

# Arizona Smokers' Helpline Annual Report



Fiscal Year 2015



Impact of Media Campaigns on Call Volume

Program Statistics

Improving the Health of Arizonans



MEL AND ENID  
ZUCKERMAN COLLEGE  
OF PUBLIC HEALTH

## Media Campaigns' Effect on Call Volume and Program Enrollment

One of ASHLine's key priorities is to be an accessible cessation service for tobacco users in Arizona. Media campaigns have long been an important resource for promoting the organization's services. For instance, in fiscal year (FY) 2014, 56% of those initiating contact with ASHLine indicated that they heard about the helpline through a media advertisement on the television or radio. In Arizona, quitline promotional media are administered by the Arizona Department of Health Services (ADHS) and by the Centers for Disease Control and Prevention (CDC). Both organizations air recurring, intermittent media campaigns. ADHS funds advertisements that promote ASHLine's quitline number directly. The CDC national campaign, called "TIPS" (Tips from former smokers), uses a national 1-800 quitline number that routes callers to local quitlines based on their area code. TIPS media feature personal accounts from former smokers that are designed to illustrate how smoking negatively affects their physical health. The most recent TIPS campaign started airing on March 30, 2015. A multi-outlet approach that includes television, radio, cinema, print and digital media forums are employed.

In this brief, we are interested in exploring how the timing of these media campaigns play a role in influencing the number of people who call to avail of ASHLine's cessation services. We examine this question by comparing ASHLine's call volume history with the timing of television campaigns run by either ADHS or CDC. Specifically, we sought to determine whether changes in the number of incoming calls corresponds with the timing of advertisement airings and whether multiple airings and/or the overlap of ADHS and CDC media airings alters call volume. Tracking call volume is a useful measure for determining whether media campaigns succeed in directing callers to ASHLine.

**Results.** Using FY 2014 (July 2013 - June 2014) and FY 2015 (July 2014 - June 2015) call volume data, we see that the number of calls to ASHLine was lower from July 2014 to March 2015 compared to the previous year. Around March 2015, however, the number of calls spiked and exceeded the monthly volume as compared to the same time the previous year (see Figure 1). Overlapping campaign date ranges with the FY 2015 call data, it appears that the uptake in calls—from about 200 a week to around 550 at its peak—directly followed the first ADHS media run for 2015. After three weeks the volume declined to around 400 calls a week where it fluctuated between 350 and 500 calls for the next 3 months (see Figure 2).

