



MEL AND ENID
ZUCKERMAN COLLEGE
OF PUBLIC HEALTH



University of Arizona
Mel and Enid Zuckerman
College of Public Health

Arizona Smokers' Helpline Strategic Plan

Fiscal Years 2016 through 2021



Breathing Vitality into the Lives of Arizonans through

Inquiry Innovation Inspiration

Envisioning an Arizona where everyone achieves a healthy lifestyle.



ASHLINE

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ASHLine

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I. INTRODUCTION

The Arizona Smokers' Helpline (ASHLine) is one of over 50 quitlines across the United States. Established in 1995, it is also one of the oldest and most seasoned quit lines in existence. As a member of the North American Quitline Consortium, ASHLine is actively engaged in collaborations, research, evaluation and quality improvement to assure all Arizonans have access to high quality, evidence-based tobacco cessation services and support. Nationally, quit rates reported among North American quit lines vary, averaging around 30% (Rudie, 2015).

ASHLine's FY 2015 annual quit rate was 35%, positioning us as one of the top performing quitlines in the United States. We currently reach only 1.6% of tobacco users in the state and relapse rates are not well defined using our current data metrics. In short, our successes are clear, but there is room for improvement. In addition, we understand the acute need to tailor our efforts to achieve greater reach for our services as well as greater quit rates among vulnerable populations such as youth, LGBTQI, and those with mental health and other co-morbid conditions. Further, our efforts to date have not strategically addressed the issue of secondhand smoke exposure and its role in increasing risk for tobacco use among youth (US DHHS, 2012).

In the third quarter of FY 2014 ASHLine underwent significant organizational change (see Organizational Chart, Appendix 1). Among the early organizational changes were the re-classification of staff and leadership to better align with tasks, expertise, performance expectations and future goals (Key personnel, Appendix 2). During this early translational period a top-down approach to planning was implemented that supported active accomplishment of goals based on "low hanging fruit", cost/benefit analysis, and most importantly the need to set immediate priorities for streamlined and efficient operations. Starting in the second quarter of FY 2015, the ASHLine Management Team, together with staff, students and partners began a more formal process of strategic planning.

The need for a Strategic Plan is clear. The climate of tobacco use is shifting. Those continuing to use tobacco products are doing so in an environment that is generally not supportive given the significant achievements in tobacco control (e.g. smoke-free air legislation, tobacco tax increases, etc.) over the past several decades. Further, they are making this choice despite an awareness of the related health risks, owing to the true addictive nature of tobacco products. Thus, supporting individuals in their quit attempts has unprecedented challenges. First and foremost, how do we reach and ultimately convince addicted individuals to enroll in ASHLine services? Second, once engaged, how do we assure the highest quality services are provided to increase the likelihood not only of a successful quit, but also long term abstinence from tobacco product use? The strategic plan is an essential first step toward achieving these goals.

The ASHLine 2016 Strategic Plan was developed over several months using a multi-step process. First, the five operational teams within the organizational structure - Community Development, Enrollment and Survey, Clinical Services (coaching), Marketing and Communications, and Research and Evaluation along with the Business and Finance Team - met to develop a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis at the individual team levels. SWOT analyses were subsequently reviewed by the Director and Business Manager to identify: 1) priority areas, 2) potential for impact and 3) any lack of clarity and/or redundancy. SWOT analyses were revised accordingly. Next, the ASHLine staff and management were provided guidance on Mission and Vision statements and a formal request was made for individuals or groups to develop and

submit a proposed Mission and Vision to the Management Team. Nominations were collected and sourced out to the Management Team for open discussion. In the end a single **Mission and Vision** were adopted. These efforts also informed on the **Strategic Priorities** for the organization.

Once the Mission, Vision and Strategic Priorities were established, individual teams worked to identify a minimum of three **priority objectives/strategies** and measurable outcomes for completion in FY 2015-16. Teams were also asked to explore and define longer term strategic goals to be considered for action between fiscal years 2016 and 2021. In addition, the Management Team was asked to review the Arizona Department of Health Services Strategic Plan, with an emphasis on the importance of aligning with State goals relating to tobacco cessation, where appropriate.

Once objectives and strategies were developed at the team level, they were reviewed by the Management Team and Director for clarity, consistency across teams and to augment the ideas and planning descriptions.

The culmination of these efforts is reflected in this **Strategic Plan FY 2016-2021** document.

II. EXECUTIVE SUMMARY

Background and History

Tobacco use remains the leading preventable cause of sickness and death in the United States (CDC, 2015) and continues to adversely impact the lives of Arizonans (American Lung Association, 2015; Campaign for Tobacco-Free Kids, 2015). Among the costs of tobacco use are an estimated 1.9 billion in direct medical costs, 1.3 billion in lost workplace productivity and 9.9 billion in lost productivity resulting from premature death (Rumberger, 2010). Each day over 800,000 Arizona residents consume tobacco products and hundreds of thousands continue to be exposed to secondhand smoke (ADHS, 2014). While significant reductions in tobacco use have been realized, the battle toward a tobacco-free Arizona is far from over. Recent trends in the use of electronic nicotine delivery systems (e.g. e-cigarettes), shifts in healthcare access and coverage and tobacco-related policy work continue to change the landscape of tobacco use in Arizona, presenting new challenges while affording new opportunities. The Arizona Smokers' Helpline (ASHLine) is a service entity well-positioned to contribute to ongoing tobacco control efforts by providing effective, evidence-based support to individuals in their effort to end tobacco use.

Located in the Mel and Enid Zuckerman College of Public Health at the University of Arizona and funded by the state tax on tobacco products, the Arizona Smokers' Helpline (ASHLine) has been helping people quit tobacco since 1995. We are a comprehensive quitline, offering free telephone (both reactive and proactive) and



web-based quit services and medication assistance. In addition, we have fax and electronic provider referral program and offer provide free training and technical assistance to healthcare providers and community partners statewide.

ASHLine organizational structure has been modified in the past year with the establishment of a new Management Team, including a Business Office and the addition of two specialized recruiting and compliance positions in this current fiscal year. These changes have increased the breadth and depth of experience among ASHLine leadership, positioning ASHLine to embark on a new trajectory. In short, we are structuring ourselves to be able to improve service quality and reach and to expand and diversify funding sources in order to meet the challenges and opportunities present in today's tobacco environment.

III. BUSINESS CONCEPT AND MARKET DESCRIPTION

In an increasingly competitive market for health and behavior change coaching services, ASHLine's overarching goal will be to ensure its sustainability by securing multiple contracts across a variety of industries and diversifying beyond current sources of funding (See charts, p 30). This will be accomplished through a variety of projects and initiatives, ranging from the development of a new multi-modal platform offering more versatility to meet evolving client treatment, partner communication and research needs, to working toward establishment of HIPAA Business Associate classification, to developing the capacity to bill for outside revenue streams and successfully acquire different funding sources.

IV. ORGANIZATION OF STRATEGIC PLAN

Under our new organizational structure (See Appendix 1) and leadership we have accomplished a tremendous amount over the past 15 months. The organization of our strategic plan captures our new mindset, reflects the commitments of all management team members and incorporates many aspects of a business plan as we morph into an organization with both public and private funding sources. We feel this is the optimal document to guide us through the upcoming year and beyond.

The Strategic Plan is organized as follows:

- **Mission and Vision**
- **Strategic Priorities**
- **Core Operating Values**
- **Synopsis of Underlying Service Assumptions and Customers**
- **Summaries of SWOT analysis and Most Important Points in the Environment**
- **Overview of Strategic Direction and Goal Areas**
- **Detailed Strategies and Outcomes** for each operational team
- **Summary of action priorities**
- **Appendices**

V. MISSION AND VISION

MISSION

Breathing vitality into the lives of Arizonans through Inquiry. Innovation. Inspiration

VISION

An Arizona where everyone achieves a healthy lifestyle.

VI. STRATEGIC PRIORITIES

- Greater reach
- Higher impact
- Expanded engagement
- Sustainability

And in turn...

- Support for Arizona's winnable battles

VII. CORE OPERATING VALUES

During regularly scheduled strategic planning meetings, the Management Team identified the fundamental ideas and values at the heart of the organization. These values articulate ideals that the organization aspires to hold itself accountable for and offer guidance about how the organization behaves in carrying out its mission. Core Operating Values include:

- Academic-based quit line service provision
- Diversity and cultural sensitivity in our reach, support and hires
- Partnerships
- Innovation and novelty in our approaches and delivery of care
- Commitment to building an expanded evidence base and quality models for tobacco cessation
- Wellness for all, starting with employees and work environment
- Training the next generation
- Cost, benefit, impact
- Our Mission and Vision should guide all decision-making
- Integrity and ethical behavior
- Client-centeredness
- Evidence-based research and evaluation
- Sustainability

VIII. UNDERLYING SERVICE ASSUMPTIONS

Service is our central activity. Without quality, innovative and evidence-based services ASHLine cannot achieve its Mission and Vision. Our services must consistently meet the needs of our clients and our services must assure clients' success in their effort toward tobacco cessation.

IX. CUSTOMERS

The primary customer of ASHLine is the person using tobacco and/or nicotine products and/or those exposed to these products. Quitline services - particularly the combination of coaching, tobacco cessation pharmacotherapy and healthcare provider referral - are the gold standard for optimizing an individual's attempt to quit tobacco use.

Additionally, we service a broad spectrum of healthcare providers and community partners in an effort to promote tobacco-related health systems change and enhance referrals to ASHLine services.

Finally, we service students through tobacco and health promotion training in order to assure an expanded body of individuals advocating for tobacco control policy, education, research and quit services.

X. KEY ENVIRONMENTAL HIGHLIGHTS

A SWOT analysis for each operational team has been included in Appendix 3 of this document. A summary of the most commonly reported SWOT responses is provided here:

STRENGTHS

- Academic base
- Strong partnerships (including healthcare providers and plans, ADHS, University of Arizona community)
- A reputation of quality services delivered cost-effectively, including tailored coaching protocols to provide high-level quit support
- Collegiality; Mentoring environment
- Creativity, valued ideas

WEAKNESSES

- Under-performing software and related systems
- Marketing inadequacies
- Data quality
- Lack of expertise and experience in business development
- Lack of evidence-driven planning

OPPORTUNITIES

- New platform with diverse and expanded capacities
- Potential to develop diverse funding streams (grants, insurance/ACA, training programs, gifts/donation, etc.)
- HIPAA Business Associate status to support data transfer and first step toward cost-reimbursable services
- Expanded reach through in-house marketing efforts that supplement television and radio media
- Highly qualified teams with commitment to organizational Mission and Vision

THREATS

- Reduction in funding; Lack of diversity in funding sources
- Reduction in incoming call rates
- Competition for cost-efficient services
- Diverse approaches to support quit (coach, web-based tools, social media support, etc.)
- Insurers partnering with alternate quitline and/or wellness services

XI. STRATEGIC DIRECTION

In order to remain relevant, expand reach, and continue to reduce tobacco use among Arizonans, ASHLine has developed a strategic plan that fosters collaboration, goal attainment, innovation, and cost-effectiveness while challenging us to consider new approaches and paradigm shifts all the while taking reasonable risks. The plan will remain dynamic, responding to the current marketing, healthcare, business and academic environments. This plan predominantly addresses the shorter term objectives and strategies for work completion, with some adaptation for 5 year goals. Specifically the plan addresses the following strategic questions asked by an organization:

1. Who is our customer? How might the customer base change over time?
2. What is our greatest threat and how can it be made an opportunity?
3. How can quitlines remain relevant and competitive over time?
4. How can ASHLine set itself apart from other quitlines in securing its reputation as a leader among peers?

