questions that the class had."*

## PROMOTING HEALTH SYSTEMS CHANGE

The Community Development Team continued to strategically focus efforts to promote health systems change on Federally Qualified Community Health Centers (FQHCs) and behavioral health providers. These organizations serve populations who continue to use tobacco at disproportionately high rates; thus they are logical partners who can help bolster efforts to treatment access, education, and ultimately reduce statewide prevalence of tobacco use. This quarter the Community Development Team recruited 1 FQHC clinic and 8 behavioral health clinics as new referral partners.

TABLE 1: REFERRAL REACH RATE AND ENROLLMENTS BY TOP SIX LOCATION TYPES

Location Type	Number of Referrals	Percent Reached	Percent Enrolled from Reach
Medical Practice	577	56%	49%
Hospital, Acute Care	544	44%	38%
Behavioral Health	344	52%	52%
Federally Qualified Health Center	342	58%	47%
WIC	212	47%	40%
Health Insurance Group	208	57%	36%

Efforts to promote health systems change are complex, multi-stage and multi-level and involve a balance of several key elements. This includes (a) recruiting new partners – especially those linked to larger systems of care, (b) establishing sustainable referral mechanisms, (c) maintaining relationships with existing partners, (d) securing organizational buy-in to implement and sustain evidence-based treatment and referral strategies for tobacco cessation by using a combination of top down (e.g. establishing relationships with decision-makers at leadership levels) and bottom up (e.g. identifying clinic-level champions) approaches. To support these efforts, the Community Development Team completed a variety of activities, including: collaborating with the ASHLine's Communications & Branding Team and Mercy Maricopa Integrated Care (MMIC), a Regional Behavioral Health Authority (RBHA), on a the development of a provider training poster. This poster is currently being disseminated across serious mental illness (SMI) clinics in Maricopa County as a component of larger health systems initiatives such as monthly systems reports for MMIC leadership; participation in medical directors meetings to promote tobacco cessation treatment and ASHLine services; discussions around health systems progress within MMIC at an Arizona Health Care Cost Containment System (AHCCCS) health plans meeting; and active involvement at a FQHC/integrated behavioral health partner health fair. In addition, the team made progress toward expanding its collective provider outreach toolkit on the development of a series of LGBT-allied materials for work with partners serving this high-risk priority population.

Finally, the team made collaborative progress with El Rio Community Health Center on the North American Quitline Consortium (NAQC) eReferral Project. This project is designed to provide technical assistance to state quitlines and their healthcare partners on engaging in fully electronic bidirectional exchange of referrals. In this quarter, a series of organizational assessments were completed with El Rio to better understand their current tobacco assessment and treatment workflow and identify opportunities for optimization, in addition to forward progress on exploring the statewide Health Information Exchange (HIE) – The Network (operated by AzHeC) – as a potential option for securing bidirectional exchange.



## UPCOMING GOALS

In the coming quarter, the Community Development Team will continue to provide training and technical assistance to support our provider referral network and community partners in their efforts to promote tobacco cessation. In addition to providing scheduled and ad hoc support, we will focus on the following activities: continuing to approach leadership entities in the community and behavioral health sectors to solicit buy-in for strategic support coordinating an “Ask” among targeted organizations to partner with ASHLine; completing organizational assessments and establishing next steps regarding implementing health systems strategies; field testing our toolkit - ‘Systems Change Strategies for Treating Tobacco Dependence: A Guide for Healthcare Providers in Arizona’; completing next steps on the eReferral project to meet the NAQC project timeline; and finalizing development of a suite of materials to support outreach to providers serving populations eligible for specialized protocols to be offered by ASHLine’s Clinical Services Team.

## III. PUBLIC-PRIVATE PARTNERSHIPS

In this Quarter, ASHLine hired Adrienne Lent, MBA, MPH for the position of Manager, Public-Private Partnerships (PPP). Ms. Lent is a master’s level professional with over five years of experience working across healthcare and nonprofit sectors, including business/contract development and project/program management for a Medicaid/Medicare health insurance plan. This critical hire marks a significant moment in ASHLine’s efforts to support sustainability via cost-sharing and financial diversification. Due to substantial progress over the past year on efforts to establish service rates and security infrastructure, Ms. Lent has been able to hit the ground running and making meaningful contributions toward strategic planning and moving existing projects and efforts forward since her arrival in March.



