



an affiliate of the University of Arizona

Arizona Smokers' Helpline Quarterly Report

Fiscal Year 2016, Quarter 2
October - December 2015

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
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I. ASHLINE HIGHLIGHTS

QUARTER OVERVIEW

ASHLine is pleased to report a productive second quarter. Each of our teams has made important progress in extending our reach within the community and improving the quality of our services.

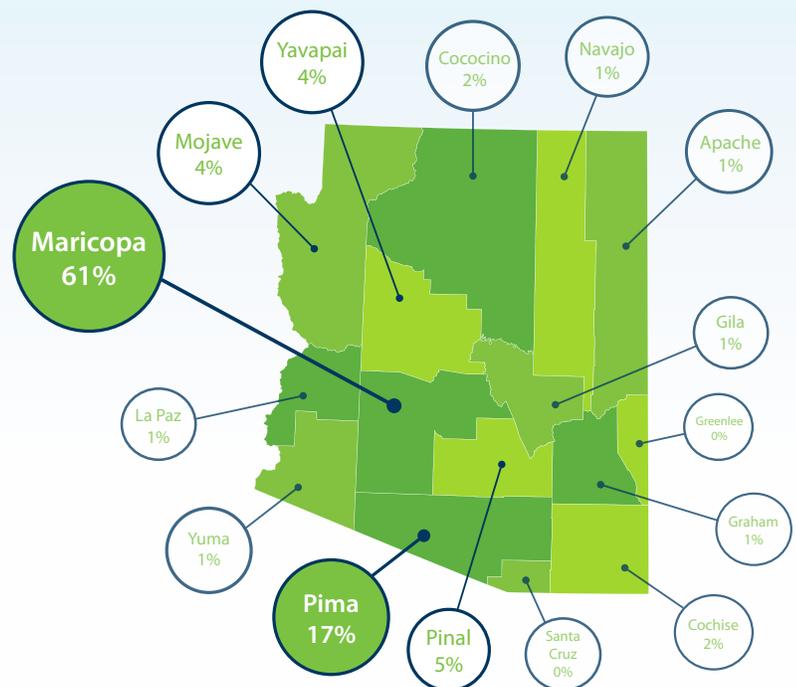
The Community Development Team delivered over 20 referral (AAR) trainings to 285 providers in medical, behavioral health, and case management settings. They also made substantial progress in preparing ASHLine's health systems change toolkit, which will be ready to be field tested in the coming months.

We are also pleased to report that starting this quarter, ASHLine us now a 24/7 quitline. Our Clinical Services Team introduced additional specialized protocol trainings to tailor coaching services for youth tobacco users as well as to better serve clients who have mental or behavioral health issues. These efforts combined with modifications and improvements made through the past few quarters have been successful in influencing our client quit rates. Specifically, our tobacco quit rate is 44% (up 6% from the past quarter). To reduce program attrition, we have started implementing postcard reminders to encourage clients to participate in the 7-month follow-up survey.

Finally, the Research and Evaluation Team continues to contribute to the tobacco research community. We submitted one paper for publication with two additional manuscripts underway. Four abstracts have been selected for presentations at three national research conferences with another two still under review. We are encouraged by these results as we strive to provide the highest quality tobacco cessation services in Arizona and disseminate our findings to improve cessation practices.