Figure 1. Monthly Call Volume for FY 2014 and FY 2015

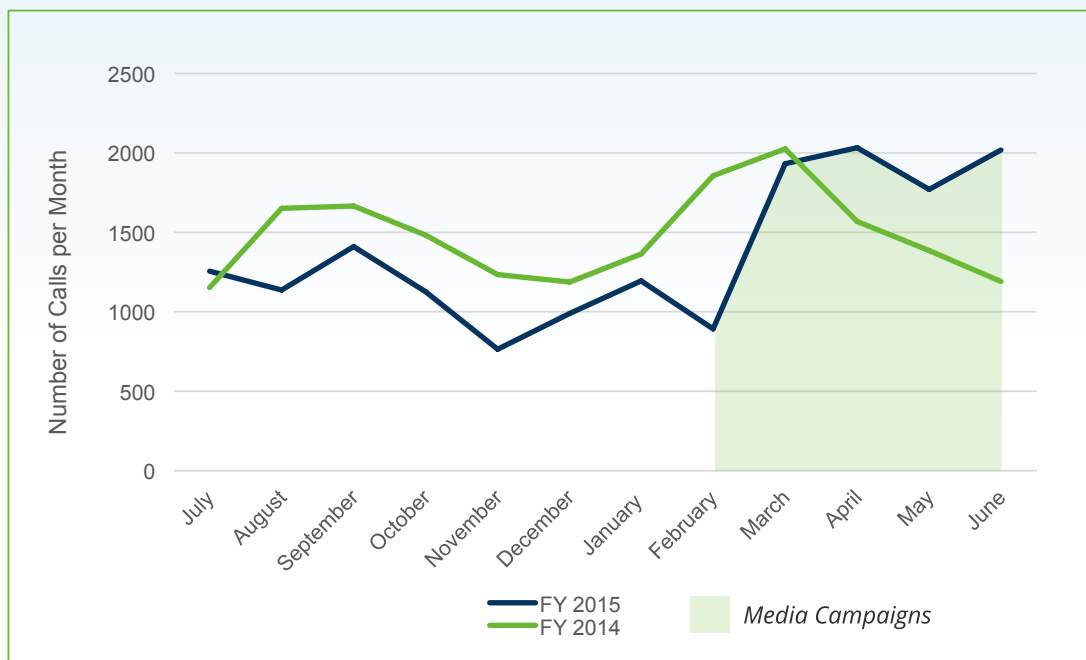
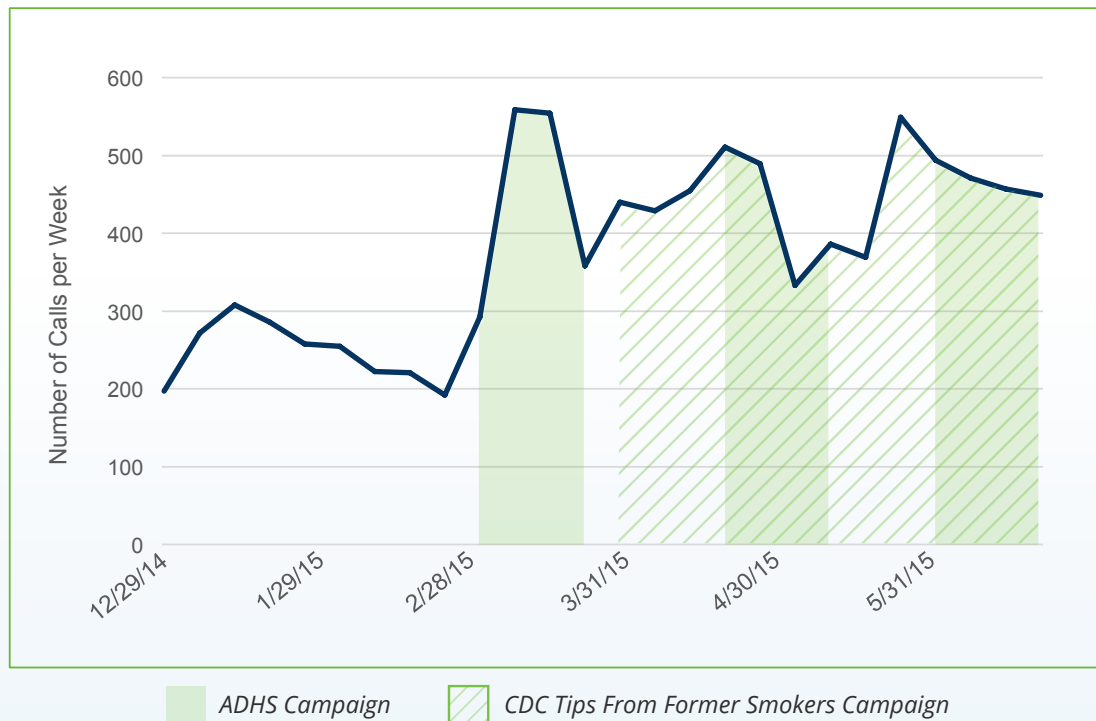


Figure 2. FY 2015 Calls per Week and ADHS and CDC Television Airings



**Main Points.** Call volume to ASHLine more than doubled when the television advertisements first aired in March 2015, as compared to January thru March when no TV media was dispersed. This trend is corroborated by enrollment data. In January and February, approximately 15% of enrolled clients reported hearing about ASHLine from media advertisements. In March, this figure rose to 27% and peaked in April at 38%. We observed an increase of enrolled clients from March-June 2014 compared to the four previous months. Subsequent and recurrent media ads from both ADHS and CDC helped in maintaining call volumes at higher levels compared to the previous year. It is difficult to determine from these figures whether the contribution resulted primarily from ADHS media, CDC media, or a combination of both.