In March 2016, ASHLine launched a new partnership with the Eller College of Management’s McGuire Center for Entrepreneurship at the University of Arizona. The McGuire Center has been dedicated to building innovative capacity in individuals, organizations and society for over 30 years. Alongside the center’s entrepreneurship mentor and a MBA student intern, this team is focused on understanding ASHLine’s current market position and future direction to ensure sustainability and growth. Efforts have been conducted using a team approach to refine ASHLine’s strategic and business plans. These plans will set short and long term goals that guide the organization’s strategic direction and services for Arizona residents.

## IV. COMMUNICATIONS AND BRANDING

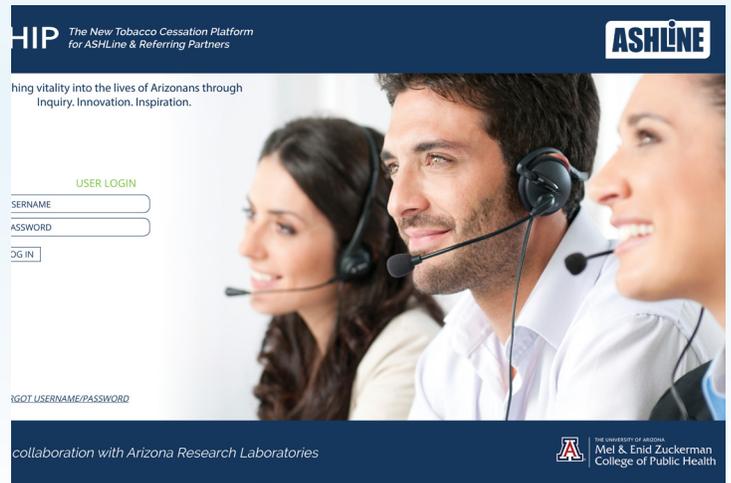
### CLIENT MATERIALS

The Communications and Branding team is currently in the process of hiring a graphic designer to support the development of client materials that will complement our clinical services. This new hire will be trained in content management system utilized for our website ([www.ashline.org](http://www.ashline.org)) to update and improve its content and design. Additionally, to assure that materials we provide are culturally sensitive to our Spanish speaking clients, we are currently collaborating with the Department of Spanish and Portuguese (Translation and Interpretation Program) at the University of Arizona to provide Spanish translations of client materials. This partnership has included an ongoing ASHLine internship for undergraduate students in the program.



### NEW COACHING PLATFORM

The Communications and Branding Team continues to be directly involved with efforts in developing a new web-based coaching platform in collaboration with Arizona Research Laboratories (ARL) at the University of Arizona. This platform will play a pivotal role in improving engagement of health care providers, enhance clinical services (through a multi-modal system that will increase program engagement, utilization, and treatment delivery), and provide tailored reporting methods to better program evaluation elements. The team will continue to work with ARL programmers over the next month to ensure that critical functions to achieve these goals are being achieved. We anticipate the platform going live in May 2016.



### UPCOMING GOALS

By the end of FY16, the Communications and Branding Team will have redeveloped the public website ([ashline.org](http://ashline.org)) to accommodate for bilingual content. Visitors to the website will be able to easily toggle between English and Spanish content on each page. The site will also be re-designed to allow for better organization of content to enable improved user experience.

## V. CLIENT ENROLLMENT AND CHARACTERISTICS

### INCREASE IN CALL VOLUME

This quarter ASHLine experienced a significant increase in call volume (see Figure 3) as a result of two media campaigns targeting tobacco cessation; CDC's nationally-run 'Tips from Former Smokers' (TIPS) and ADHS's (Arizona Department of Health Services) state-run ads. We averaged approximately 2,900 calls per month (ASHLine received a little over 4000 calls in March alone, the highest number of calls we have experienced in a month since 2012). The Enrollment team did an excellent job to accommodate this surge in the number of incoming calls. With their efficient communication we were able to utilize our trainings on specialized protocols targeting high-risk groups (e.g., pregnant, postpartum clients) as we continued to support clients interested in enrolling into our services.