FIGURE 1: PERCENTAGE OF ASHLINE CLIENTS ENROLLED BY COUNTY





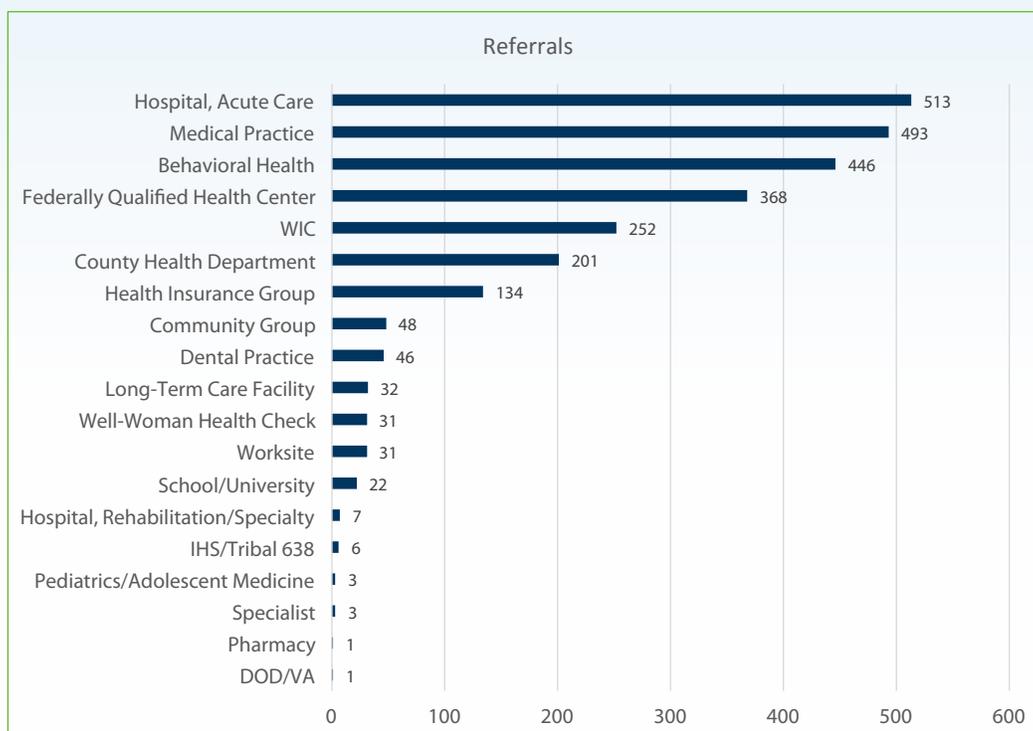
II. COMMUNITY DEVELOPMENT

PARTNER TRAINING AND TECHNICAL ASSISTANCE PROGRAM

This quarter the Community Development Team continued to provide training to our partners in healthcare and behavioral health systems on the Ask, Advise, Refer (AAR) brief intervention process, electronic nicotine delivery systems (ENDS), and our electronic client referral submission process (WebQuit). Between October and December 2015, we conducted close to **20 AAR trainings** with over **200 providers** in medical and behavioral health care settings along with **4 WebQuit trainings** in case management settings.

The Community Development Team provides technical assistance through a series of conference calls around developing client referrals to the Arizona Department of Health Services and our Bureau of Tobacco and Chronic Disease partners located in county health departments. The focus of these calls is to (a) provide an in-depth review of the updated AAR training modules developed specifically for county partners, (b) discuss progress on county-identified goals for adult cessation activities (e.g. offering health education information and referrals at community events, working with provider organizations on establishing referral programs to link patients to quitline services) and (c) educate newly hired county partners on ASHLine's services and the referral development process. The efforts of our county partners contribute to our quarterly referral numbers in a variety of areas, but especially among county health departments, medical practices, and Women, Infants and Children (WIC) providers (see Figure 2 and Table 1).

FIGURE 2: REFERRALS BY LOCATION TYPE (TOTAL = 2,638)



Overall Percent of Referrals Reached = 52%

Overall Percent Enrolled of Reached Clients = 44%



PROMOTING HEALTH SYSTEMS CHANGE

During this quarter, the Community Development Team continued to develop a health systems change toolkit, titled 'Systems Change Strategies for Treating Tobacco Dependence: A Guide for Healthcare Providers in Arizona.' Designed to assist organizations in preparing for and implementing health systems change strategies, this guide will provide up-to-date information on the tobacco use landscape in Arizona and strategies by which the Community Development Team can support health care organizations to improve their care around tobacco use by including quitline support. A draft of this toolkit will undergo final editing and review in January; we anticipate field testing this toolkit by the end of FY16.

TABLE 1: REFERRAL REACH AND ENROLLMENT BY TOP SIX LOCATION TYPES

Location Type	Number of Referrals	Percent Reached	Percent Enrolled from Reach
Hospital, Acute Care	513	46%	36%
Medical Practice	493	59%	49%
Behavioral Health	446	45%	43%
Federally Qualified Health Center	368	54%	45%
WIC	252	52%	44%
County Health Department	201	58%	48%

As part of their health systems change focus, the Community Development Team also offers organizations opportunities to improve their practices by evaluating existing practices (ASHLine Health Care Partner Assessment Tool: Evaluating Systems to Address Tobacco Use), followed by customized recommendations and technical assistance to implement health systems change strategies. Their specific focus in FY2016 has been Federally Qualified Health Centers (FQHCs) and behavioral health providers as they serve a disproportionately high number of tobacco users. In Quarter 2, the Community Development Team successfully completed a system-wide organizational assessment with an FQHC partner - Desert Senita Community Health Center. Post-assessment, recommendations for next steps and staff training were completed. A follow-up schedule has been established for ongoing review in 2016.