SECTION 2: GOAL AREAS

The *goals and objectives for the strategic plan* have been operationalized in the form of **strategies and outcomes** in order to achieve the broad results that ASHLine strives to achieve within the next 5 years. The **strategic priorities** inform on the selection of strategies and the related outcomes used to measure success. The strategic plan is operationalized as statements of shorter term results and collections of activities which, if accomplished, will constitute an overall achievement of goals. The strategies and related outcomes of the strategic plan are organized within the plan by individual teams, the operational unit of ASHLine. These teams include:

- Community Development
- Enrollment and Survey
- Clinical Services
- Research and Evaluation
- Marketing and Communication
- Business and Finance

XII. COMMUNITY DEVELOPMENT

Building capacity to engage in fully electronic, bi-directional exchange of referrals (eReferral) is an area of growing interest within the quitline community. Efforts in this area promote quitlines as a treatment extender for providers, enhancing both continuity and coordination of care via electronic health records and secure health information exchange (HIE). The successful integration of a bi-directional referral process has the potential to mutually benefit both quitlines (e.g. increased referrals/enrollment, improved patient outcomes) and provider organizations (e.g. integrated referral process, contributes to Meaningful Use objectives).



In FY 2016 the Community Development Team, in conjunction with Arizona Research Laboratories (ARL) and support from the North American Quitline Consortium (NAQC) "Enhancing eReferral Capacity for Quitlines Project", will work collaboratively to achieve eReferral in Arizona.

Strategy 1: The Community Development Team will leverage enhanced capacities of the new platform to begin partnering with HIPAA-covered partners to support fully electronic, bi-directional exchange of referrals (eReferral).

Outcome 1: By June 30, 2016 the Community Development Team will have facilitated recruitment and implementation – in conjunction with ARL – of bi-directional exchange of referrals (eReferral) with at least one partner organization.

The Community Development Team utilizes a variety of team-developed trainings and assessments, in conjunction with toolkits and resources published by external organizations, to facilitate health systems change. A variety of health systems change toolkits exist that target specific provider types (e.g. medical practices, community health centers, mental/behavioral health centers), but few exist that are flexible enough to address the variety of partners ASHLine currently supports. Moreover, existing toolkits lack information on Arizona-specific statistics and resources. To address this gap and expand the team's existing suite of partner resources, the team will partner with the Manager of Marketing and Communication to finalize and field-test a newly developed health systems change toolkit designed specifically to support partners in Arizona.

Strategy 2: The Community Development Team will develop a health systems change toolkit to support the promotion and implementation of tobacco-related health systems change among partner organizations across Arizona.

Outcome 2a: By December 31, 2015 the Community Development Team will produce a final draft of a health systems change toolkit.

Outcome 2b: By June 30, 2016 the Community Development Team will have field tested the health systems change toolkit among partners working toward systems-related goals, gathering feedback to inform revisions.

In FY16 the Clinical Team will develop a suite of tailored protocols to provide specialized support to priority populations and populations in need of support that goes beyond standard care. As these protocols are implemented, the Community Development Team will develop an outreach strategy and corresponding suite of tailored provider trainings to increase awareness among targeted providers of specialized services available at ASHLine and develop referral mechanisms to ensure access to services is available for priority populations.

Strategy 3: As new clinical service protocols are implemented throughout FY16 (e.g. pregnancy/postpartum, youth, etc.), the Community Development Team will facilitate targeted outreach to partners serving targeted populations to include offering specialized training, academic detailing and the establishment of a referral process to ASHLine.

Outcome 3: By June 30, 2016 the Community Development Team will have implemented a suite of outreach strategies to targeted partners to support increased referral of clients eligible for specialized clinical service protocols as they become available.

FIVE-YEAR STRATEGIES/OUTCOMES (FY17-FY21)

Over the next five years, the Community Development Team will strategically organize efforts to ensure both maintenance and growth of the current provider referral network, incorporating both fax and electronic (online and eReferral) strategies are available to partners.

Strategy 1: The Community Development Team will continue to maintain and grow the provider referral network by facilitating partnerships aimed at implementing sustainable referral processes (fax and electronic) to ASHLine.

Outcome 1: By June 30, 2020 the Community Development Team will work to achieve a 15% growth in global referral numbers over baseline (insert FY15 numbers upon completion).

In support of ASHLine's aim to achieve funding diversification and sustainability over the next five years, and with an intent to grow the current suite of training and technical assistance options available to providers and partner organizations, the Community Development Team will work collaboratively with ASHLine leadership (and other institutional partners, as appropriate) to develop a diversified provider training program including the provision of CMEs/CEUs.

Strategy 2: The Community Development Team will continue to support and diversify a provider training program to ensure partners have access to up-to-date information on tobacco-related topics to promote effective treatment for tobacco users.

Outcome 2: By June 30, 2020 the Community Development Team will work collaboratively with ASHLine leadership to develop a diversified provider training program to include the provision of CMEs/CEUs as both a provider incentive and a cost-reimbursable opportunity.

In keeping with ASHLine's move toward technological innovation, diversification and integration, the Community Development Team will work collaboratively with the Manager of Marketing and Communication, the Manager of Research and Evaluation and ARL to develop multi-pronged strategies aimed at increasing health systems change.

Strategy 3: The Community Development Team will develop a multi-faceted approach to supporting and tracking health systems change among partner organizations in Arizona to promote consistent assessment, treatment and referral of tobacco users to ASHLine.

Outcome 3a: By June 30, 2021 the Community Development Team will have worked collaboratively with Arizona Research Laboratories (ARL) to develop and refine platform capabilities enabling the team to record and track health systems strategies to evaluate trends in the adoption, implementation and referral volume associated with health systems change among partner organizations.

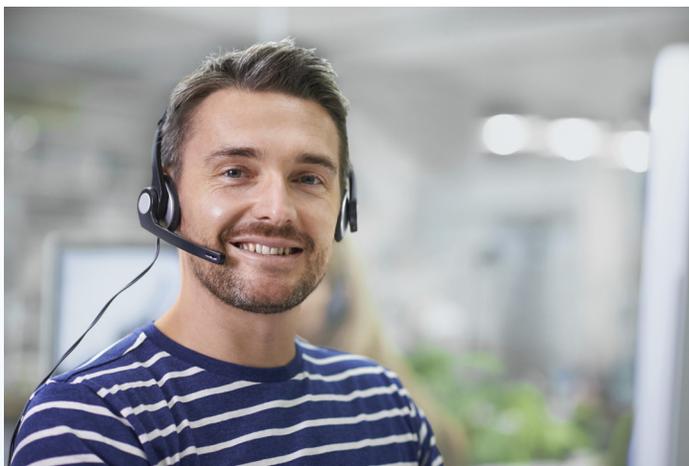
Outcome 3b: By June 30, 2021 the Community Development Team will have developed a comprehensive toolkit to promote, support and facilitate health systems change among partner organizations in Arizona.

Outcome 3c: By June 30, 2021 the Community Development Team will have designed and implemented (in conjunction with IT support) an online organizational assessment tool on ashline.org with predictive messaging to facilitate gap analyses and consultation requests to promote health systems change among new partner organizations.

XIII. ENROLLMENT AND SURVEY

During FY 2016, the Enrollment and Survey Teams will focus and expand on client reach rates by leveraging the new platform, bringing attention to ASHLine social media, and completing a variety of trainings focused on enhancing the client experience and improving client outcomes.

The Enrollment and Survey team will become familiar with the new platform and the ways in which multi-modal capabilities can be used to increase client engagement in ASHLine services, via newly expanded, secure communication options.



Strategy 1: In order to meet the demands and growing needs for (referred) clients that are using advanced technology, the Enrollment and Survey Team will leverage the newly developed multi-modal platform to reach these clients in their efforts in quitting tobacco. ASHLine Enrollment staff will increase enrollment conversions through utilization of phone, email and short message service (SMS) abilities.

Outcome 1a: By December 31, 2016 the Enrollment and Survey Team will have a standardized protocol for Enrollment activities within the new multi-modal platform and all Enrollment staff /students will have completed training on utilizing the new platform.

Outcome 1b: By December 31, 2016 the Enrollment and Survey Team will have increased the total number of enrollments by 3% as a result of the expanded reach of under the new enrollment protocol.

The Enrollment and Survey Team will complete several ongoing trainings to enhance staff/student knowledge of tobacco dependency by incorporating guest lecturers, shadowing the clinical team during coaching calls, attending relevant protocol trainings, and receiving feedback through recorded calls to improve their client engagement skills once the new platform is functional.

Strategy 2: To better engage with clientele, the Enrollment and Survey Team will complete several educational and skills-based trainings addressing tobacco cessation, motivational interviewing, and specialized clinical protocols aimed at providing tailored services.

Outcome 2: By July 31, 2016 all Enrollment and Survey staff (current and newly hired) will complete expanded training in tobacco cessation, motivational interviewing, and specialized clinical protocols to improve client engagement.

The Enrollment and Survey Team has recently implemented a revised protocol, increasing the number of outbound calls attempted at 7 month follow-up. This revision is intended to improve reach rates, data capture and re-enrollment rates (for clients who are still using tobacco) and will be evaluated after a 6 month implementation period.

Strategy 3: The Enrollment and Survey Team will increase the number of outbound calls to clients at 7 month follow-up to improve the response rate.

Outcome 3a: By December 2015, the newly revised survey protocol will be evaluated to determine if it is effectively improving client engagement. Specifically we expect a >5% increase in survey completion at 7 months.

Outcome 3b: By July 2016, >10% of clients reached on 7 month survey who report they are no longer quit will re-enroll in services.

Currently only 5% of ASHLine enrollment represents youth under age 18 years. The Enrollment and Survey Team will need to focus their efforts on providing more social media avenues to attract youth to our services. Communication through blogs, daily posts, and other forms of social media is need, but also will need to be evaluated to determine effectiveness over time. The social media "campaign" can include, but would not be limited to: Facebook, Instagram, Snapchat, Tumblr, Twitter, Pinterest, and YouTube.

Strategy 4: Using the rich environment of an undergraduate student body, The Enrollment and Survey team will develop a social media campaign targeted to reach youth populations to increase that demographic's enrollment and engagement with services.

Outcome 4a: By July 2016, the Enrollment and Survey Team will increase youth enrollment in ASHLine services social media campaigns by 2%.

Outcome 4b: By July 2016, the Enrollment and Survey Team will participate in at least 3 community events to increase youth engagement.

As ASHLine moves toward a business model, the confidentiality of our clients is top priority; therefore, the importance of implementing HIPAA-related policies and procedures will be a main focus for the upcoming fiscal year. In order to address this priority, the Enrollment and Survey Team will be trained on how to maintain security and privacy compliance and notify the HIPAA Compliance Officer and Business and Finance Team of any HIPAA violations.

Strategy 5: The Enrollment and Survey Team will be trained on how to properly maintain information privacy through HIPAA regulated guidelines and to follow all procedures to ensure the confidentiality of ASHLine clients.

Outcome 5: By July 2016, The Enrollment and Survey Team will have completed several trainings to uphold HIPAA compliance and will continue to be trained with at least one bi-annual training to allow for new materials, and/or a refresher on HIPAA. This meeting may be led by our newly appointed HIPAA Compliance Officer once hired.

FIVE-YEAR STRATEGIES/OUTCOMES (FY17-FY21)

Over the next five years, the Enrollment and Survey Team will emerge to routinely deliver interactive communications with clients using the new multi-modal platform and leading the development and delivery of the ASHLine comprehensive social media plan and presence.

Strategy 1: The Enrollment and Survey Team will engage in a variety of responsibilities that include continued outbound referral calls to potential clients, interactive messaging and email notifications, performing follow-up surveys to clients post enrollment at 30 day, 7 months and 13 months, and maintaining social media platforms.