FIGURE 3: CALL VOLUME BY MONTH



### IMPROVING REFERRALS TO ENROLLMENT CONVERSIONS: A QUALITY IMPROVEMENT INITIATIVE

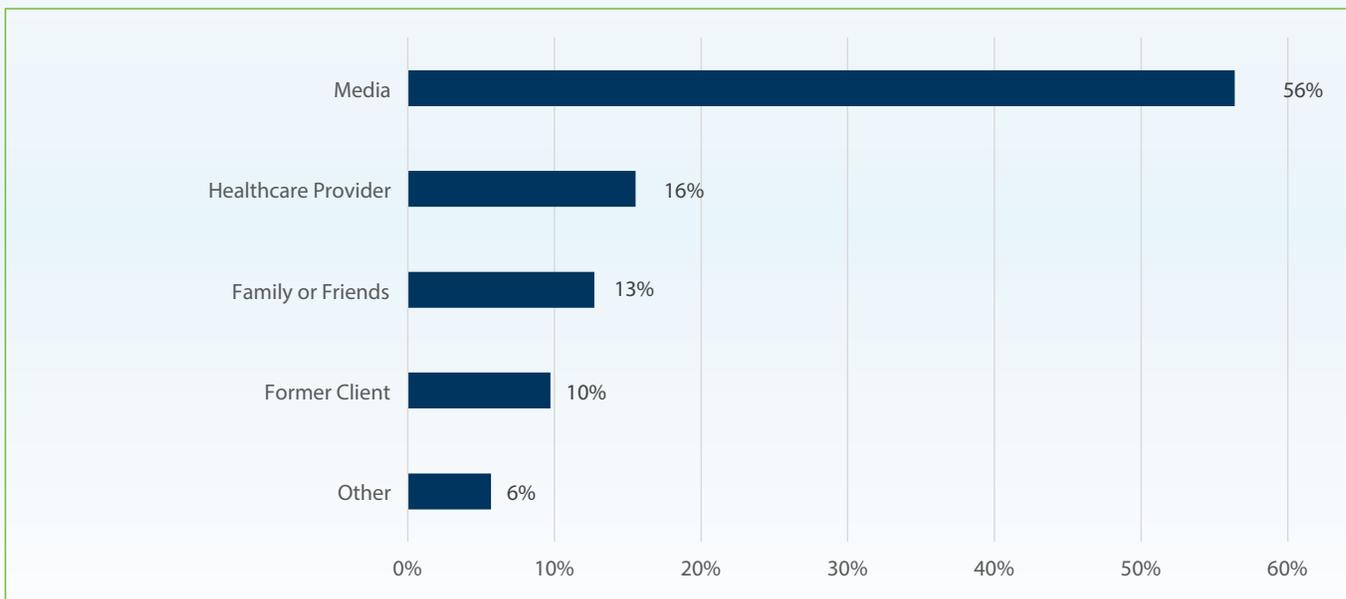
Having proactively referred clients (clients referred from health care providers or community agencies) enroll into ASHLine is a challenge for ASHLine and most quitlines. As part of our ongoing quality control and improvement initiatives, we continue to be interested in increasing our conversion to enrollment rate, specifically for proactive referrals. To do so, this quarter we developed a modified call protocol which includes increasing the number of calls (our staff initiate 7 calls over a 2-week period). We have also varied the time of day we reach out in order to maximize the chances of reaching a client (should the client's suggested timeframe not yield contact). The goal of this revised protocol is to increase client enrollment. Over the next few months, we will closely monitor staff protocol compliance, examine referrals to enrollment conversions, and re-evaluate the revised protocol accordingly.



## ASHLINE: A 24/7 QUITLINE SERVICE

As of December 2015, through partnership with a local call answering service, ASHLine became a 24/7 quitline service. This collaboration has been a successful endeavour and has improved our reach and access to clients who contact us outside our customary business hours; thus helping us capitalize on their motivation to initiate the tobacco behavior change process. To date, the call center has received over 1,590 calls and ASHLine has been able to reach 65% of these clients. We hope to see a steady increase in the number of calls and client enrollment as a result of this partnership.