Finally, the team also 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 Quarter 2, the team kicked off the project with a coordination meeting to discuss implementation of next steps and a series of webinars with NAQC.

PROVIDER FEEDBACK FROM AAR TRAININGS

"The education about e-cigs was super eye opening."

"[I really liked] being able to ask questions and get the answers we needed right away."

"The most useful aspect [of the training] was learning about the statistics, as well as the e-cigs and the benefits of quitting."

"[Information] about evidence-based practices and ways to quit [was really helpful]."

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 regularly scheduled and ad hoc support, we will continue to focus on the following activities:

- Solicit support and buy-in from leadership entities in community and behavioral health sectors to partner with ASHLine
- Move our health systems change toolkit (Systems Change Strategies for Treating Tobacco Dependence: A Guide for Healthcare Providers in Arizona) toward publication and field testing
- Support the PPP (Private Public Partnership) Employer Pilot program
- Complete next steps on the eReferral project in conjunction with the NAQC's project timeline
- Develop materials to support outreach to providers serving populations eligible for specialized protocols that will be offered by ASHLine's Clinical Services Team.

III. COMMUNICATIONS AND BRANDING

CLIENT MATERIALS

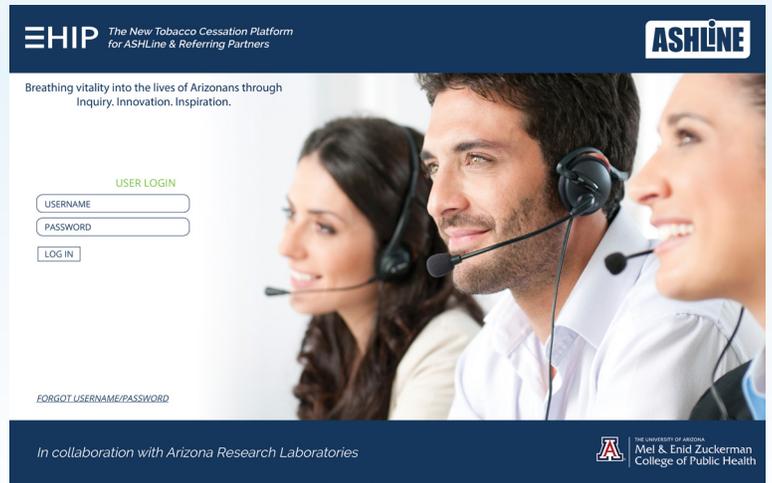
The main focus of the Communication and Branding Team for the first quarter of FY2016 was to complete re-branding and re-design of all client print materials. This has included translating ASHLine materials into Spanish and incorporating branding that follows the Mel and Enid Zuckerman College of Public Health's guidelines for affiliates of the University of Arizona.

NEW COACHING PLATFORM

The Communications and Branding Team has also been directly involved with efforts in developing the new Coaching Platform in collaboration with Arizona Research Laboratories (ARL). The team will continue to work with ARL programmers over the next two quarters to refine, tweak and add new features making this a truly robust and powerful tool for quitting and outreach. We anticipate the platform going live in quarter 3.

UPCOMING GOALS

By the end of Quarter 3, the Communications and Branding Team will have redeveloped the public website (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.