Outcome 1: Over the next few years, the Enrollment and Survey Team will be transformed into a single team and the duties will be dispersed across the whole team (not separated). Consolidating responsibilities across the team will allow for a better client experience through collaborative training experiences, integrated orientation check-lists, updating all trainings to reflect uniform skills, mastering the functionality of the platform to engage with the client, and building a model team that is proactive in ASHLine efforts to bring awareness to youth through campus events and maintaining a respectable work ethic for students wanting to gain public health experience.

XIV. CLINICAL SERVICES

The ASHLine Clinical Team is charged with providing evidence-based coaching services to help Arizonans quit commercial combustible and smokeless tobacco products as well as electronic nicotine delivery systems. The Clinical Services Team is comprised of 14 full time quit coaches and one clinical manager with oversight by a clinical psychologist (faculty member at the University of Arizona College of Public Health). The Clinical Services Team receives clients by way of proactive referral, passive referral, and direct enrollment either by telephone or by the ASHLine website. Coaching services are grounded in social cognitive theory and use a composition of cognitive behavioral therapy strategies. Coaching techniques such as motivational interviewing, solution-focused treatments and SMART goal setting are just a few of the approaches utilized to assist Arizonans in their effort to quit tobacco product use. Perhaps most importantly, coaching services are client-centered and feedback-informed with the client directing the coaching calls and program results informing policy change at ASHLine.



Fiscal Year 2016 will concentrate on expanding reach and improving clinical services for priority populations with a focus on particularly vulnerable populations such as members of minority sub –groups and those of low socioeconomic status with health conditions (e.g. serious mental illness, pregnancy) which make quitting especially challenging.

There is a need for specialized and tailored protocols to assist priority populations beyond the standard of care if quit rates are to be maximized. To that end Strategies for the Clinical Services Team will focus on these efforts.

Strategy 1: Address the needs of at-risk populations through targeted coaching services. With training in place all clinical team members will deliver timely, evidence-based clinical services to all ASHLine clients (Clinical Services Protocol Training Schedule, Appendix 4).

Outcome 1a: At the end of FY 2016, 100% of the Clinical Services Team at ASHLine will have been trained on an expanded list of specialized protocols beyond the standard clinical protocols currently in place. These include the following:

- Electronic cigarettes
- Mental health conditions
- Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersexual (LGBTQI)
- Smokeless tobacco
- Spanish-speaking Latino population
- Hospital discharge

Outcome 1b: By quarter 4 of FY 2016, specialized Clinical Service Team members will be identified and trained on priority at-risk populations with a minimum of 2 coaches per designated team. Teams include the following:

- Pregnancy and Postpartum
- Youth
- Veterans
- Cancer survivorship
- HIV/AIDS
- American Indian

Outcome 1c: The enhanced, more tailored approach to clinical services is expected to increase 30 day quit rates by 2%, and result in a 7-day expansion in quit days (i.e., 2 coaching calls) by year end FY 2016.

Setting a quit date is a known strategy for increasing cessation rates for success among tobacco users (Balmford J, Borland R, Burney S, 2010). Clients who enroll in clinical services may be at a higher level of motivation to quit tobacco and to set a quit date. To capitalize on this moment and improve ASHLine services clients will be encouraged to set a quit date or at least one goal towards quitting on the initial enrollment call and immediately begin working with a member of the Clinical Services Team toward this client-directed behavioral goal. Currently, clients are enrolled by a member of the Enrollment and Survey Team and then followed up with by a member of the Clinical Services Team within 24 – 48 hours to begin working toward quitting. Under the new proposed approach members of the Clinical Services Team will “meet” clients during the initial contact call with ASHLine.

Strategy 2: In order to enhance quit success rates, we will modify ASHLine coaching protocols and related training protocols to promote the setting of a quit date (or alternately an initial behavioral goal supporting the establishment of a quit date) on the initial coaching call.

Outcome 2: By quarter 3 of FY 2016, a minimum of 50% of clients enrolling in ASHLine services will set one goal towards quitting tobacco on the initial contact; 75% of these 50% will also set a quit date.

FDA-approved Nicotine Replacement Therapy (NRT) plays a significant role in quit success for tobacco users. ADHS recently approved a 4 week NRT benefit for eligible ASHLine clients. This represents a doubling in NRT therapy for ASHLine clients. To date no outcome measures have been completed to determine the relationship between extended NRT and quit rates among ASHLine clients.

Strategy 3: Improve quit rates among ASHLine clients by offering 4 weeks of ASHLine-provided NRT along with a mandatory completion of at least two coaching calls within 30 days of enrollment.

Outcome 3: By March, 2016 achieve a 3% increase in 30 day in-program quit rates among clients selecting NRT, as compared to clients who received 2 weeks of ASHLine-provided NRT in 2014-2015.

In addition a cohesive coaching and project management software platform will be built and implemented to improve productivity and efficiency of the ASHLine team while increasing reach to both clients and providers through integrated multi-modal coaching applications (e.g. SMS text messages, chat, etc.).

Strategy 4: In an effort to increase the reach and meet the needs of ASHLine clientele the Clinical Services Team will integrate a multi-modal behavior change software platform for tobacco cessation into service delivery.

New strategies for assisting with tobacco cessation will include email, social media, online quit services, SMS and multimedia messaging services (MMS) messaging capabilities in addition to telephone-based clinical services.

Outcome 4a: By quarter 3 of FY 2016, all members of the clinical team at ASHLine will be trained for utilization of a multi-modal behavior change software platform to assist Arizonans in quitting tobacco.

Outcome 4b: By the end of FY 2016, 40% of clients enrolled in ASHLine for tobacco cessation services by the Clinical Services Team will receive services that integrate at least two forms of communication (i.e. telephone, web, text, email).

FIVE-YEAR STRATEGIES/OUTCOMES (FY17-FY21)

Longer term goals of the Clinical Services Team are to reach and retain populations that experience a disparate burden of tobacco use, complete integration of the bidirectional health information exchange between providers and ASHLine and continue to support the Research and Evaluation Team in order to assure the highest quality evidence base exists to support our procedures and approaches for service delivery.

Strategy 1: The Clinical Services Team will develop a multi-faceted approach to support tobacco cessation among Arizonans.

Outcome 1: The Clinical Services Team will develop a refined software platform in collaboration with Arizona Research Laboratories (ARL) that will enable the clinical team to reach clients through a variety of modes, and have targeted messaging in place for a variety of populations with built in real-time evaluation of effectiveness and adoption.

Strategy 2: Unhealthy behaviors often cluster together presenting a timely and teachable moment for clients contacting ASHLine. By targeting one behavior the opportunity to impact another may be present, thereby increasing both efficacy and overall health to a greater extent. The Clinical Services Team will transition into other targeted behaviors such as sleep hygiene, obesity and chronic disease management in addition to tobacco cessation to assure Arizonans have the support necessary to achieve healthier lives.

Outcome 2: In FY 2021 the ASHLine Clinical Services Team will be in the beginning phases of expansion into multiple behavior change coaching aimed to assist in improving the total health of Arizonans such that by March 30, 2021, 25% of clients will be receiving tailored coaching services to address tobacco plus one other lifestyle behavior that contributes to poor health.

Strategy 3: Working with the Community Development Team, the Clinical Services Team will maximize client and provider experience in the program through consistent, quality communication with healthcare providers.

Outcome 3: By June 30, 2018 providers who refer clients via organizational EHR will be afforded an opportunity to establish bidirectional health information exchange with ASHLine under a standardized coordination of care and communication protocol.

XV. RESEARCH AND EVALUATION

During FY 2016, the Research and Evaluation Team will work on two parallel objectives: (a) develop an active research program that focuses on nicotine dependence and treatment and (b) create systems in place to guarantee fidelity in data collection and uniformity in content of clinical services delivered to ASHLine clients. While the former objective will allow ASHLine to be more prominent as an emerging research enterprise in the area of nicotine and tobacco research, the latter will help generate reliable data assessment procedures which will improve the quality of the data collected and aid in effective dissemination of ASHLine findings. These outcomes will be accomplished through the strategies outlined below:



Strategy 1: Develop an active research program.

Creating an articulated research program is important as it helps identify a plan and focus on issues that are considered important and relevant in the field. Importantly the research should evolve from preliminary findings within the ASHLine data that identify areas wherein novel or improved approaches are likely to enhance services and related outcomes. Once developed, the research program can guide potential areas of interest and helps delineate opportunities for funding as well as shape scholarly endeavors such as presentations and publications in peer-reviewed journals. Of note, several areas for expanded research have already been identified. These include, but are not limited to:

- Co-morbidities and tobacco use
- Secondhand smoke as a potential modifier of tobacco use
- Predictors and modifiers of relapse
- Expanded NRT provision and its impact on quit success

Each of these areas has been targeted for research and several have been presented at scientific meetings in recent months (or will be in near future). These topics will likely be the focus of the manuscripts and grant applications described as outcomes below.

Outcome 1a: In the first quarter of FY 2016, the team will organize a retreat for researchers at ASHLine to brainstorm and outline ASHLine's research agenda. This meeting will result in the team outlining at least 2 potential areas that we will develop FY 2016 onward.

Outcome 1b: The Research and Evaluation Team will engage in dissemination of findings from ASHLine data through:

- 2 manuscript submissions to peer-reviewed journals by July 2016 and annually thereafter (at least 1 led by ASHLine author and at least 1 co-authored by ASHLine researchers)
- The ASHLine research team will be involved in research dissemination through a minimum of 3 presentations at peer-reviewed national conferences by July 2016 and annually thereafter.

Outcome 1c: By October 1, 2016, the ASHLine Research and Evaluation Team will apply for at least 2 research grants annually (at least 1 of which will be led by an ASHLine researcher (s)).

Outcome 1d: By October 1, 2016, the ASHLine Research and Evaluation Team will participate on select research projects that are consistent with research goals and generates research dollars of a minimum of \$40,000.

Ensuring that data pertaining to outcomes of interest are collected in a systematic and reliable manner enables accurate assessment of treatment outcomes while maintaining the research integrity. An important part of maintaining such fidelity in data collection procedures is to develop standardized data collection and training protocols for staff.

Strategy 2: Develop standardized protocols to assure fidelity in data collection procedures.

Outcome 2a: By December 2015, the Research and Evaluation Team will develop and implement (a) trainings on basic telephone interviewing skills training to ensure uniformity in data collection procedures across all staff and (b) standardized training protocols that will be followed by all existing and new data collection staff.

Outcome 2b: By December 2015, the team will develop standardized data monitoring assessments. From January 2016 onward, these assessments will serve as measures of data quality control for intake and follow-up assessments. Once implemented, the research and evaluation team will demonstrate evidence of having randomly assessed 20% of all intake and follow-up calls monthly to ensure data monitoring and quality control.

Providing evidence-based smoking behavior change interventions is a difficult undertaking and can often be complex due to individual differences, psychosocial, and personality factors. However, it is extremely imperative that there be uniformity in the content and processes associated with delivery of intervention to maximize the possibility that there is consistency in the receipt of clinical services across clients who avail of ASHLine's services. The following strategies will be operationalized in collaboration with the Clinical Services Team.

Strategy 3: Ensure treatment fidelity.

Outcome 3a: In collaboration with the Clinical Services Team, by December 2015, the research and evaluation team will create treatment fidelity checklist for the coaches. Once implemented (January 2016), the evaluation team will perform monthly fidelity monitoring for counseling calls (The team will assess at least 20% of coaching calls monthly for treatment fidelity).

Outcome 3b: In partnership with the Clinical Services team, the research and evaluation team will review the newly developed specialized protocols for high-risk populations and evaluate them on content, client

satisfaction, and counselor skills training and knowledge.