FIGURE 4: HOW CLIENT-INITIATED ENROLLEES HEARD ABOUT ASHLINE



## CLIENT CHARACTERISTICS

We enrolled approximately 2,900 clients this quarter (compared to 2,054 in the quarter 2), a trend that can be attributed to the extensive ads run across the state. As noticed in preceding quarters, a majority of client-initiated enrollees heard about ASHLine through the media (56%); and 16% heard about us from their health care provider (Figure 4). Our client demographics for Quarter 3 enrollees (Table 3) seem consistent with previous quarters: a majority of our clients are female (56%), between 45-64 years of age (52%), and non-Hispanic (77%). Approximately 41% of our clients are uninsured or underinsured (AHCCS) with most individuals reporting Mercy Care Plan as their primary AHCCS insurance plan (Table 4).



TABLE 2: CLIENT CHARACTERISTICS AT ENROLLMENT (TOTAL = 2,930)

<b>Gender</b>	
Female	55.6%
Male	44.4%

<b>Ethnicity</b>	
Non-Hispanic	76.7%
Hispanic	23.3%

<b>Race</b>	
White	85.7%
Black or African American	8.4%
Asian	0.6%
Hawaiian	0.2%
American Indian	2.0%
Multiracial	1.6%
Other Race	1.4%

<b>Insurance</b>	
AHCCCS	21.6%
Other Types	59.5%
Uninsured	19.0%

<b>Electronic Cigarette Use</b>	
Tobacco User Only	94.4%
Electronic Cigarette User Only	1.0%
Dual User	4.6%

<b>Age</b>	
≤ 24	2.7%
25 - 44	26.1%
45 - 64	52.4%
≥ 65	18.8%

## EXPANDING REACH

The Enrollment Team continues to be an ongoing and steady presence at local community events to help build ASHLine's relationship and engagement within the community, specifically the youth. For instance, this quarter, in collaboration with the University of Arizona Cancer Center, ASHLine provided tobacco cessation and education hand-outs that incorporated Wilbur (University of Arizona's mascot) to tie in youth and establish our presence within the University.

## UPCOMING GOALS

Next quarter, we will reach the youth population through increased participation in community events. Events provide opportunities to use ASHLine-branded hand-outs and enrollment information. Longer term, the ASHLine platform for service delivery will support tailored text messaging campaigns to further reach and engage youth using tobacco products to enroll into ASHLine.



**KICK YOUR SMOKING HABIT FOR GOOD!**

You can quit. We can help.

Call the Arizona Smokers' Helpline!

**FREE** Expert Assistance from Trained Coaches to Help You Kick Tobacco.

**FREE** Medications to Help Without Going Cold Turkey! (few restrictions apply)

**1-800-55-66-222**  
ashline.org

TABLE 3: PERCENT ENROLLED BY AHCCCS INSURANCE PLANS (N=465)

AHCCCS Insurance Plans	Percent Enrolled
Bridgeway - Acute & LTC	0.2%
Care1st Health Plan Arizona, Inc.	5.2%
CRS – UnitedHealthcare Community Plan	0.4%
Health Choice Arizona	11.4%
Health Net of Arizona	3.2%
Maricopa Health Plan	8.0%
<b>Mercy Care Plan</b>	<b>21.3%</b>
Phoenix Health Plan-010299 (PHP)	2.2%
UnitedHealthcare Community Plan	18.1%
University Family Care (UFC)	4.5%
Not Sure	25.6%



## VI. CLINICAL SERVICES

ASHLine utilizes a client-directed, outcome-informed approach to providing tobacco cessation services. This allows us to maintain flexibility based on client needs while still collecting regular, real-time metrics. Our coaches have an average of four years of active tobacco cessation counseling experience and receive extensive trainings in motivational interviewing techniques and evidence-based cognitive behavioral strategies to promote tobacco behavior change. In addition, our coaches are trained on providing and utilizing current practices and evidence on emerging factors influencing tobacco treatment (e.g., recommendations for use of nicotine replacement medications, electronic nicotine delivery products (ENDS)).

### NEW TRAININGS FOR CLINICAL SERVICES TEAM MEMBERS

During this quarter, our coaches continued to receive trainings on specialized topics through implementation of several new protocols. These trainings are designed to provide our coaches with the skill set and expertise to provide tailored services to specific high-risk populations. During this quarter, all clinical team members attend training focused on meeting the individual needs of Latino and Hispanic clients.