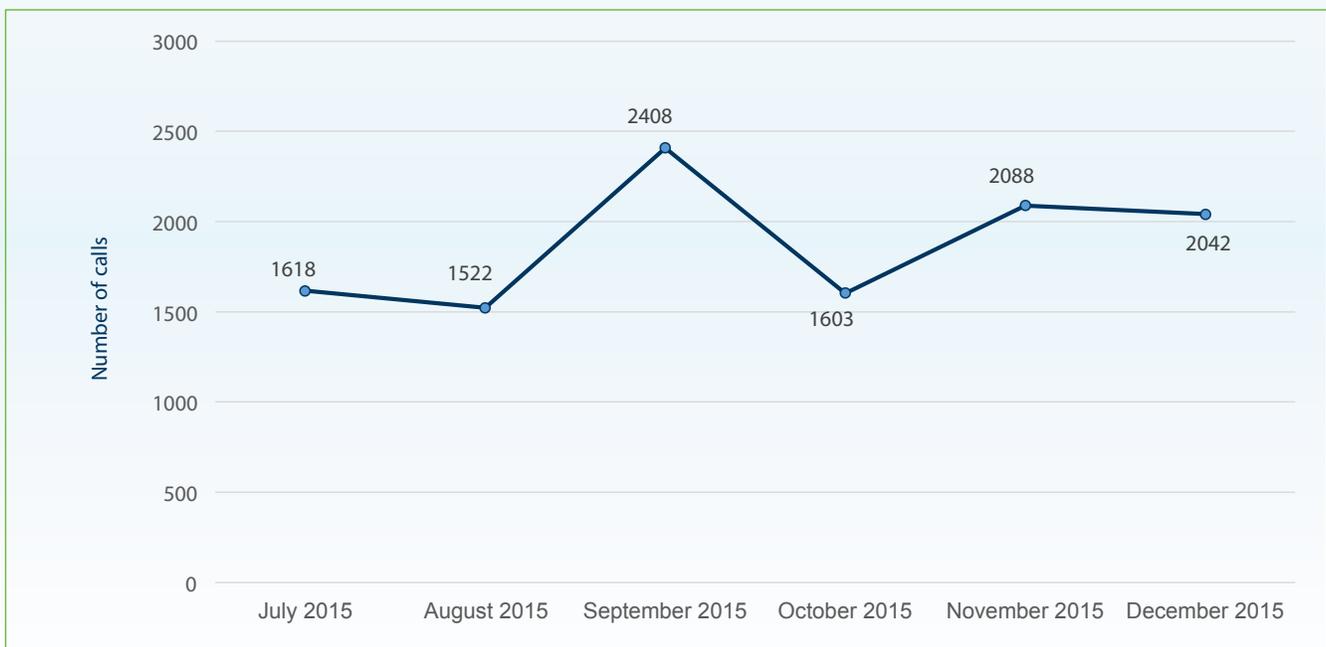


IV. CLIENT ENROLLMENT AND CHARACTERISTICS

ASHLINE: A 24 HOUR-7 DAYS A WEEK QUITLINE SERVICE

Starting December 2015, ASHLine became a 24/7 quitline service. To be available to interested clients calling outside of standard hours (8pm - 7am), ASHLine is currently partnering with a local call answering service. Staff at the call service center are specifically trained to offer tailored customer service by providing clients with basic tobacco cessation information as needed (e.g., what is a nicotine replacement therapy) and answer questions pertaining to ASHLine's services while pre-enrolling clients into the quitline services. The Enrollment Team follows up within 24 hours to complete clients' enrollment and assigns them to a quit coach. This service expansion provides a beneficial, after-hours service to engage callers as a service specialist can provide them with immediate attention, address their questions, and further motivate them along the quit process.