In order to communicate the quality and reach of the services offered by ASHLine, the research and evaluation team will develop quarterly reports to inform on program outcomes including client demographics, tobacco quit rates, as well as other standardized metrics related to tobacco cessation. These outcomes will further inform data collection metrics to be analyzed in over time.

Strategy 4: Develop a modified, informative data report for the State and other stakeholders that communicates ASHLine reach, services and outcomes.

Outcome 4: By October 2015 [next quarterly report due], the research team will have developed a report template that provides detailed information to effectively communicate to the State and stakeholders on the reach and outcome effectiveness of services provided by ASHLine.

Sustaining ongoing research and expanding upon the existing research program necessitates that required approvals are obtained from the University of Arizona Institutional Review Board and that staff are appropriately trained in this area. The purpose of the review process and related training is to assure that appropriate steps are taken to protect the rights and welfare of human subjects participating in research studies. To do so, the team will develop program specific protocols that allow research procedures to be implemented within the ASHLine services. This process will require the use of an IRB-approved disclosure form to inform clients about the research aims of ASHLine and will include an opportunity to provide a universal informed consent that allows investigators to contact them for participation in specific research projects, if interested.

Strategy 5: Obtain appropriate disclosures and consents from ASHLine clients under the University of Arizona's Institutional Review Board (IRB) and develop and implement related training, quality assurance plans and human subjects monitoring plans and reporting.

Outcome 5a: By January, 2016, the Research and Evaluation Team will create and implement an IRB-approved protocol including a disclosure form that allows ASHLine clients to be recruited as participants for research. All staff will have completed Collaborative Institutional Training Initiative (CITI) training for human subjects research as well as any study-specific training prior to study activation.

Outcome 5b: Throughout 2015-2016 (and beyond) ASHLine will maintain 100% compliance with UA IRB regulations to (a) assure privacy and confidentiality of research participants (b) inform the IRB with any modifications and amendments to existing protocols, and (c) assure that all approvals and consent are up to date.

Outcome 5c: All staff (coaches and enrollment team) will complete the required training for research by the end of the June, 2016. Required modules will include the following:

- CITI training for research: social and behavioral research modules
- CITI Native American Research

- CITI Health Information Privacy and Security
- ASHLine-specific protocols for obtaining participant consent
- Research documentation and data management
- University of Arizona HIPAA training
- CITI HIPAA training

FIVE-YEAR STRATEGIES/OUTCOMES (FY17-FY21)

The Research and Evaluation Team will continue to engage in research activities that support the ASHLine research agenda. This will be accomplished by actively seeking collaboration with other stakeholders, healthcare agencies and researchers interested in tobacco cessation research.

Strategy1: Build the ASHLine research enterprise.

Outcome1a: The Research and Evaluation Team will continue to submit grant applications to support the research agenda. The team will submit at least 2 research grant applications per year (with at least one application led by an ASHLine researcher).

Outcome 1b: The Research and Evaluation Team will continue to engage in dissemination of findings from ASHLine data through manuscript submission to peer-reviewed journals and dissemination at national conferences.

Outcome 1c: The Research and Evaluation Team will continue to implement quality control assessments in order to ensure high fidelity of data collection protocols. The team will have documented evidence that quality control standards (randomly assess 20% of all intake calls on a quarterly basis) are being consistently conducted.

In support of ASHLine continuous research, the Research and Evaluation Team will continue to develop an infrastructure that can sustain research activities and protocols. This infrastructure will allow research projects to be implemented within ASHLine services.

Strategy 2: The Research and Evaluation Team will continue to develop an infrastructure that can sustain ongoing research projects.

Outcome 2a: The team will work with the University of Arizona Pre-award and Post-award office to establish a protocol that guides grant applications and informs on contract executions.

Outcome 2b: The team will continue to work with the University of Arizona Human Subjects Protection Program to provide yearly reports and assure that all protocols are up to date.

Outcome 2c: The team will conduct quarterly assessments that monitor training documents to assure training is up to date.

While ASHLine research is currently compliant with HIPAA guidance, once ASHLine is designated as a HIPAA covered entity, ASHLine research and evaluation protocols may need to be revised to adhere to any additional regulations and guidelines established for protected health information (PHI) as a Business Associate.

Strategy 3: The Research and Evaluation Team will establish and operationalize privacy and security protocols that meet HIPAA Business Associate requirements for their operations.

Outcome 3a: The Research and Evaluation Team will remain compliant with the University of Arizona Privacy office and related HIPAA guidance in regards to Protected Health Information (PHI) and application to research endeavors. Compliance will include on-going training of staff and faculty engaged in research under ASHLine or involving ASHLine clientele.

XVI. MARKETING AND COMMUNICATIONS

At present, the platform used by ASHLine Coaches and Staff (called WebQuit) is somewhat inefficient, outdated, and has been developed in an inferior technological environment that significantly hampers any potential versatility and further evolution of the product. A new system is required to meet current demands for efficiency and higher-level service provision. A solid foundation (of both coding and design) currently exists which will allow ASHLine an ease of continued evolution of the product and expansion of its features.

The new system built on a more advanced server with faster response time will provide:

- *A versatile system that allows for simpler, quicker changes and corrections*
- *The ability of ASHLine administration to make changes and corrections without engaging with programmers, circumventing further billable hours*
- *A more intuitive user interface allowing for greater ease of use and speed for coaches and other support staff*

Strategy 1: Develop and initiate a new, multi-modal platform that will enhance our competitiveness in the tobacco cessation services market.

In partnership with Arizona Research Laboratories (ARL), a new platform for integration of Coaching, Community Development and Evaluation is currently in development.

Outcome 1: A significantly improved multi-modal system for Clinical Services, Community Development, Evaluation and all ASHLine Client-Related Services will be developed. Beta testing of new system to begin November, 2015. Release of fully functional system December, 2015. Additional features, refinements, bells and whistles to be developed through the Fall of 2016 and on an ongoing, as-needed basis.

In today's climate consumers are likely to be better served by a service model that integrates a variety of approaches to support a successful quit attempt. Among approaches with growing utilization (and perhaps efficacy) are web-based, self-directed quit applications. These products may be used with other support (i.e., coaching or NRT) or as standalone methods for tobacco cessation. ASHLine currently has a system with limited functionality and minimal use by the current client base. A new system is needed to enhance quit support.

Currently in development with ARL is an individually tailored WebQuit online quitting system (website). Content will be customized for the user depending on their type of user (combustible, ENDS, chew, etc.) and their relative stage of quitting (want to quit, quit, staying quit). It will offer motivational and educational tools to assist clients with their quit online. While it can be utilized alone, it will be encouraged that they take advantage of these tools in tandem with Coaching and will, at any time, be able to connect directly with a coach. The system, upon enrollment,



will capture information that meets requirements of the Minimal Data Set and, if they choose to enroll in coaching services, a new CIF for the client will be auto-populated so that the Coach may "pick up where they left off".

Strategy 2: Develop an online self-guided quit system for ASHLine clients.

Outcome 2: An Online Self-Guided Quit System that will assist clients with their quit either as a stand-alone product or in concert with Coaching Services. Beta-testing to begin December, 2015; functional system by February, 2016.

Currently, enrollment among the 18-24 year old population in Arizona is extremely low for ASHLine. In FY 2014, only 354 clients who enrolled were under the age of 25 (which is 5% of total enrollment). We have not directly targeted this segment historically. However, the state has through its program called the Cignal. Despite those efforts not generating significant calls to ASHLine from youth as of yet, it would be wise to engage with the state and partner up with their efforts via the Cignal.

Strategy 3: Enhance youth enrollment and engagement in ASHLine services.

Outcome 3a: By January 2016, partner with the Cignal program, utilizing the website in an effective way to increase outreach to the youth population. An audit of current protocol for engagement with the Cignal to determine strengths and weaknesses and development of a strategic plan specific to this outreach tool.

Outcome 3b: By August, 2016, hire and train a student/staff, 1.0 FTE equivalent for social media outreach. Task and responsibilities will be to maintain all ASHLine associated social networks (with crossover in the Cignal), post new content and monitor comment threads from and between clients and potential clients utilizing social media.

Outcome 3c: By December, 2016 demonstrate a significant (>20%) increase in youth enrollment in quit line services.

Currently ASHLine clients have limited opportunity to use SMS technology to support tobacco cessation efforts. The combination of ASHLine and ARL expertise and experience provide a real opportunity to fill this gap.

Strategy 4: Develop a new SMS text messaging system with automated responses based upon categories of where a client resides in their quit. At any time they will have the option to interact directly with a coach and enroll in Telephone Coaching Services to compliment the SMS-based quit support. Along with the SMS system we will develop metrics to evaluate the system's impact on quit rates.

Outcome 4a: A fully operational SMS tobacco cessation support program will be available to clients by January, 2016.

Outcome 4b: By October 1, 2016 >10% of ASHLine clients will use the SMS to support quit.

There is a clear need to develop a fully functional bilingual (Spanish language) website for ASHLine clients, Spanish speakers have historically been under-served by ASHLine. One big step in remedying this is to make the public website (ashline.org) fully bilingual. Currently, there is a separate Spanish version of the website (espanol.ashline.org) but it has very limited content and has not reviewed for updates for years. It is proposed that the current website system be upgraded to where visitors can toggle between English and Spanish. The system would also be able to see if they have Spanish selected as their preferred language in the browser on their computer and automatically load the Spanish version of the site.

Strategy 5: Develop a fully operational bilingual ASHLine website.

Outcome 5: The programming of the website will be completed October, 2016 allowing designated Staff at that time to log into the website and begin publishing Spanish versions of all content. (Please Note: Completion date is dependent on the stable release of the Content Management System (CMS) upon which ashline.org is developed (Drupal 8). Currently the CMS is in beta with an expected full release within the next few months. Preliminary development and testing will be performed on a development server with the beta version of Drupal 8 so that, when the final release does become available, some work will have already been completed.)

ASHLine will employ a certified Spanish translator to assist with converting the website in a culturally and linguistically appropriate way.

All of the current print materials for clients need to be updated with the new logo and branding that was implemented almost a year ago. This includes both the English and Spanish versions of these materials. A re-design of all Community Development materials took place in the spring of 2015—the same needs to be done for the client materials.

Strategy 6: Develop up-to-date, evidence-based, marketing savvy client educational materials for use by ASHLine customers (Clients, healthcare providers, ADHS).

Outcome 6a: By March, 2016 an ad hoc committee will be organized to review current materials and determine which can be disseminated online and which need be printed for such outreach and education.

Outcome 6b: By May, 2016 the current and/or modified client and provider materials will be re-branded with up-to-date ASHLine logos, colors and fonts. These materials will then be reviewed and edited for content.

Strategy 7: Improve the quarterly and annual report formats to highlight accomplishments and apply a more modern and graphically-appealing design.

Outcome 7: By October 2015, the quarterly (and annual) reports will be fully re-designed (both content and aesthetic) for a broader audience to showcase to the general public and potential future contracts the viability of ASHLine services, it's successes, and how it can compete in the current and future market of smoking cessation services.

FIVE-YEAR STRATEGIES/OUTCOMES (FY17-FY21)

The long term goals will focus on improvements to the internal communications, public website, intranet and overall communications appeal. To assure optimal uptake of services and a competitive edge in the market it is essential that ASHLine engage in the highest quality marketing materials and online presence possibly within budgetary constraints. This will require on-going knowledge, expertise and skills in marketing related to healthcare services. The 5-year strategies are designed to assure this goal is consistently met.

Our first goal relates to necessary improvements in internal communications.

Strategy 1: Develop new components and improve on existing components of the iNet to assist in successful internal communications among staff and administration.