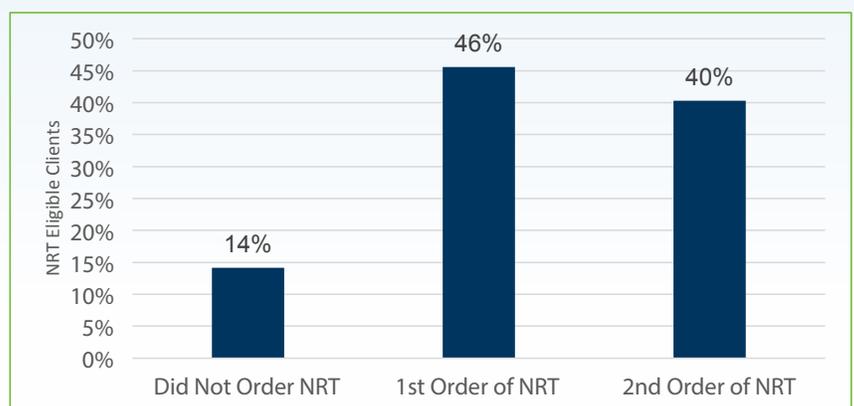
### UTILIZATION OF CLINICAL SERVICES

In Quarter 1 of FY2016 (July- September), ASHLine introduced a four-week NRT initiative whereby clients who completed a minimum of two coaching sessions received four weeks of NRT- an increase of two additional weeks compared to previous quarters. As a result of the above mentioned targeted media campaigns highlighting the four-week NRT initiative, this quarter saw a 6% increased utilization of NRT over our previous quarter. Eighty six percent of our clients who were eligible to receive no-cost NRT, reported utilizing some form of NRT during their time in the program (Figure 5) with 40% receiving the full four weeks of NRT in combination with a minimum of two coaching sessions. ASHLine clients continue to utilize coaching services at a high rate; 78% of all clients in this quarter received at least one coaching call (Table 4). Coaching is important for quitting, with a direct relationship between the number of coaching sessions and quit rates. This quarter, our enrolled clients received an average of close to 5 coaching calls (Table 4) - a NAQC-recommended number of coaching sessions for quitlines nationally.

TABLE 4. SERVICE UTILIZATION

	Q2 FY2016	Q3 FY2016
<b>New Clients</b>	2,054	2,930
<b>Average Coaching Sessions</b>	5.0	4.7
<b>% Receiving ≥1 Coaching Calls</b>	76%	78%
<b>% Using Cessation Medication</b>	46%	53%

FIGURE 5: UTILIZATION OF NICOTINE REPLACEMENT THERAPY (NRT) RECEIVED THROUGH ASHLINE



*Clients must agree to two additional weeks of coaching to receive second order of NRT*

## UPCOMING GOALS

The Clinical Team will continue to develop and implement tailored clinical service protocols for specific high-risk population groups. Upcoming protocols will include tailored coaching for patients with cancer who use tobacco, Gender and Sexual Minorities as well as American Indians/Native Americans. The team has an on-going search for a quit coach with experience working with American Indians/Native Americans communities to enable us to best meet the needs of this clientele.

## VII. SURVEY

To increase client retention at 7-month follow up, the Survey Team implemented mail-out of post card reminders to enrolled clients informing them of their upcoming follow-up surveys with ASHLine. As part of this protocol, the Survey team has also increased the frequency of client contact time by increasing number of call attempts to allow for greater client retention at follow-up.

## UPCOMING GOALS

Over the next two quarters, the Survey team will continue to make additional calls to our 7month follow up surveys as well as train staff on newly developed protocols for survey administration. We will also implement a comprehensive training for standardized data collection best practices.



## VIII. RESEARCH AND EVALUATION

### PROGRAM EVALUATION

Due to increasing number of clients reporting use of electronic cigarettes (e-cigs), NAQC recommends that quitlines report two metrics for tobacco quit rates; a tobacco quit rate and a tobacco +e-cigs quit rate. We have been tracking prevalence and quit rates for clients using ENDS over 18 months. Our 7-month quit rate for tobacco for Quarter 3 is 49% (an increase of 5% from Quarter 2) and tobacco+ENDS quit rate is 46%.