FIGURE 3: CALL VOLUME BY MONTH

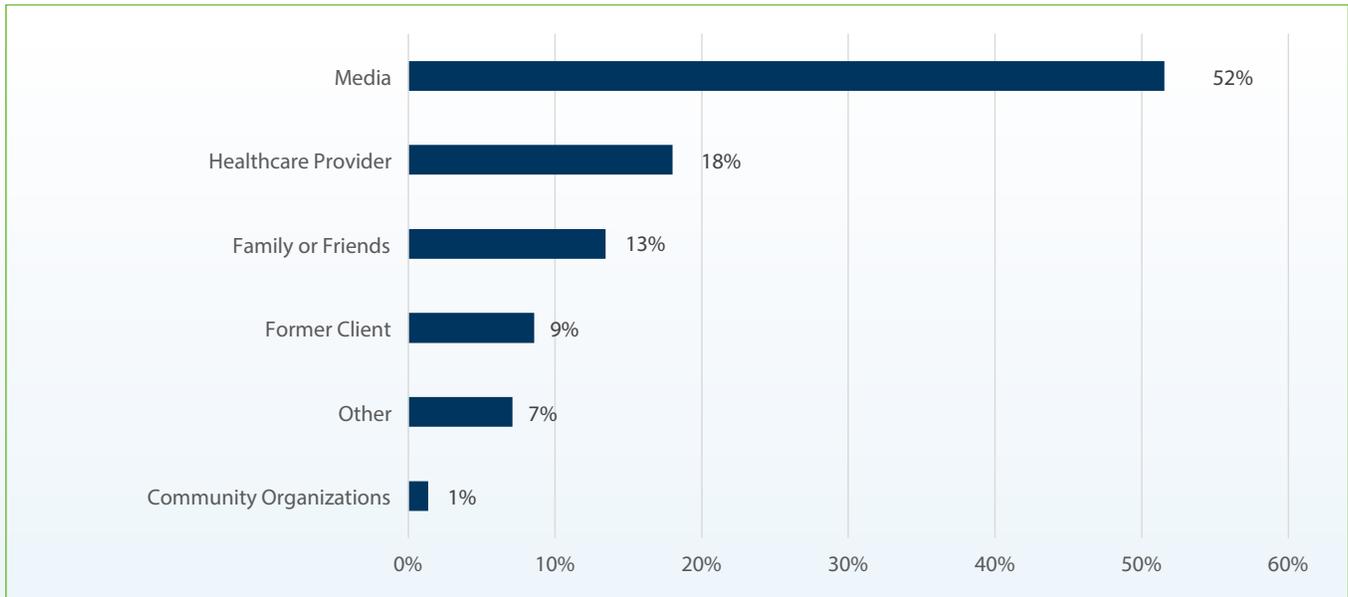


EXPANDING SERVICES

During this quarter, the Enrollment Team completed refresher trainings on standardized practices for client enrollment and documentation, data collection, and basic motivational interviewing techniques. The Enrollment Team also participated in local community events (e.g., Tucson Family Fitness Fest) to promote ASHLine's services to participants of the event. Targeting tobacco use among youth continues to be an ongoing challenge for most tobacco cessation programs. One of our strategic goals for this year is to increase youth enrollment into our services through social media initiatives such as web-based posts, blogs, tips, and encouragement quotes specifically targeting youth (16-25 years). Once initiated, we will monitor and evaluate the success of each of our strategies on an on-going basis to assure we are able to effectively reach our target population.



FIGURE 4: HOW CLIENT-INITIATED ENROLLEES HEARD ABOUT ASHLINE



Client-initiated enrollees are clients who heard about ASHLINE from any source and initiated contact with ASHLINE. They differ from enrolled clients who were proactively contacted by ASHLINE as part of our healthcare referral process

CLIENT CHARACTERISTICS

Consistent with previous quarters, the Enrollment Team reached more than half of our proactively referred clients. In Maricopa County, our highest referral volume county, we increased our reach from last quarter by two percent. The number of incoming calls also increased by almost 500 calls from October to November (see Figure 3). While our call volume declined in December, a typical trend in quitline settings, we anticipate seeing a surge in callers in January. Of note, we also saw a three percent increase (see Table 2) in the number of clients reporting non-AHCCCS insurance compared to last quarter.

TABLE 2: 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%
Mercy Care Plan	21.3%
Phoenix Health Plan-010299 (PHP)	2.2%
UnitedHealthcare Community Plan	18.1%
University Family Care (UFC)	4.5%
Not Sure	25.6%



UPCOMING GOALS

Next quarter we will begin implementing outreach strategies to reach younger tobacco users through use of social media and youth event advertising. Additionally, we will also modify our current referral call protocol using evidence-based strategies to increase reach and enrollment rates for proactive referrals. Finally, the Enrollment Team will be trained on the newly developed platform.

TABLE 3. CLIENT CHARACTERISTICS AT ENROLLMENT (TOTAL = 2,054)

Gender	
Female	56.3%
Male	43.7%
Ethnicity	
Non-Hispanic	73.6%
Hispanic	26.4%
Race	
White	84.5%
Black or African American	9.2%
Asian	0.7%
Hawaiian	0.1%
American Indian	1.6%
Multiracial	2.2%
Other Race	1.8%
Fagerstrom Nicotine Dependence	
Low	34.4%
Moderate	55.7%
High	9.8%
Prior Quit Attempts in Past 12 Months	
None	43.1%
1 - 2	32.2%
≥ 3	24.7%
Insurance	
AHCCCS	22.8%
Other Types	56.3%
Uninsured	20.8%



V. CLINICAL SERVICES

The Clinical Services Team at ASHLine provides evidence-based behavioral counseling for tobacco dependence and treatment. ASHLine utilizes a client-directed, outcome-informed approach to providing 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.