Outcome 1: By FY 2017 old, unused content types and database fields will be removed in the cleanup process so the system will not be “gummed up” with features that are not useful to users and to prevent confusion about content types, forms, etc. to be utilized. All forms will notify related parties by email when they have been filled out with work-flows attached to track their status. Project management systems will be developed to assist staff in staying on track and following the progress of internal projects with useful work-flows to support such. All staff HR related information (staff photos, hire dates, certificates of training completions, etc.) will be housed for easy access by Administration and Supervisors with permission and role-based visibility. All training materials will be published in online “book” form for all teams and staff.

The ASHLine website will continue to be a major communication approach for services in the longer term. However, to have optimal impact the website will need to evolve systematically and using the most up-to-date approaches for content development, presentation and integrating marketing science.

Strategy 2: Further development and regular updates of content on the public website.

Outcome 2: An ongoing process, culminating in an optimal web-based approach / system of outreach will be completed by 2019. The system will be developed and implemented to target the general population as well as specific socio-economic groups, high-tobacco use social groups and diverse age groups.

Social media programs, formats and platforms are constantly changing. Social media is also highly effective in reaching the masses and promoting messages. In order to take full advantage of the potential impact of social media on tobacco cessation efforts, a purposeful and strategic social media plan, and related social media implementation /actions will need to be developed and implemented.

Strategy 3: Expansion of the Social Media team to monitor trends in successful outreach. The approach will integrate student marketing students who are educated in current trends and approaches for social media marketing.

Outcome 3a: By 2018, an online blogging system with assigned authors will be implemented to present relevant articles about smoking cessation, improving vitality and behavioral health. This will assist in driving traffic to the website, inform the public and afford ASHLine greater reach and support to targeted communities.

Outcome 3b: By 2019 an on-going UA marketing student internship will be established and this position will play an integral role in implementation of the social media plan.

ASHLine has a finite amount of funding to secure media time. Yet, media is the most influential factor in terms of ASHLine reach and access of customers to services. In order to assure optimal reach at low cost ASHLine must develop and implement a media plan that integrates low cost media.

Strategy 4: Expansion of low cost media opportunities (interviews, talk shows, etc.) in ASHLine's Marketing and Communications plan.

Outcome 4: In the form of interviews and advertorials, where cost is low but potential reach high, the Marketing and Communications team will coordinate efforts of outreach through television, radio, and informal articles/editorials about smoking cessation and general wellness. A minimum of six media outputs will be developed and delivered annually through ASHLine starting in 2017.

XVII. BUSINESS AND FINANCE

In 2011, the North American Quitline Consortium (NAQC) received funding from the Centers for Disease Control and Prevention (CDC) to launch a public-private partnership (PPP) initiative aimed at providing states with information, resources and technical assistance to achieve cost sharing relationships for the provision of tobacco cessation services. According to NAQC, “the formation of public-private partnerships can be a viable option for ensuring sustainability and continued access to evidence-based services for all tobacco users wanting to quit.” (NAQC 2015). Since the launch of this initiative, increasing emphasis has been placed on quitlines to successfully leverage cost sharing opportunities created by the Affordable Care Act (ACA). Arizona is one of eleven states currently receiving support from NAQC to work toward establishing PPPs.



ASHLine’s primary funder – the Arizona Department of Health Services Bureau of Tobacco and Chronic Disease – has emphasized the importance of securing PPPs as both an intermediate and long term strategy for ensuring the continuity of quit line services for Arizona residents in an era of declining tobacco tax revenue.

In 2013 ASHLine implemented an employer pilot program (ongoing) as a free demonstration project to illustrate the return on investment (ROI) of utilizing quit line services to structure a “reasonable alternative” program required under ACA for employers imposing a tobacco surcharge (ALA 2013). Outcomes and lessons learned from this project to date were shared at the NAQC 2015 Conference in a session addressing opportunities for ensuring sustainability. One of the main goals of this demonstration projects is to build confidence in (and demand for) quit line services over time so that once the quit line is positioned to begin engaging in cost sharing it has a track record of successful relationships with potential payors. In addition, over the past year ASHLine has been working toward building necessary infrastructural support (e.g. HIPAA status, rate study to establish fee-for-service structure, etc.) to begin engaging in cost sharing.

FY16 efforts of the Business and Finance Team will be completed in partnership with the Community Development Team and related PPP activities. Efforts will focus on securing key hires, building marketing strategies, and securing cost sharing contracts. Intermediate term strategies over the next five years will focus on increasing awareness of ASHLine services in key sectors frequented by PPP decision-makers (e.g. insurance brokers) and growing the number of contracts secured to increase the number of Arizonans covered for quitline services. ASHLine’s ability to successfully negotiate and secure PPPs over time will contribute to a diversified funding strategy aimed at ensuring long term sustainability.

At present, ASHLine has gaps in certain areas of expertise required to further advance the PPP initiative. In particular, a HIPAA compliance officer is needed to oversee ASHLine’s requirements for Business Associate (BA) status and a

“Client-Provider Liaison” is needed to formally secure cost sharing agreements (contracts) with health plans and employers. A critical goal in FY16 will be posting and successfully filling these key positions.

Strategy 1: The Business and Finance Team, together with the Community Development Team and PPP fill key positions necessary to support the advancement of cost sharing relationships and complete HIPAA Business Associate status approvals.

Outcome 1a: By July 1, 2016 ASHLine will be established as a HIPAA Business Associate.

Outcome 1b: By July 31, 2016 ASHLine will have filled the Client-Provider Liaison position.

Outcome 1c: By December 31, 2015 ASHLine will have filled the HIPAA Compliance Officer position.

In order to assure a competitive presence in the quit line marketplace and the broader healthcare marketplace, ASHLine must establish salable rates for service provision. This requires a comprehensive rate study, evaluation of market competition and efforts to identify and develop services that set us apart from the competitors. We must do so within the accepted business models of an academic institution.

Strategy 2: Complete and gain approval for ASHLine service rates.

Outcome 2: By March 31, 2016 have an approved rate study and set market value for ASHLine service provision that can be used for contract negotiations.

A critical component to promoting ASHLine as a competitive service provider is establishing compelling marketing materials to engage potential payors and promote cost sharing; thus, a goal in FY16 will be to develop a comprehensive suite of marketing strategies to support PPP “sales” among potential payors.

Strategy 3: The Business and Finance Team in partnership with Community Development Team and the Marketing and Communications Team will develop a suite of marketing materials (print and electronic) to recruit cost sharing partnerships with employers and health plans.

Outcome 3: By July 31, 2016 ASHLine will have completed development of a suite of marketing materials (print and electronic) to facilitate recruitment of cost sharing partnerships with employers and health plans.

A key metric in any PPP initiative is the successful establishment of cost sharing relationships, typically operationalized by contracts, memorandums of understanding (MOUs), etc. that outline agreed upon fees for services rendered. In FY16, the ASHLine PPP Team will work to achieve a goal of establishing an initial cohort of PPPs to begin the funding diversification process.

Strategy 4: ASHLine will take purposeful steps toward diversifying funding sources beyond PPP to include research funds (in collaboration with the Research and Evaluation Team), with a focus on development of 1) new contracts /projects and 2) a formal gift/donation-based development plan for ASHLine.

Outcome 4a: By June 2016 the Business and Finance Team will establish local guidance in regards to the “how tos” of developing cost sharing contracts and MOUs with a variety of partners to facilitate the diversification of funding at ASHLine. By October, 2016 the Business and Finance Team will have developed and trained ASHLine staff on cost sharing contract guidance.

Outcome 4b: By June 30, 2016 ASHLine will develop an annual gift campaign for clients achieving a successful quit to secure .05% % of annual funding through the gift/donation development program.

FIVE-YEAR STRATEGIES/OUTCOMES (FY17-FY21)

In an effort to increase ASHLine’s visibility among health benefits professionals – including those who influence and/or engage in decision-making regarding covered services – emphasis will be placed supporting strategies to increase ASHLine’s attendance and participation in stakeholder gatherings.

Strategy 1: ASHLine will establish a presence among benefits professionals in Arizona to facilitate networking and relationship building with key decision-makers.

Outcome 1: By June 30, 2021 ASHLine will establish a presence via networking and attending key conferences and events among Arizona’s leading associations for benefits professionals including the Arizona Society of Human Resource Management (AZSHRM) and the Arizona Association of Health Underwriters (AAHU).

At present, the State of Arizona – via the Arizona Department of Administration (ADOA) – reimburses ASHLine for behavioral support services rendered to benefits-eligible state employees accessing services. (Evidence-based pharmacotherapy is covered as well through the University of Arizona Medication Management Center.) Although covered, this benefit has extremely low rates of utilization representing a lost opportunity. Over the next five years, ASHLine will work to secure continued coverage of quitline services for state employees and enhance this existing relationship.

Strategy 2: ASHLine will renegotiate and strengthen the existing public-public partnership with the Arizona Department of Administration (ADOA) – the largest employer in Arizona – to realize a greater return on this existing cost sharing relationship.

Outcome 2: By June 30, 2021 ASHLine will establish a strong public-public partnership with ADOA – including a robust approach to marketing and referral to services – to promote increased awareness, service utilization and cost recovery for all benefits-eligible state employees accessing ASHLine services.

In an effort to promote and achieve long term sustainability, the ASHLine PPP Team will work collaboratively over the next five years to increase both the number of cost sharing relationships and the percent of annual income secured via cost sharing relationships to increase the number of Arizonans covered for quit line services and ensure financial sustainability.

Strategy 3: ASHLine will promote long-term sustainability by securing cost sharing relationships via public-private partnerships with employers and health plans in Arizona.

Outcome 3: By June 30, 2021 ASHLine will secure 30% of annual funding via cost sharing contracts via public-private partnerships with employers and health plans in Arizona. (see below).

Strategy 4: ASHLine will promote long-term sustainability by diversifying funding sources including research grants and contracts, fee-based training programs and a formal gift/donation-based development plan.

Outcome 4: By June 30, 2021 ASHLine will secure 20% of its funding through research grants, 1% through fee-based training programs and 5% of annual funding through the gift/donation development program.

FIGURE 1. CURRENT FUNDING DISTRIBUTION

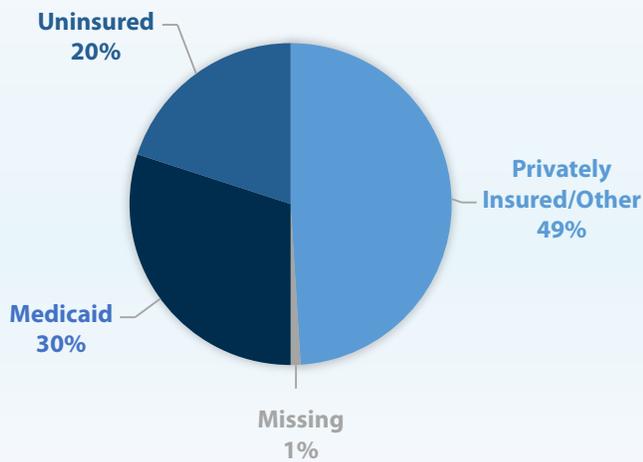
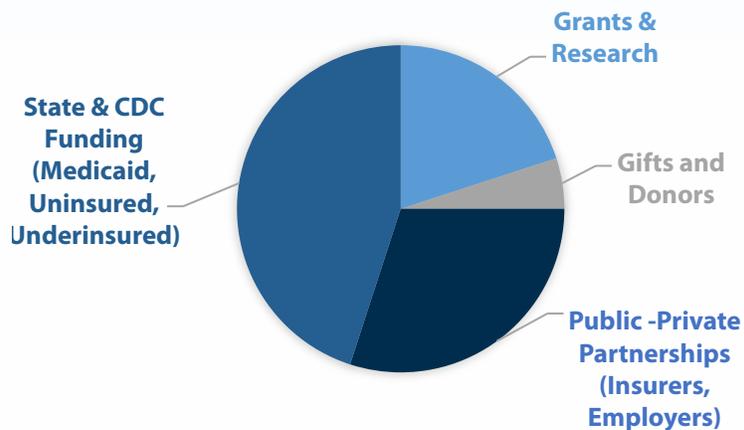