**Next Steps.** It is clear that ongoing media campaigns are an important factor in maintaining high call volume and client enrollment. The timing of media releases, therefore, is an important consideration. While we are aware that increased messaging around behavior change is important to promote behavior change, it may be important to identify if there is redundancy in airing ADHS advertisements concurrently with national (CDC) media. It will also be important to analyze program outcomes (e.g., program utilization, quit rates) based on how clients heard about ASHLine, to determine if different media content attract clients who have diverse program expectations and/or benefit from ASHLine services differently.

## SUMMARY OF THE FISCAL YEAR

Fiscal Year 2015 (FY 2015) was another strong year for ASHLine. The quitline received more than 16,500 calls and enrolled almost 8,000 Arizonans in the tobacco cessation program. The proactive referral program has grown as well, partnering now with more than 1,800 healthcare professionals referring more than 10,000 individuals to ASHLine. Trainings were provided to more than 1,450 health care providers, with a special focus on behavioral health. Important changes were made to ASHLine's clinical services. Counselors are being trained on new protocols that will allow them to provide specialized support to high-need clients, including pregnant or postpartum women and individuals with severe mental illness. Now that we are settled after relocating to the Abrams Pima County Public Health building, ASHLine is looking forward to a productive year of continued innovation and quality service to our clients.

### ASHLine Core Measures

	FY 2014	FY 2015
<b>Incoming Calls</b>	17,328	16,503
<b># Referrals</b>	9,974	10,126
<b># Quit Coaching</b>	10,824	7,798
<b># Information Only</b>	561	545
<b>Quit Rate</b>	37%	35%

## COMMUNITY DEVELOPMENT HIGHLIGHTS

### Partner Training Program

This year the Community Development Team continued to provide training on the Ask, Advise, Refer (AAR) brief intervention process to health care providers and organizations interested in promoting evidence-based treatment to their clients. In addition to AAR, the team provided trainings on Electronic Nicotine Delivery Systems (ENDS), submitting referrals electronically (WebQuit training), and the health effects of tobacco use (Lunch & Learn), developed specifically to be delivered in employer settings to support our Public-Private Partnership pilot program. In FY 2015, the team delivered a total of 31 AAR trainings in medical settings to over 400 providers and a total of 50 AAR trainings in behavioral health settings to over 1,000 providers. In addition, the team delivered 8 Lunch & Learn presentations to over 60 employees, as well as 2 ENDS trainings and 1 WebQuit training to over 50 providers.

### Public-Private Partnership Referrals

	FY 2014	FY 2015
<b># Referrals</b>	102	155
<b>% Reached</b>	92%	74%
<b>% Reached who Enrolled</b>	97%	88%

### Promoting Health Systems Change

While continuing to provide support and technical assistance to all of ASHLine's partners statewide, the Community Development focused in FY 2015 on working with the behavioral health community. Promoting tobacco cessation within behavioral health is an ongoing goal due to disparate rates of tobacco use and tobacco-related morbidity and mortality within this population. Our team was able to work with behavioral health professionals on both the Regional Behavioral Health Authority (RBHA) level and the service provider level, growing referrals from providers each quarter this year. In Pima County, the team strengthened existing partnerships with the local RBHA—the Community Partnership of Southern Arizona (CPSA) and the core comprehensive service providers, including CODAC Behavioral Health Services, COPE Community

Services, Inc., La Frontera Center, and a new partner – Pasadera Behavioral Health Network. Conversely, in Maricopa County, efforts were focused on establishing relationships with the new RBHA—Mercy Maricopa Integrated Care (MMIC), as well as maintaining or re-establishing relationships with the core provider network organizations including Jewish Family & Children’s Service, Partners in Recovery, People of Color Network, and Southwest Network.