TABLE 4. SERVICE UTILIZATION

	Q1 FY2016	Q2 FY2016
New Clients	1,986	2,054
Average Coaching Sessions	5.1	5.0
% Receiving ≥1 Coaching Calls	80%	76%
% Using Cessation Medication	58%	46%

NEW TRAININGS FOR CLINICAL SERVICES TEAM MEMBERS

During this quarter, our coaches continued to receive training 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, these trainings focused on (a) promoting tobacco cessation among the youth, (b) mental health and tobacco behavior change, and (c) second-hand smoke exposure reduction within the context of tobacco behavior change. Apart from specialized training on working with clients with mental health issues, the coaching team also received training through Interfaith Community Services (a nonprofit, social services agency serving Pima County) on identifying crisis situations while working with clients with mental health issues including crisis intervention and responding to clients who present with episodes that require prompt behavioral health intervention (e.g., suicidal ideations, intent to harm others or self).

A significant proportion of our clients are underinsured or uninsured (see Table 3). In an effort to help ASHLine clients connect with insurance navigators, our coaches were also trained to directly schedule clients with a healthcare navigator using Covers Arizonans Get Covered Connector. The goal of this training was to link clients with specific insurance needs with an available insurance navigator, thereby enabling low-income uninsured clients to avail of benefits they may be eligible for under the Affordable Care Act.

ASHLINE CLIENT FEEDBACK

"The information packet and having my coach always there when I needed them were helpful. My coach gave me a lot of suggestions and support."

"The calls from my coach were very helpful. It was a friend to friend relationship. She always had a good answer for the questions I had."

UTILIZATION OF CLINICAL SERVICES BY ENROLLED CLIENTS

The combination of nicotine replacement therapy (NRT) with behavioral counseling continues to play a pivotal role in aiding tobacco cessation. To increase utilization of NRT (e.g., nicotine patches, gum, or lozenge) for successful quit outcomes, ASHLine introduced a four-week NRT initiative, whereby clients who completed two or more phone coaching sessions received 4 weeks of NRT (previously clients received a two-week supply after completing a single coaching session). Since its initiation in quarter 1, over 80% of eligible ASHLine clients received at least their first two weeks of NRT; 34% of these clients received an additional two weeks after a subsequent coaching session (Figure 5). Additionally, client's utilization of our coaching services continues to be impressive. Seventy-six percent of the clients receive more than one coaching session. On average, clients who enroll into ASHLine's coaching complete five calls with their quit coach (see Table 4): a metric that meets the North American Quitline Consortium recommendations for number of calls that quitlines provide to their clients to achieve optimal quit rates (NAQC recommends quitlines make between 3-5 coaching calls to interested clients).

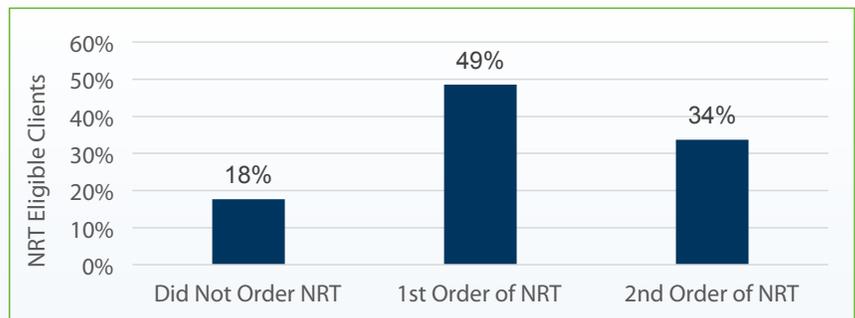
UPCOMING GOALS

We plan to 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, Hispanic/Latino tobacco users and Native Americans. To better serve Native American communities, the Clinical Services Team has an on-going search for a Native American quit coach.

VI. CLIENT RETENTION

During this quarter the Survey Team participated in refresher trainings on client enrollment documentation, basic NRT overview, and data collection importance. One of the major additions during this quarter was the introduction of the Spanish version of the Client Satisfaction Survey. Through a web-based software system called REDCap, we are now able to capture all Spanish clients and document their experiences and feedback regarding ASHLine services. Clients who relapsed or may still be smoking may also have the opportunity to re-enroll in ASHLine services if needed.

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

To boost retention for the 7-month follow-up survey, in the next quarter, the Survey Team will implement a post card reminder for previous clients and inform them we will be contacting them soon to conduct our follow-up surveys. These strategies are evidence-based best practices to reduce client drop-outs from treatment programs. We anticipate that adding another mode of communication would reduce attrition at 7-months.