Combination treatment of coaching plus the use of cessation medication continues to yield the best quit outcomes with 49% of clients quit at 7-months. Importantly, 7-month quit rates improve to 56% with increasing number of coaching sessions to 5 or more with the use of cessation medication (Figure 6) reinforcing that utilization of services, in-program engagement, and treatment adherence can significantly boost quit rates.

7-Month Tobacco Quit Rate	49%
7-Month Tobacco + ENDS Quit Rate	46%
Intent to Treat Rate	15%

*Due to the increasing prevalence of electronic cigarette (e-cig) use, NAQC recommends that quitlines report quit rates for tobacco (all forms of tobacco) and nicotine (all forms of tobacco AND e-cigs) separately.*

### ASHLINE'S RESEARCH PROGRAM

The Research and Evaluation team undertakes all aspects of program evaluation while developing quality control and improvement protocols and disseminating findings with the scientific and research community in public health, cancer control and prevention, and tobacco research through presentations at national conferences and publications in peer reviewed journals.

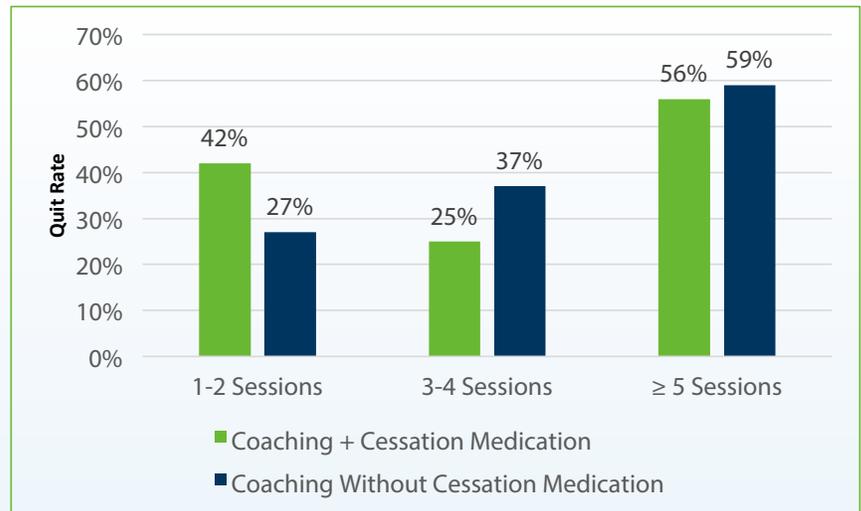
Over the past quarter, we have continued our collaborations with investigators nationally (e.g., Temple University, Southern Illinois University) as well as built partnerships within the University of Arizona (e.g., Department of Family and Community Medicine, College of Public Health). These collaborations have boosted our research productivity. Investigators from the ASHLine team were also invited to present at two national conferences: (a) Nair et al. (2016): Comorbidity and smoking outcomes- an oral presentation at the annual conference for the Society for Research in Nicotine and Tobacco, (b) Crane et al (2016): Cancer patients report better tobacco quit outcomes during cancer therapy: Results from ASHLine- an oral presentation at the American Society for Preventive Oncology.



## UPCOMING GOALS

In the last quarter of the fiscal year, we will continue to develop our research into publishable manuscripts. As mentioned in previous reports, ASHLine is moving toward developing and implementing a multi-modal evidence-based web platform which will enable us to be more client oriented, utilize additional modes of contact with client to improve engagement and treatment adherence (e.g, text messaging), while creating more efficiencies within the system. The research and evaluation team will take advantage of the novel technological features of the platform to continually evaluate data quality control and assess treatment fidelity. Forms for documenting, monitoring, and assuring data quality control checks are currently under development. Additionally, the platform will allow us the ease and flexibility to create a dynamic assessment tool which will (a) allow us to explore trends in topical areas within the area of tobacco addiction and dependence (e-cig use, smokeless tobacco, etc) and (b) support our evolving research efforts more broadly.

FIGURE 6: QUIT RATES BY NUMBER OF COACHING SESSIONS AND CESSATION MEDICATION USE





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Inquiry Innovation Inspiration

*Envisioning an Arizona where everyone achieves a healthy lifestyle.*



For more information about the Arizona Smokers' Helpline:

## ASHLine

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