**Public-Private Partnership (PPP) Employer Pilot Program**

This year the team grew the PPP Employer Pilot Program, establishing pilot programs with 10 new employers. Through this pilot, ASHLine can assist these employees in quitting tobacco while providing employers with a “reasonable alternative” tobacco cessation program, an Affordable Care Act (ACA) requirement when a tobacco surcharge is imposed. The PPP Employer Pilot Program is a free demonstration pilot that has been in place since 2013. Each year, the program continues to grow while ASHLine works to establish required infrastructure to engage in cost-sharing opportunities created by ACA to support future sustainability.

**Upcoming Goals for Community Development in FY2016**

In the coming year, the Community Development Team will continue to establish partnerships across Arizona and promote universal access to evidence-based assessment, treatment, and referral to services for all Arizonans seeking care. Particular emphasis will continue to be placed on partnerships within behavioral health and within the network of Federally Qualified Community Health Centers (FQHCs). We also plan to expand our health systems change toolkit by developing new trainings and resources, including a health systems change manual to support partners in the field. Our goal is to use these resources to provide targeted support to providers who work with priority populations (e.g. pregnancy and postpartum, LGBTQI, etc.). In this way, we hope to increase reach among priority populations for which specialized services and support have traditionally been less available.

**Community Development and Enrollment Teams**

	FY 2014	FY 2015
<b># Referrals</b>	9,974	10,126
<b>% Reached</b>	47%	54%
<b>% Reached who Enrolled</b>	64%	48%
<b># Unique Locations</b>	791	862
<b># Unique Agents</b>	1,645	1,868

**ENROLLMENT AND SURVEY HIGHLIGHTS**

**Improving Engagement Practices**

During the past year, the Enrollment and Survey Team participated in several trainings. The goal of the trainings was to increase client involvement and improve communication at the time of enrollment. Enrollment specialists learned motivational interviewing techniques related to tobacco cessation coaching and the Enrollment

and Survey Team participated in skills workshops to assess client motivation, readiness to change, and interest in ASHLine’s coaching program. Trainings also touched on improving data collection processes and procedures. Finally, the team expanded its hours of operation to better accommodate evening callers. ASHLine is now open until 9:30pm on Mondays, Tuesdays, and Wednesdays.

**Survey Team**

	FY 2014	FY 2015
<b>7-Month Quit Rate</b>	37%	35%
<b>Response Rate</b>	49%	38%

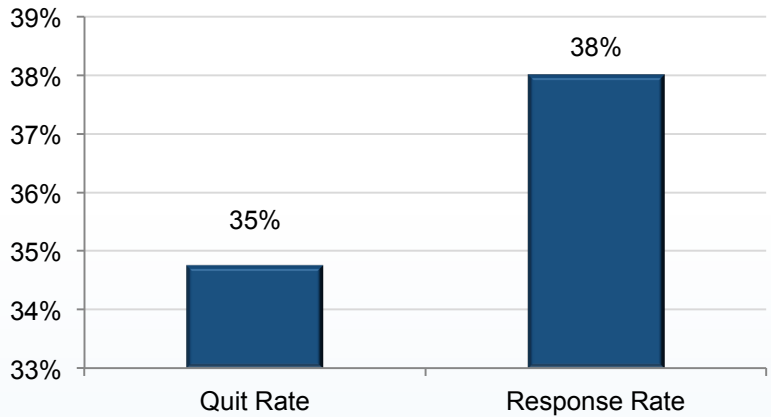
**Cross-training Enrollment and Survey Staff**

To increase team efficiency and versatility, Enrollment and Survey Team began to be cross trained to administer both intake and follow-up assessments. This strategy increases the flexibility and availability of staff and reduces the burden they experience during high call periods. We anticipate the cross-training will be completed within the first quarter of FY2016.