VII. RESEARCH AND EVALUATION

ASHLINE PROGRAM EVALUATION

Due to increasing number of clients using electronic cigarettes (e-cigs), NAQC recommends that starting in January 2016, quitlines report two metrics for quit rates. For Quarter 2, ASHLine's quit rate at 7-month follow up for tobacco was 44% and our nicotine quit rate was 41% (clients who report not using tobacco or e-cigarettes). While, this is the first quarter for 7-month nicotine quit rate, our 7-month tobacco quit rate rose by 6% from the previous quarter.

Using NRT in combination with behavioral counseling is considered to be one of the most effective ways to quit smoking. Clients who utilize this combination of services consistently have the highest quit rates. For instance, during this quarter, clients who received ≥ 5 coaching sessions and used NRT during their quit process had an impressive tobacco quit rate of 55% compared to clients who received 3-4 coaching sessions and received NRT (see Figure 7).

7-Month Tobacco Quit Rate	44%
7-Month Tobacco + E-Cigs Quit Rate	41%

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. In keeping with modified recommendations, our tobacco quit rate and nicotine quit rates for this quarter are 44%, and 41% respectively.

RESEARCH

The Research and Evaluation Team is responsible for data management, data coding and analysis, report writing, and oversees all of ASHLine's quality improvement projects. As mentioned in the first quarterly report, the team continues an active research program through research collaborations, grantsmanship, manuscript development and publications in peer-reviewed journals, and research conference presentations.



Since September, we have established research collaborations with investigators from the Southern Illinois University School of Medicine and at the University of Arizona, in the College of Pharmacy and the Department of Family and Community Medicine. We have submitted three grant proposals that would allow ASHLine to expand its operation and enlarge its research partnerships. Two manuscripts are being prepared for publication in peer-reviewed journals and ASHLine investigators have been invited to present at three peer-reviewed research conferences (Society of Behavioral Medicine, Society for Research on Nicotine and Tobacco, and American Society for Preventive Oncology)

QUALITY CONTROL AND IMPROVEMENT

At ASHLine we strive to continually improve the quality of the data we collect. To this end, the Research and Evaluation Team provides ongoing data collection training to the enrollment, coaching and survey team members at ASHLine. Our efforts this quarter focused on developing protocols for trainings on standardized data collection. Standardization of data collection protocols ensures that there is consistency in the manner in which intake questions are asked of clients and in recording client answers by staff. This enriches data quality while assuring integrity of information collected. In addition to these trainings, we updated ASHLine's intake and follow-up questionnaires to meet NAQC standardized question specifications and modify questions to better address topics that have been identified for future research, including electronic cigarette use, mental health conditions, and environmental smoking bans.

UPCOMING GOALS

For next quarter, the Research and Evaluation Team plans to attend the aforementioned research conferences, develop the research projects into publishable manuscripts, and work with the other team managers at ASHLine to implement the new coaching platform. In addition to improving coach-client interaction and allowing for new program service offerings, the platform will support the Research and Evaluation team in overseeing data quality control, treatment fidelity monitoring, and dynamically adjust questionnaires to support our evolving research efforts.

FIGURE 6: QUIT RATES BY TREATMENT TYPE

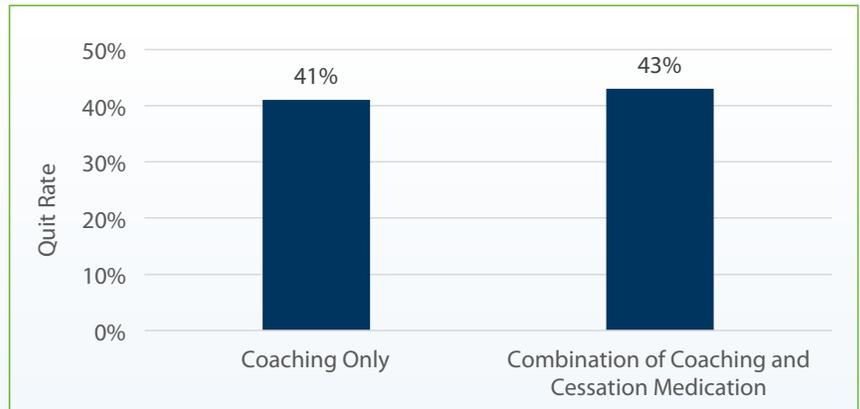
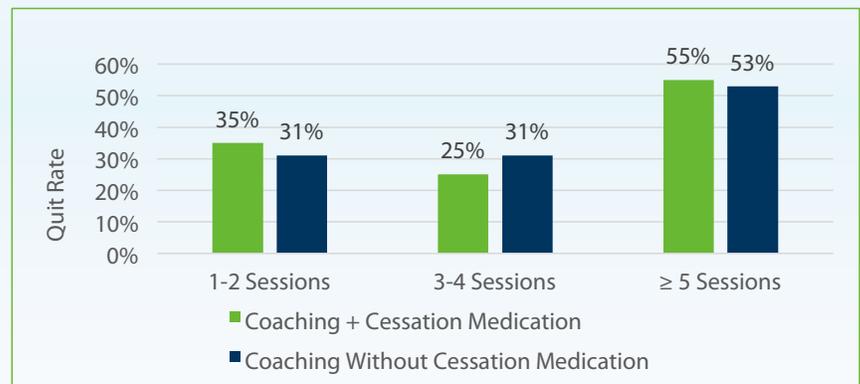


