

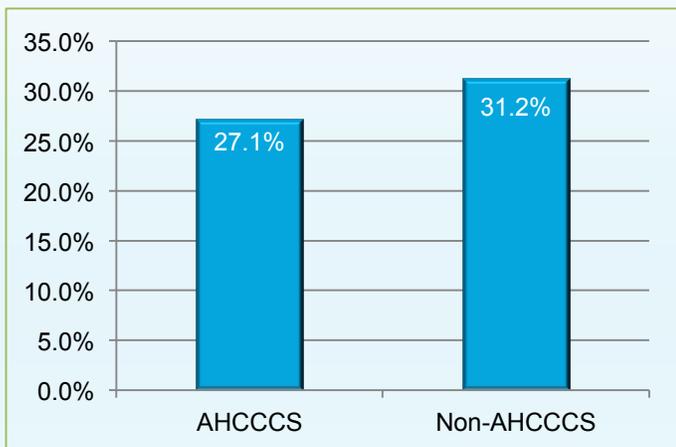
ASHLine Monthly Report July 2013

ASHLine Clients Enrolled in AHCCCS: Factors Influencing Program Success

ASHLine data indicate that clients enrolled in the Arizona Health Care Cost Containment System (AHCCCS) have lower quit rates in comparison to non-AHCCCS clients. Focus groups and interviews were conducted to identify the manner in which unique characteristics of this population (environmental, socio-economic, etc.) as well as the ASHLine programmatic structure impact AHCCCS client success or failure in quitting tobacco.

Nineteen AHCCCS clients were interviewed: 11 who had exited the program quit (Quitters) and 8 who had exited the program not quit (Smokers).

Figure 1. Quit Rate by AHCCCS/Non-AHCCCS



Environmental Factors

Environmental factors are correlated with early onset and continuation of smoking. Seventy-four percent of participants reported their perceptions about smoking were influenced by growing up in an “environment of smoking” in which tobacco use was the norm in their family of origin. Stealing cigarettes from family members was commonly their gateway to tobacco use, and the parental response upon discovering their smoking was largely one of consent.

“ My mother gave me permission to smoke at 11 years old. Everybody smoked. It was a different day and age... ”

“ I was a cowboy and that’s what we would do...drink beer, ride a bull, smoke a cigarette and see if we lived another day. ”

Health Factors

Substance abuse and mental/physical health concerns are realities among this population. Eight participants (42%) identified as recovering from alcohol or drug abuse, and all felt it is more difficult to quit smoking than it was to quit substance abuse. While smoking and substance use go hand in hand, tobacco use continued because it is a “legal substance” that is considered less harmful than other addictions.

All Smokers reported concerns about chronic health issues or physical symptoms and personal risk factors. The awareness that smoking exacerbated health problems was apparent and although it prompted the desire to quit smoking, it did not necessarily result in a quit attempt. In fact, smoking was portrayed as an area in which individuals felt they had some **control** in their lives:

“ I (smoked) because of tension and anxiety about my medical condition. I had ear and brain surgery. I smoked because I felt it was something I had control over. ”

Interestingly, two participants with serious health issues spoke of quitting smoking, not out of a concern about the detrimental effects of tobacco, but because they were afraid their doctor would no longer give them the medical care they needed if they continued to smoke.

These findings inform and enhance ASHLine services for AHCCCS clients. Coaches will emphasize “de-normalizing” smoking among this population, encouraging clients to increase socializing with non-smoking friends/family and in environments where smoking is prohibited. Additionally, understanding the nature of a client’s chronic condition can help determine behavioral support strategies. For example, diabetic clients may be able to formally incorporate tobacco cessation in an existing self-management plan.

Appendix: July 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	
	July 2013	Year-to-Date	July 2013	Year-to-Date	July 2013	Year-to-Date	July 2013	Year-to-Date
Apache	0	0	1	1	19	19	4.0	4.0
Cochise	11	11	13	13	88	88	3.8	3.8
Coconino	34	34	25	25	65	65	3.1	3.1
Gila	9	9	7	7	32	32	5.4	5.4
Graham	10	10	7	7	18	18	2.8	2.8
Greenlee	1	1	3	3	2	2	1.0	1.0
La Paz	1	1	0	0	6	6	2.5	2.5
Maricopa	323	323	418	418	1,539	1,539	3.1	3.1
Mohave	35	35	40	40	180	180	3.8	3.8
Navajo	14	14	12	12	45	45	2.5	2.5
Pima	255	255	132	132	528	528	3.4	3.4
Pinal	12	12	33	33	130	130	3.2	3.2
Santa Cruz	1	1	3	3	16	16	5.7	5.7
Yavapai	20	20	39	39	136	136	3.2	3.2
Yuma	9	9	30	30	102	102	3.4	3.4
Unknown	0	0	2	2	6	6	2.5	2.5
Total	735	735	765	765	2,912	2,912	3.3	3.3

Table 2. Incoming Calls and Quit Rate

Summary Statistics	July 2013	Year-to-Date
# Incoming Calls	1,152	1,152
Quit Rate	34%	34%

Table 3. Demographics and Intake Type

Gender	Enrolled (N=765)	Information Only (N=30)	Total (N=795)
Male	308	1	309
Female	454	3	457
Unknown/Missing	3	26	29
Race			
White	547	0	547
African American	58	0	58
Asian	2	0	2
Hawaiian	0	0	0
American Indian	13	0	13
Multiracial	13	0	13
Other Race	17	0	17
Unknown/Missing	115	30	145
Ethnicity			
Hispanic	126	0	126
Non-Hispanic	399	0	399
Unknown/Missing	240	30	270
Age			
Less than 18	1	1	2
18-24	48	1	49
25-34	106	0	106
35-44	113	0	113
45-54	211	4	215
55-64	178	0	178
65-79	101	2	103
80+	5	0	5
Unknown/Missing	2	22	24

Figure 3. Referrals by Location Type