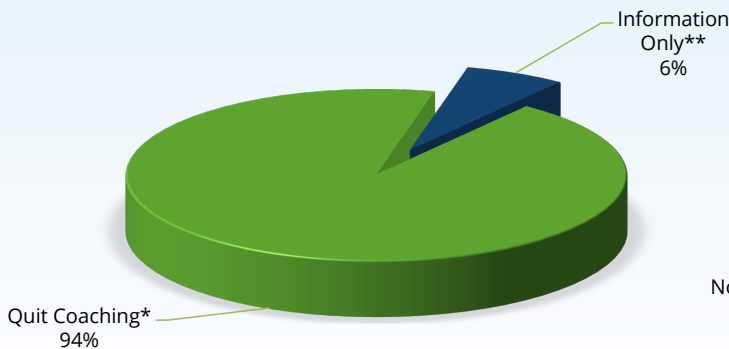
**Upcoming Goals for Enrollment and Survey in FY2016**

In the next quarter we look forward to transitioning to an updated software platform. The new system will allow our team to engage callers more effectively and provide cessation assessment and goal setting during the first call. As we adjust to this new system, our primary goal is to improve client engagement at the time of enrollment.

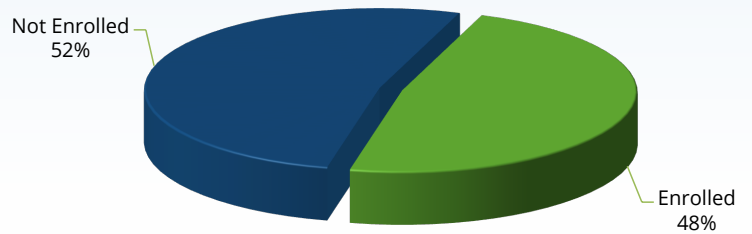
**7-Month Follow-up Quit and Response Rates**



**Enrollment Status**



**Reached Referrals Enrollment Rate**



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

\*\* Clients who only requested self-help quit material

## CLINICAL SERVICE HIGHLIGHTS

### Increasing Efficiency of Clinical Services

In FY 2015, the Clinical Team participated in multiple workshops that taught motivational interviewing skills, directions for appropriate use and dosage recommendations for tobacco-cessation pharmacotherapy, and a webinar by Glaxo Smith and Kline to educate coaches on state-of-

the-art approaches to medication and coaching for tobacco cessation. Additionally, at the beginning of FY 2015, protocols for coaching high-risk smokers were developed and are currently being implemented. Protocols address coaching women who are pregnant or postpartum, e-cigarette users, and individuals with serious mental illness who wish to quit tobacco. The latter protocol was implemented as part of a Pfizer grant.

#### Coaching

	FY 2014	FY 2015
<b>New Clients</b>	10,711	7,798
<b>% Receiving 1+ Coaching Calls</b>	79%	80%
<b>Avg # Coaching Sessions/Exited Client</b>	3.9	4.4
<b>% Using Meds</b>	60%	56%

### Improving Quality of Clinical Services

The Clinical Team began using customized coaching metrics for evaluating individual coaches each quarter. Feedback from these reports is used to inform clinical practice for coaches and identify areas for improvement. A journal club for all clinical staff was also initiated in which team members present and discuss relevant and timely topics to inform clinical best-practices. Finally, the team initiated a multi-modal behavior change coaching platform to increase service reach and effectiveness.

### Personnel Changes

At the end of 2014, the Clinical Team added a Spanish speaking, bilingual coach to meet the needs of evening clientele. A graduate intern from the college of public health was also hired to assist in developing the previously mentioned priority-population protocols. The intern performed literature searches and interviewed coaches and topic-specific professionals to inform protocol development; the clinical manager provided oversight.

### Upcoming Goals for Clinical Service in FY 2016

During the next fiscal year, we will continue to develop and train staff in population-targeting protocols, including cancer survivors, LGBTQI, chronic diseases, HIV/AIDS, Latino/a and American Indian smokers. Our goal is for these protocols to be integrated into ASHLine services by the end of the FY2016. We also plan to re-structure inbound ASHLine calls. Inbound calls will be answered by a member of the clinical team to ensure prompt access to a quit coach and a timely start date towards an active quit for all enrolling clients. The goal will be for all enrolling clients to have at least one goal towards quitting at the end of the first call. Finally, SMS text messaging and a standalone, online web-quit program will be implemented in FY 2016. We believe that integrating these additional services within our existing evidence-based programming will improve the reach and efficiency of ASHLine services.