FIGURE 7: QUIT RATES BY NUMBER OF COACHING SESSIONS AND CESSATION MEDICATION USE



ASHLINE DATA BRIEF

PREDICTING CLIENT RETENTION AT 7 MONTH FOLLOW-UP

Client drop-outs are an ongoing challenge among quitlines nationally with most quitlines reporting up to 50% attrition at 7-month follow-up.¹ In a 2012 report, only 11 (out of 38) quitlines reached 50% of their clients at 7-months—the North American Quitline Consortium's minimum recommendation for evaluating quit outcomes.² Despite high drop-out rates, few studies have explored factors that are associated with client retention within a quitline setting. The purpose of this study was to examine client characteristics and treatment factors that may predict client retention for 7-month follow-up. Such an understanding may enable quitlines to tailor services and procedures to minimize client attrition.

METHODS

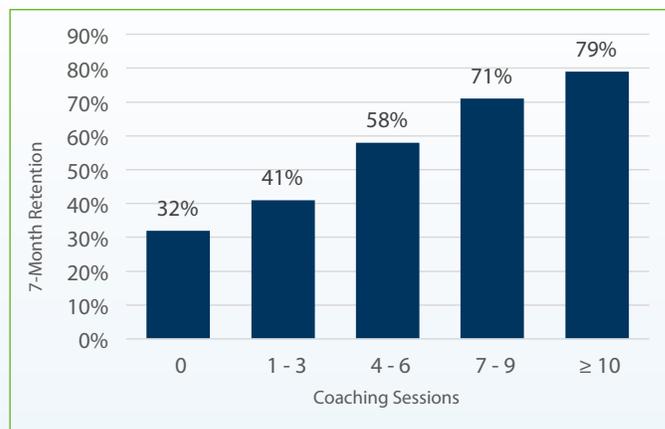
We examined data from 19,042 smokers who enrolled in ASHLine (January 2011-April 2015). Logistic regression analyses were used to predict retention for 7-month follow-up after controlling for pertinent variables (nicotine dependence, smoking history). We further stratified our analysis to examine if gender was associated with client retention.

RESULTS

Overall, clients who were older (OR=1.26), insured (OR=1.29), completed 3 or more coaching calls (OR=2.12), and set a quit date while in the program (OR=1.26) had significantly greater odds of being retained at 7-months. The impact of service utilization on retention is highlighted in Figure 8; the more coaching sessions clients participated in, the more likely they were reached at 7-month follow-up ($p < .0001$).

When we stratified by gender, we found that women who have a co-morbid condition were more likely to be reached at follow-up—those who reported a chronic or mental health condition were 1.12 times more likely to be reached compared to women without a health condition. No differences for co-morbid conditions were found among men.

FIGURE 8: PERCENT OF CLIENTS REACHED AT 7-MONTH FOLLOW-UP BY NUMBER OF COACHING SESSIONS



DISCUSSION

Participant drop-out can undermine the generalizability of program findings, inhibit program evaluation, overestimate program outcomes,¹ confound the program's actual impact and constrains evaluators' ability to identify services that could be improved. Our results indicate that utilization of services may be an important factor for retaining clients in a quitline program and increasing the validity of reported outcomes. Among ASHLine clients, for example, almost 80% of those who received 10 or more coaching sessions were reached at follow-up. Quitlines may benefit from employing multiple modes of interaction to enhance client's in-program engagement (e.g., text messages, apps, retention mailings) to boost 7-month retention rates.

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ASHLINE

For more information about the Arizona Smokers' Helpline:

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