FIGURE 2. FUTURE FUNDING DISTRIBUTION



XVIII. SUMMARY OF ACTION PLANS

FY 2016

- Initialize new software platform, including bi-directional referrals
- Post and fill key positions
- Train and operationalize tailored coaching protocols, including trainings to targeted partners to support increased referrals
- Maintain and grow the provider network, including referrals
- Increase enrollments by 1%
- Increase communication with clients and offer targeted coaching services
- Develop standardized protocols for utmost fidelity in treatment & data collection
- Complete upgraded web-based quit program, including a fully operational SMS tobacco cessation support system
- Develop a fully operational bilingual website
- Expand PPP partnerships
- Establish presence in tobacco research community
- Produce a health systems change tool kit
- Develop an online self-guided quit system
- Enhance youth enrollment
- Develop suite of marketing materials to recruit cost-sharing partnerships

FY 2017 – FY 2021

- Attain HIPAA Business Associate status
- Establish two-way PHI exchange
- Develop and initiate donation/development program
- Establish fee-based tobacco cessation training program Secure grant funding led by ASHLine faculty
- Strengthen existing public-private relationship with ADOA
- Establish certification in health coaching through Outreach College
- Develop, integrate and implement a state-of-the-art social media presence
- Establish tobacco-related research training Fellowship
- Develop comprehensive and organizational tool kits
- Build an ASHLine research enterprise
- Develop infrastructure to sustain ongoing research projects
- Establish long-term sustainable cost sharing relationships with employers and health plans

XIX. LOOKING FORWARD



The burden of tobacco use remains high for Arizonans. The Arizona Smokers' Helpline provides essential services to support our citizens as they embark of efforts to quit tobacco product use. The challenge remains in terms of reaching and supporting the most recalcitrant tobacco users. Further, budgetary constraints require us to be innovative in establishing a cost-effective, evidence-based quit service model that is efficiently delivered to our clientele. To meet this challenge and effectively guide our efforts using a fiscally responsible model the ASHLine team has established this 2016-2021 Strategic Plan. Ultimately this plan will allow us to make the significant, purposeful advances necessary to assure all Arizonans have the support necessary to quit tobacco.

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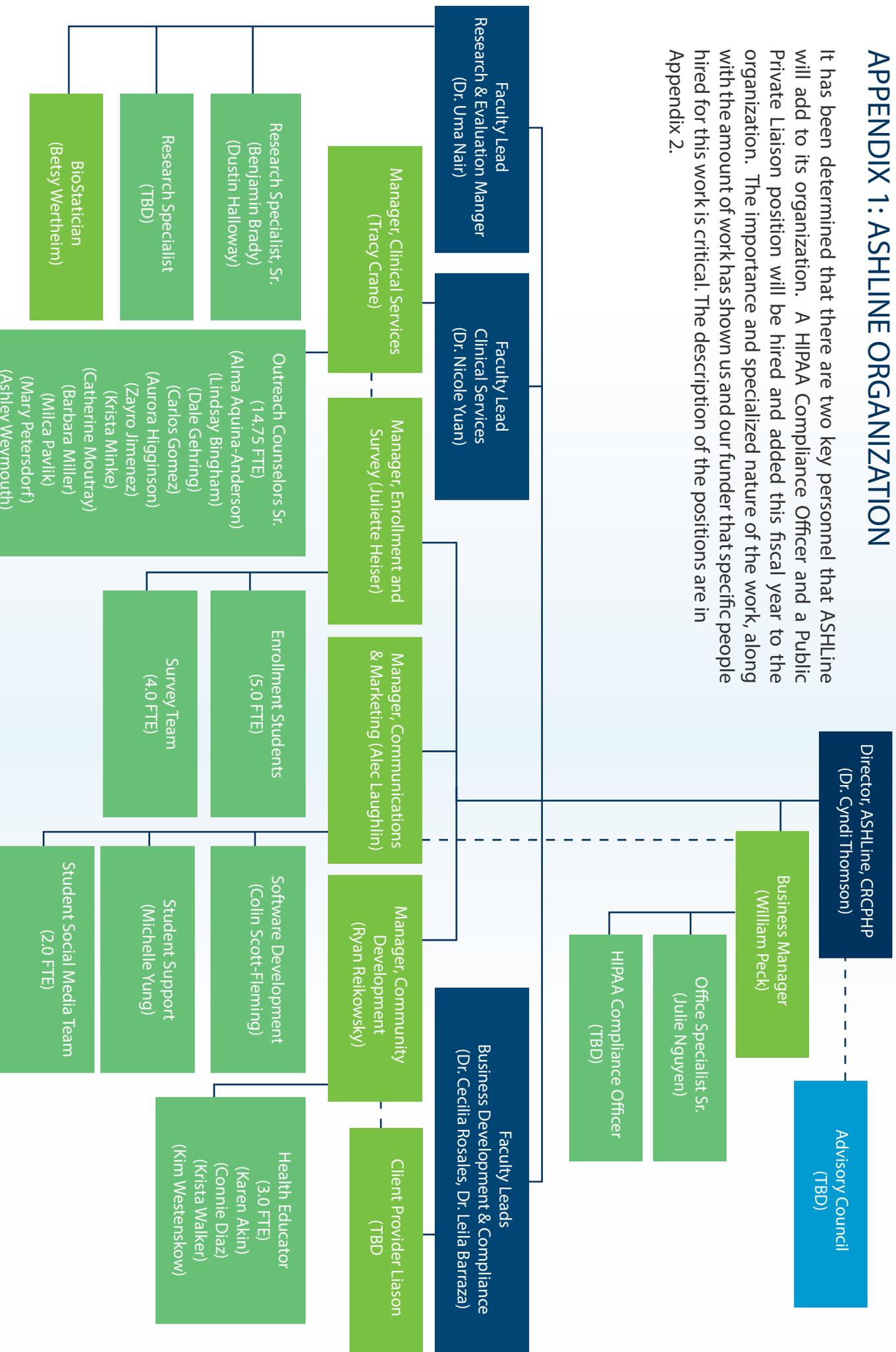
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SECTION 3. APPENDICES



APPENDIX 1: ASHLINE ORGANIZATION

It has been determined that there are two key personnel that ASHLine will add to its organization. A HIPAA Compliance Officer and a Public Private Liaison position will be hired and added this fiscal year to the organization. The importance and specialized nature of the work, along with the amount of work has shown us and our funder that specific people hired for this work is critical. The description of the positions are in Appendix 2.



APPENDIX 2: SYNERGIZING THE ARIZONA SMOKERS' HELPLINE



APPENDIX 3: KEY PERSONNEL

Program Director, Cynthia Thomson, PhD (0.10 FTE) – Dr. Thomson has extensive experience in program development and management in the behavioral health arena with an emphasis in client-focused brief treatment approaches. As the Program Director, Dr. Thomson will oversee the operations and management of the Arizona Smokers' Helpline including program planning, counseling, partnerships and community relations planning.

Faculty Lead – Business Development, Dr. Cecelia Rosales, MD, MPH (0.02 FTE)-Dr. Rosales is a physician scientist with extensive experience in public health and health promotion. She will lead our community development and compliance program with a focus on public-private partnerships that support the provision of ASHLine services within organizations and in compliance with ACA guidance. Further, her clinical expertise will help to support new efforts to expand healthy behaviors beyond tobacco cessation.

Faculty Lead – Tobacco Policy, Dr. Leila Barraza, MPH, JD (0.05 FTE) will serve as the lead for new policy development advisement and support of policy initiatives by community and organizational partners. Further she will support the business development and compliance efforts being led by Dr. Rosales in Phoenix and statewide.

Faculty Lead – Clinical Services, Dr. Nicole Yuan, PhD (0.05 FTE) – Dr. Yuan is a clinical psychologist with direct experience in tobacco cessation and behavioral approaches to substance abuse resolution. She will support training and quality control for the direct counseling/coaching services provided by the coaches. She will provide professional counseling advisement for difficult calls/cases.

Faculty Lead – Biostatistics, Melanie Bell, PhD (.02 FTE) – Dr. Bell is a doctoral trained biostatistician with experience in behavioral health data analysis as well as intervention studies targeting improvements in health behaviors, particularly tobacco cessation.

Manager – Research and Evaluation, Uma Nair, PhD (1.0 FTE) - Dr. Nair has a strong background in program evaluation, data assessment, and statistical analysis. She will work to maintain the ASHLine evaluation and quality improvement plans, including all reporting requirements of the agreement. She will manage the ASHLine Evaluation Team, the Lifestyle Behavior Change Specialists, and the Survey Team. She will also interface directly with the Evaluation Team at ADHS BTCDC to provide timely and accurate data and reports that document both the process and outcomes measures for the ASHLine.



Manager – Clinical Services, Tracy Crane, MS, RD (0.45 FTE) - Ms. Crane is a registered dietitian with extensive experience in behavioral counseling using multi-modal approaches. She will provide direct supervision to the telephone coaches leading training, quality control, call scheduling, hire and performance evaluation. Her extensive experience in diet and activity related behavior change will be important to the expansion of ASHLine efforts into chronic disease risk reduction. She also has extensive and multi-year experience in managing staff, students in project specific efforts focused on healthy behavior change.

Manager – Enrollment and Survey, Juliette Heiser (1.0 FTE) – Ms. Heiser will provide direct oversight, supervision and training for the student employees conducting client satisfaction surveys and Engagement Specialists completing the intake calls for the ASHLine. She is responsible for the management of the referral fax program within the ASHLine call center, including handling all incoming referrals, reporting and data monitoring.

Manager – Marketing and Communications, Alec Laughlin (1.0 FTE) – Mr. Laughlin is responsible for the all graphic design projects at the ASHLine as well as for our social media initiatives. He is also the Web Master for both ashline.org, the intranet for ASHLine and an integral part of the new ARL Web-platform which is integral to our services and outreach in addition to wrapping up our old platform, Webquit.

Client Provider Liaison, To Be Hired (FY 2016) (1.0 FTE) – This position will liaise between client and provider to ensure the client receives the most effective coverage in support of smoking cessation services provided by ASHLine in addition to partnering with the Bureau of Tobacco and Chronic Disease at the Arizona Department of Health Services and Arizona Smokers' Helpline to develop and implement a strategic business plan that will ensure that health insurance plans and private employers financially support and promote the services of ASHLine.

Business Manager, William Peck (1.0 FTE) – The Business Manager will handle Coordinates preparation and/or assists Director in the preparation and coordination of operation as well as special budgets; prepares cost projections and analyses in addition to preparing (or assists in preparation) of financial and administrative reports for administrative planning purposes; analyzes and interprets financial data and other information for ASHLine. Mr. Peck will also leads with the development, preparation and routing of budgets for grants and contract submissions.

Manager – Community Development, Ryan Reikowsky, MA, MPH (1.0 FTE) – Ms. Reikowsky will coordinate all operations related to the development and management of outreach activities and provider relations, including the promotion of tobacco-related health systems change and the provision of training and technical assistance on evidence-based brief interventions and use of the provider referral program. She will provide regular reporting to management staff and partner organizations about the use of the provider referral program. She will coordinate efforts to develop partnerships with health systems and employers to include brief interventions, including referral to quitline services, in their standard practice protocols.

Program Coordinator, Sr. – Angela Valencia (.50 FTE) – Ms. Valencia will develops and independently implements new or revised program goals and objectives to meet the evolving research needs of ASHLine.