## RESEARCH AND EVALUATION HIGHLIGHTS

### Evaluation Projects

In FY 2015, we continued our focus on creating more efficient and streamlined protocols for ASHLine by developing software codes that automatically generate evaluation reports. This allows us to increase the amount of feedback we can provide to internal and external stakeholders. For instance, we now provide quarterly reports to the clinical services team that highlight each coaches' counseling metrics, including but not limited to, the number of clients reached, the average number of calls to each client, and so forth. We plan to continue streamlining and standardizing similar processes through the next fiscal year as ASHLine transitions to a new data collection platform. This will create efficiencies in program evaluation and quality improvement projects, allowing us to assess the effectiveness of specific program components and services at the quitline.

### Research Partnerships and Research Dissemination

In the past year, we established productive research collaborations with tobacco researchers. As a result, ASHLine was represented at national-level tobacco conferences, including presentations at the Society for Research in Nicotine and Tobacco (SRNT), the nation's leading peer-reviewed conference in nicotine and tobacco research. ASHLine has additionally submitted abstracts for the 2015 North American Quitline Consortium conference.

### Conference Presentations

- ***Society for Research in Nicotine and Tobacco (Philadelphia, PA)***  
Prevalence of electronic cigarette use among callers with a mental health condition.
- ***American Society for Preventive Oncology (Birmingham, Alabama)***  
Prevalence of electronic cigarette use among quitline callers and influence of electronic cigarette use on quit rates.

### New Research and Evaluation Manager

During the last quarter of FY 2015, Dr. Uma Nair was hired as manager of the Research and Evaluation Team. Dr. Nair is a cancer control and prevention researcher. She has been developing an active research program focusing on health promotion and chronic disease management within the context of nicotine and tobacco dependence among underserved populations. Apart from managing the Research and Evaluation Team, Dr. Nair will direct research at ASHLine through collaborative and transdisciplinary research partnerships with tobacco and health promotion researchers at the University of Arizona as well as at other institutions.

### Upcoming Goals for Research and Evaluation in FY2016

Our goal for the upcoming year is to expand ASHLine's research program by continuing to present at national conferences and publishing manuscripts based on ASHLine data in peer-reviewed journals. We will continue to build research capacity within ASHLine by expanding academic collaborations with other tobacco researchers, making the research enterprise at ASHLine competitive to seek federal, state, and foundation grants. We will also work to support the other teams at ASHLine, using evaluation and research data to (a) inform strategies that will help retain callers through our follow-up period and thereby improve response rate, (b) bolster community development efforts, (c) create standardized protocols for program evaluation and quality control, and (d) inform clinical services.