She will also prepare proposals for funding and/or funding continuation from outside sponsors, along with interacting and maintaining liaison with students, faculty, staff and outside community agencies and private partners in facilitating research objectives. Ms. Valencia will review applications or other program documents to determine acceptance or make decisions pertaining to program. Critically for ASHLine, she will maintain IRB documents and serves as a liaison between the ASHLine and IRB.

HIPAA Compliance Officer – To Be Hired (.50 FTE) – The HIPAA Compliance Officer will work with the ASHline director and management team as a key member to coordinate HIPAA compliance efforts. The successful candidate will be responsible for implementing, managing and enforcing information security directives as mandated by HIPAA and ensure the ongoing integration with business strategies and requirements in addition to performing ongoing information risk assessments and audits to ensure that information systems are adequately protected and meet HIPAA certification requirements.

APPENDIX 4: SWOT ANALYSIS

2015 SWOT ANALYSIS SUMMARY

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SWOT: ENROLLMENT & SURVEY TEAM

STRENGTHS

- Front runner in tobacco cessation
- Management team is transparent/helpful
- Strong figure/representative of ASHLine
- Staff are trusted to do job
- Engagement Specialists provide strong skills and make work flow easier.
- Having all bilingual staff
- Manager is caring/flexible/provides feedback - scheduling is flexible/ HW opportunity
- Consistent survey protocols/enrollment
- Better/clean facility
- Knowledgeable staff
- Good student pay

WEAKNESSES

- Communication btw departments not 100%
- Webquit performance lacks
- Need additional language coach (Arabic)
- Outdated equipment
- Location not near COPH/campus
- Referrals are hard to read/ providers provide personal info that is not needed
- No outreach to foreign students/Asian/Middle Eastern on campus
- 13 month survey has issues.
- Coaches do not take transfer calls
- Unclear of overall focus of what ASHLine will be moving forward

OPPORTUNITIES

- New platform
No more errors
Can capture updated info communication within teams
Many new updates
- Gaining additional knowledge of tobacco cessation and coaching perspective
- ASHLine extended hours to begin
- ASHLine provides skills for future jobs
- Have the capability to help assist w/ research /expand on ideas when needed
- Collaborate with Canyon Ranch for internships
- Work more hours during summer
- Promote from student to staff

THREATS

- Front runner in tobacco cessation
- Management team is transparent/helpful
- Strong figure/representative of ASHLine
- Staff are trusted to do job
- Engagement Specialists provide strong skills and make work flow easier.
- Having all bilingual staff
- Manager is caring/flexible/provides feedback
- scheduling is flexible/ HW opportunity
- Consistent survey protocols/enrollment
- Better/clean facility
- Knowledgeable staff
- Good student pay

SWOT: CLINICAL SERVICES TEAM

STRENGTHS

- Quality of service and skills
Education and training of coaches (Combined experience of >160 yrs)
- Diversity of coaches
 - 3 bilingual
 - Diverse backgrounds and previous work experiences (ranging from mental illness to obesity/wt. management to youth)
- - Special interest and training in youth, mental health, pregnancy/postpartum, chronic diseases
- Client satisfaction (consistently achieve >90% client satisfaction)
- Rooted in research
 - Programmatic data driven by research and evaluation
 - Access to reliable resources such as Pubmed, lecture and seminar series, collaboration with other departments on campus.
- Mutual trust with management team with support and encouragement of new ideas and growth. Malleable to incorporate changes to move to the next level.
- Positive co-worker relationships and environment
 - Sharing of research articles and knowledge with each other

WEAKNESSES

- Missed opportunities with providers (ex: hospital d/c
 - We provide feedback to providers regarding referral outcomes correctly but bi-directional communication will allow us to include clinical quit and medical distribution as well
- Website inadequacies
 - Lack of ASHLine service descriptions and free NRT for eligible clients
 - What to expect when you call should be in the forefront of the website
- Lack of Spanish reach
 - Limited to no marketing in Spanish
- Website, Radio, TV, Print
- Limited modalities for coaching (i.e. skype, text, email, web-chat)
- Past reputation of ASHLine potentially hurting the future growth
- Staffing
 - Skeleton crew increases pressure among staff particularly at night
 - Further increase diversity (Spanish and American Indian coach)
 - More time spent in coaching meetings staffing clients
 - Lateral organization of ASHLine

OPPORTUNITIES

- Enhanced referrals through utilization of coaches engaging with community partners. (i.e. county health workers)
- Collaboration with:
 - Other UA departments with shared interest in tobacco and e-cig cessation (FCM, Psy, MAS, CON, COP)
 - Other ASHLine teams – crosstalk could spur new ideas!
 - Coach representative at BTCDD meetings
- Coach engagement with social media
- Flexible work schedules
- Improved resources for clients – overhaul patient materials
- Development of specialized protocols with associate training
 - Special interest in smokeless tobacco protocol that could be leveraged for CEUs/certification training delivered by ASHLine
- New platform - growth and expansion into other coaching modalities, co-morbid disease coaching, bi-directional coaching with referrers.
- Growth to include delivery of quit services to additional states, private partnerships

THREATS

- Other programs providing tobacco cessation coaching (Alere, CVS, VA, private insurers, Fry's, web-based programs, apps)
- ENDS – as its use increases and traditional tobacco use decreases the lack of policy around ENDS makes it difficult to coach “against”
 - Vape shops “selling” themselves as a quit service
 - Youth buy in to ENDS
- No ASHLine web based cessation service and online chat or SMS capabilities
- Potential to lose contract and funding
 - Need to diversify into alternate types of lifestyle coaching such as obesity, diabetes, etc...
 - Additional state quitlines
- Servicing the last frontier of smokers
 - Need for specialized protocol development and training
- Standardization of coaching assessment notes prior to medical record integration

SWOT: PUBLIC-PRIVATE PARTNERSHIP (PPP)

STRENGTHS

- ASHLine re-organization/relocation will support the cost-sharing phase of PPP
 - Formation of a business office, Client-Provider Liaison position, new platform
 - Initial rate study indicates potential costs may be competitive
- ASHLine has strong long-term quit rates
- Clinical approach is client-directed
- Experienced, empathetic coaching team
- In the pilot PPP phase, ASHLine has been flexible in working with employers while learning lessons along the way (e.g. value of balance between flexibility and structure)
- ASHLine services are cost-effective (ROI)
- ASHLine reporting is a valued service among employers/insurers
- ASHLine has ADHS BTCD support for this initiative and has been given several years to achieve cost-sharing/funding diversification
- ASHLine teams work together to assure strong customer service (cooperation and coordination to ensure troubleshooting is smooth and partners get information/answers they need)

WEAKNESSES

- ASHLine is inexperienced in establishing cost-sharing relationships via PPPs
- ASHLine as an available quitline service for employers/insurers is a new option
 - During the pilot phase, employers have been unfamiliar with our protocols; learning curve in trying on the quit line for size as a (free) benefit
- Limitations with the current platform (WebQuit) make client tracking and reporting challenging for the PPP pilot phase
- ASHLine is not yet a HIPAA-covered provider
- ASHLine does not yet have published rates or a pricing structure to share with potential partners and billing mechanisms are not yet in place
- ASHLine does not currently have all of the services available through competitors
 - 24/7 live support
 - Languages other than English/Spanish
- ASHLine has not historically worked with clients not ready to quit and has limited clinical experience with that population (i.e. those completing a reasonable alternative with no intent to quit)

OPPORTUNITIES

- Filling the Client-Provider Liaison position
 - Proper skill set, industry experience, etc.
 - Fresh perspective on next steps, strategic planning for PPP, etc.
- New platform = improved data capture/reporting, client tracking, multi-modal services, bi-directional exchange, etc.
- HITECH Act/Meaningful Use certification of new platform for PHI/data exchange
- Develop cost-reimbursable services for "reasonable alternative" niche clients (e.g. web program)
- Charge for warm transfers to covered programs
- Develop new website/marketing for PPP
 - Provide data on ROI

THREATS

- Market competition/competing services (evidence-based or not)
- - Uncertainty about competitors' fees, service offerings, reporting options, quit outcomes, etc.
- PPP/cost-sharing initiative has been idling for years (missed opportunities along the way)
 - Need to make measurable progress toward this goal
 - Continued delays may pose a threat with ADHS BTCD
- Lack of ACA intended coverage enforcement
 - Open interpretation of what recommended coverage entails
- Potential repeal of ACA (political shifts)

SWOT: COUNTY PARTNER

STRENGTHS

- Partnering with county tobacco programs to promote ASHLine offers insight into local needs, concerns, customs, politics, geographic distinctions, etc.
- Partnering can result in establishing connections, contacts, etc.
- County partners are already embedded within health departments and can directly facilitate referral development within their own programs (e.g. WIC, WWHP, FFHP, county health clinics)
- This is a model that allows our funder to divide labor across the state and expand quitline reach with tobacco cessation dollars
- County partners are funded to provide preventive services to the community, and thus have additional educational materials (e.g. gross mouths, tar jars, etc.) to support community events/health fairs
- Over the years, ASHLine has benefited from a number of lessons learned working under this partnership model

WEAKNESSES

- CDT does not have a dedicated FTE to oversee the county TA program
 - A dedicated FTE (e.g. 0.5) would enable current staff to spend 100% of their time on ASHLine-specific and CDT-specific goals
- County staff turnover is relatively frequent
- Front-line staff have less experience working within the healthcare system (but more experience working in community settings)
- Partners are spread thin over programmatic responsibilities (ASHLine work is not daily or even regular, in some cases)
- Triangle among ADHS BTCD, ASHLine and county partners can be challenging
 - BTCD vision for county work changes semi-regularly
 - Fluctuating expectations create frustration for partners and low motivation/buy-in
 - Funder-identified limitations structuring partner accountability
 - Call coordination is difficult
- Third-party marketing to partner organizations (less enthusiasm, ownership, knowledge)

OPPORTUNITIES

- Integrated IGAs may provide opportunities to
 - Increase buy-in as ASHLine is optional
 - Explore new approaches to partnering
- New ASHLine services/clinical protocols create opportunities for tailored outreach, which may be of interest to some counties
- Leverage county partnerships for
 - Networking and identifying collaborative opportunities
 - Local support for initiatives we have insufficient FTE to cover
- Discuss relative ROI using county vs. ASHLine staff for referral development with ADHS BTCD (grow CDT?)

THREATS

- County health department politics vary
 - Not all health officers prioritize tobacco
 - Variable relationships with BTCD
- Lack of direct partner supervision, QA/QC
 - Lack of accountability
 - Lower motivation
- Partner perception that ASHLine is ineffective
 - Poor client satisfaction with clinical services
 - County residents would prefer local services (e.g. classes) instead
 - Approach to referral development is ineffective
- Does this model make good business sense as we move forward (e.g. HIPAA, QA/QC, facilitation of bidirectional exchange, etc.)?

For the last several years, the Community Development Team has been tasked with providing training, technical assistance (TA) and reporting to county tobacco programs as one of three statewide TA providers. At present, county partners are tasked (per BTCD as a funder) with providing basic outreach and overseeing referral development with medical providers and community organizations in their counties. Counties are instructed to follow an action plan and report their work in WebQuit.

SWOT: COMMUNITY DEVELOPMENT TEAM

STRENGTHS

- Builds community awareness of ASHLine
- Professional external “face” of ASHLine in the community
- Generates referrals (proactive and passive)
 - Referrals converting to enrollments result in service utilization and increased quit attempts
 - Enrollments from referrals (proactive and passive) constitute a growing percentage of ASHLine clientele as call volume decreases
- Flexible/responsive to organizational, partner and funder requests
- Self-directed/productive
- Creative problem solvers/solution-oriented
- Strong working relationship with ADHS BTCDC
- Individual team member education/experience/strengths promote team cross-training/cross-fertilization
- Fluent working independently and collaboratively
- Decade of experience building partnerships in Arizona (several lessons learned)

WEAKNESSES

- Continuously available for prompt response to partner requests
 - Requires regular (re)prioritization to ensure all needs are met
- Lacks topic-specific expertise in certain areas of interest to partners
- Unable to respond to the universe of partner requests
- Current platform limitations
 - Poor data capture
 - Partner frustrations (as end users)
 - Limited options for reporting
- Team size/geographic distribution
 - Unreliable remote communication technology (Lync)
- Dependence on other teams

OPPORTUNITIES

- New platform
 - Improved data capture and integration
 - Improved partner interface
 - Multi-modal referral and coaching
 - Bi-directional exchange (increase referrals, care coordination and clinical outcomes)
- ASHLine service expansion
 - New protocols, hours, etc. to market
 - Targeted outreach
- CDT “toolkit” expansion
 - Systems Change manual; website expansion; new provider materials
- Environmental facilitators
 - ACA; Meaningful Use; CMS HRRP
- ASHLine research (where appropriate)
- ENDS

THREATS

- Decreasing referral volume
- Low reach & enrollment rates for referrals
- Market competition/competing services
- Lack of team visibility to ASHLine peers
- Legacy of past project management
- Scope creep
- Environmental factors affecting partners
- Threats that double as opportunities:
 - Staff turnover; mergers/acquisitions; RBHA transitions
 - ENDS
 - Poor experience with ASHLine referral program
- Funding uncertainty

SWOT: RESEARCH & EVALUATION TEAM

STRENGTHS

- Strong tobacco cessation research team; including experts in behavior health and data management and data analysis
- Academic environment
- Faculty support
- Graduate student support (MPH, doctoral and interns)
- Access to large quitline data that can examine ongoing trends on tobacco cessation
- 20 years of experience as a quitline provider
- Technology: New ARL platform, recorded phone calls, electronic health records and web-based quit service
- Collaborative and mentoring environment
- ADHS partnership
- Research funding
- Strong evaluation team

WEAKNESSES

- Self-report data
- Steady decline of incoming calls
- Limited representation of minority populations
- Missing data
- Undefined research vision/focus and objectives (specify immediate vs. long term agenda) – it is difficult to determine the priority of research projects, grants and/or topical areas
- Clearer criteria is needed to evaluate research team performance

OPPORTUNITIES

- New system will provide high quality data?
- New protocols to reach/recruit at risk population
- Ongoing research and analysis will help improve tobacco cessation services
- Target additional behavioral change interventions
- Increase team integration within ASHLine
- Engage other MEZCOPH/UA faculty to collaborate on research.
- Client recruitment for studies
- Quitline community collaboration
- Other formats for clients to complete surveys

THREATS

- The subjective reporting of electronic cigarettes and lack of reliable measurement tools
- Data entry errors
- Response rate to enrollment and follow-up questions
- Lack of research funding
- Learning curve for new ARL platform for researchers

Priorities for Research:

1. Define research goals and objectives
2. Standardize evaluation tools
3. Expand collaboration beyond the university level

SWOT: RESEARCH & EVALUATION TEAM

STRENGTHS

- Strengths in quantitative and qualitative areas
- Focused on results and helping clients
- Integrated with other teams
- More transparent communication about how we calculate numbers
- Working with other teams to improve reports and analysis
- Active role in organizing the research team and presenting new research topics
- Quick project turn around: e.g., internal data requests, conference abstracts, NM RFP, etc.
- Strong knowledge of ASHLine data
- Strong SAS knowledge and experience
- Access to ASHLine data

WEAKNESSES

- Need to clarify team mission, goals and objectives
 - Imbalance between program evaluation (20%) and research (80%)
 - Difficult to prioritize research or QI topics without articulated agenda or opportunity to discuss/coordinate topics with other teams
- Historical SAS code may need updating to verify the assumptions in the code
- Need a process for evaluation team to contribute to QI changes, document data deficiencies and suggest service improvement
- Focus on data collection and analysis for funders, not for coaches or other staff
- Limited experience with technical statistical methods - no contact with mentors in this area

OPPORTUNITIES

- Use data to help other teams identify opportunities for improvement
- Can be involved in the expansion of ASHLine services - evaluate projects from ideation to implementation and analysis
- Opportunities to mentor (interns) and be mentored by faculty
- ARL platform provides flexibility in designing and updating survey questions
- Freedom to learn new skills
- Availability of seminars and events on campus
- Ideas can be conveyed through MT and research team meetings
- In-house professional development - UA campus career development training (on-site and online)
- Set quarterly goals for the team

THREATS

- No clear process to vet data requests - data request form developed but not utilized
- Lack of discussion on the technicalities of recurring reports
- Data reliability, e.g., missing values, non-standardized terminology, etc.
- Performing analysis without always having a clear purpose
- Need to document steps and code for new reports
- Limited information about career paths and opportunities for career growth
- Potential to make decisions without utilizing all available data
- ARL - need to clarify how the back-end will be set up - if different, will affect code logic, field names, accuracy, and timing of deliverables
- Changes to survey questions, format, platform, and administration procedures affect data continuity

SWOT: MARKETING & COMMUNICATIONS TEAM

STRENGTHS

- We know our clients and our services
- In-House Development of:
 - Marketing materials
 - Branding
 - Identity
 - Web traffic
 - Software development
- Strong relationships with vendors for printing, promotional projects and advertisements
- Ability to outsource the professional development and production of radio and tv advertisement
- Autonomy to explore new ideas (such as Vine to attract more clients)
- Ability to pull together as a team to create and implement systems to meet reporting and support needs

WEAKNESSES

- Spread too thin — in order to adequately expedite existing tasks and grow into new areas, the addition of a couple team members would be most helpful
 - 0.5 FTE web and graphic designer (well versed in Drupal)
 - 0.5 FTE content writer (for website, blogs, social media)
- No fully functional independent web-based quit program
- No multi-modal coaching capabilities (ie. Txt, skype)
- No real-time data reporting
- No standardized protocol for working with the state on marketing

OPPORTUNITIES

- New web platform
- Marketing
 - New website
 - Public transit ads
 - Social media
 - Other outlets to explore advertising

THREATS

- Other quitline services
- Apps that elude to clients being able to quit on their own
- Funding

SWOT: BUSINESS & FINANCE TEAM

STRENGTHS

- Communication
- Learn quickly
- Positive overall changes at ASHLine in the corporate culture

WEAKNESSES

- No office manual:
- office procedures, travel, mailings
- inventory of client materials
- printer protocol
- Director and Clinical Services Manager spread too thin.
- Still hierarchy in the office in general

OPPORTUNITIES

- Diversified training and capabilities of staff to take on more
 - Current staff has capabilities to assume more with the integration of fee for service and other horizontal and vertical integrations.

THREATS

- Limited window for ASHLine to make changes in how it operates. State will start to decrease the budget.
- Adapt to change: less phone counseling to more web-based counseling

APPENDIX 5: CLINICAL SERVICES PROTOCOL TRAINING

Protocol	Description	Collaborators	Internal Review	State Review	Translation	Training
ENDS Protocol	The ENDS Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who use or are interested in using Electronic Nicotine Delivery Systems.	Tracy Crane	COMPLETED	COMPLETED	Pending	COMPLETED 7/06/2015
NRT 4 Week Pilot Study	The Pilot 4-Week Provision of NRT Protocol is designed to guide the ASHLine Clinical Team through a pilot test to determine the efficacy of providing an additional two weeks of nicotine replacement medication (NRT) to clients who have at least one self-reported comorbid condition.	Tracy Crane, Angela Valencia, Ryan Reikowsky	COMPLETED	COMPLETED	COMPLETED	COMPLETED 6/18/2015
Pregnancy/ Postpartum	The Pregnancy/Postpartum Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who disclose current pregnancy or postpartum status.	Alma Anderson, Tracy Crane, Angela Valencia, Ryan Reikowsky	COMPLETED Version 6.1.15	PENDING	COMPLETED	COMPLETED 7/30/15
Postpartum	The Postpartum Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who disclose postpartum status at enrollment.	Alma Anderson, Tracy Crane, Angela Valencia, Ryan Reikowsky	COMPLETED Version 5.11.15	PENDING	COMPLETED	COMPLETED 7/30/15
Youth	The Youth Protocol is designed to guide members of the ASHLine Clinical Team who work with adolescent and young adult clients who are between the ages 13-23.	Alma Anderson, Tracy Crane, Angela Valencia	Second draft [4.24.15] in review, by collaborators			Week of 10/26/15
Mental Health	The Mental Health Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who have mental health and/or emotional challenges (e.g. depression, anxiety, etc.).	Barbara Miller, Milca Pavlik, Tracy Crane, Angela Valencia	Second draft [5.1.15] in review by collaborators			Week of 9/28/15

Spanish Speaking (Hispanic/Latino)	The Spanish Speaking Protocol is designed to guide members of the ASHLine Clinical Team who work with Hispanic/Latino Spanish-speaking clients.	Alma Anderson, Carlos Gomez, Tracy Crane, Angela Valencia	Second draft [5.22.15] in review by collaborators			Week of 12/7/15
Native American/American Indian	The ASHLine Native American/American Indian Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who self-identify as Native American/American Indian.	Dr. Teufel-Shone, Dr. Sabo, Tiffani Begay, Shannon Whitewater, Tracey Crane, Angela Valencia	Second draft [6.4.15] in review by collaborators			Week of 11/30/15
LGBTQI	The LGBTQI Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who identify as being lesbian, gay, bisexual, transgender, queer, questioning, and/or intersex [LGBTQI].	Alma Anderson, Alec Laughlin, Tracy Crane, Angela Valencia	First draft [5.28.15] in review by collaborators			Week of 1/25/16
Smokeless Tobacco	The Smokeless Tobacco Users Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who use smokeless tobacco products including chew, snuff, snus, and dissolvable tobacco. Note that the Smokeless Tobacco Protocol does not include information on ENDS products	Lindsay Bingham, Tiffany Wolff, Tracy Crane, Angela Valencia	COMPLETED Draft 6.30.15	PENDING		8/31/15 2 hours
Cancer Survivors	The Cancer Patients and Survivors Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who are either a current cancer patient or a cancer survivor.	Lindsay Bingham, Dale Gehring, Barbara Miller, Tracy Crane, Angela Valencia	Second draft [6.15.15] in review by collaborators			Week of 4/25/16
Enrollment Team Protocol	The Enrollment protocol is designed provide members of the ASHLine Clinical Team with strategies to help engage potential clients wanting to quit tobacco during the enrollment process.	Tracy Crane, Juliette Heiser, Carlos Gomez, Aurora Higginson, Catherine Moutray, Tiffany Wolff	First draft [6.1.15] in review by collaborators			Week of 2/22/16

Veterans	The Veterans Protocol is a two part protocol designed to guide: (I) screening, referral and enrollment procedures for the ASHLine Enrollment Team; and (II) coaches' clinical support service components for clients who identify as Veterans, including referral to outside support when appropriate.	Tracy Crane, Nicole Yuan, Cyndi Thomson	Latest version [9.2.14]			Week of 5/23/16
Hospital Discharge	The Hospital Discharge Protocol is designed to guide members of the ASHLine Clinical Team who work with clients who have recently been discharged from the hospital.	Dale Gehring, Tracy Crane, Angela Valencia	First draft is currently being developed by Rebecca			Week of 6/20/16
HIV/AIDS	The HIV/AIDS protocol is designed to guide members of the ASHLine Clinical Team who work with clients who have been diagnosed with HIV/AIDS	Tracy Crane, Angela Valencia	First draft is currently being developed by Rebecca			Week of 3/21/16