## Annual Report Fiscal Year 2015: Program Metrics and Service Utilization

*Table 1. Referrals, Enrollments and Coaching Calls by County*

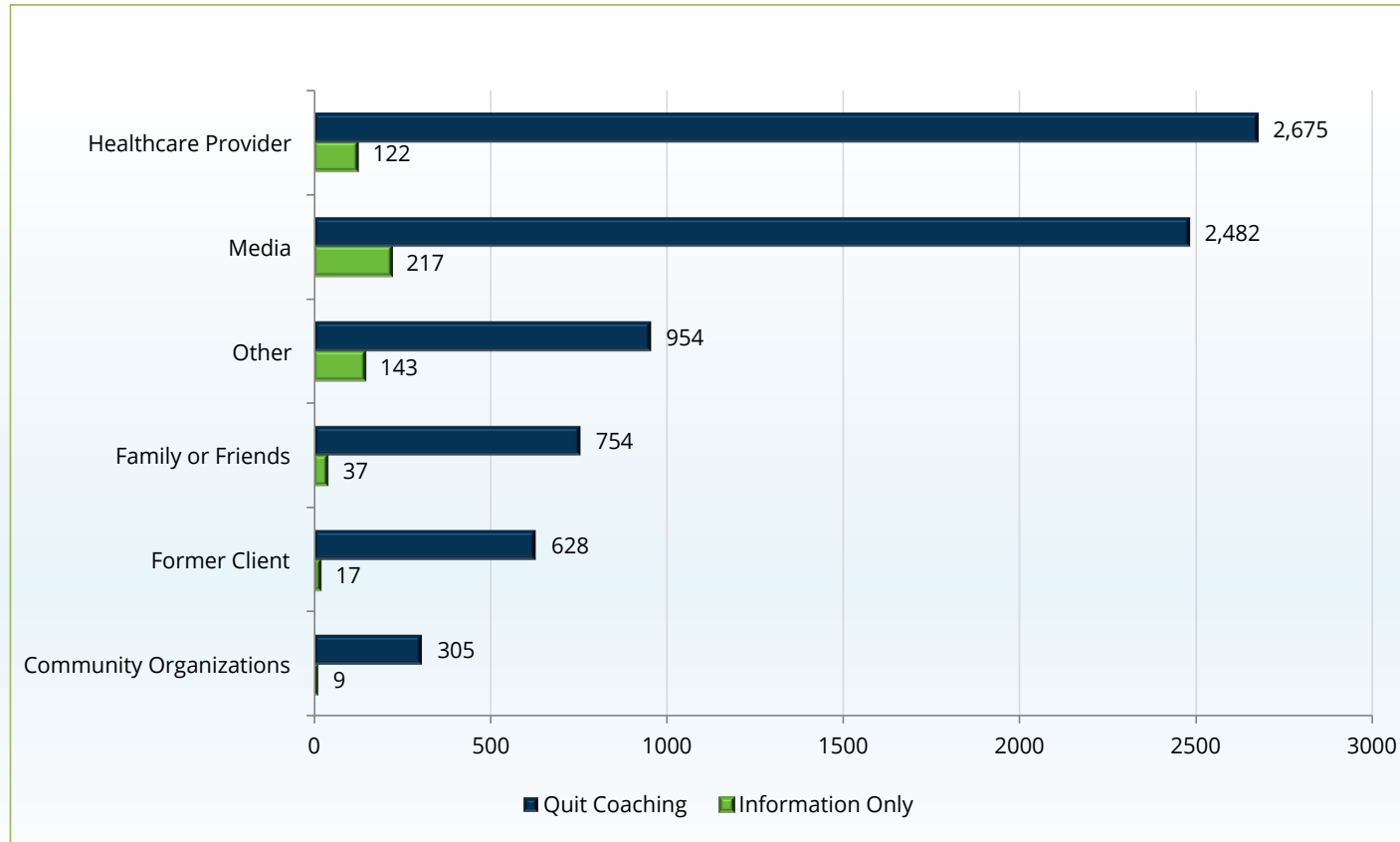
County	Referrals	Enrollments
Apache	40	42
Cochise	294	213
Coconino	353	153
Gila	104	82
Graham	89	54
Greenlee	7	13
La Paz	70	38
Maricopa	5,529	4,440
Mohave	354	362
Navajo	34	85
Pima	2,631	1,398
Pinal	125	370
Santa Cruz	65	49
Yavapai	242	301
Yuma	189	170
Unknown	0	28
<b>Total</b>	<b>10,126</b>	<b>7,798</b>

*Table 2. Incoming Calls and Quit Rate*

Utilization Summary	FY 2015
Total Proactive Calls	16,503
Total Coaching Calls	27,644
Average Calls Per Client	4.38

**35% of our clients reported being quit at 7 months**

Figure 1. Sources Through Which Clients Heard about ASHLine



Referral Systems and mass media campaigns generate the highest percentage of enrollments. Mass media campaigns are helpful in motivating clients to reach out to cessation services since they can directly influence decision-making about quitting. Smokers can gain new insights from hearing and viewing campaign messages as it pertains to their own smoking behavior.