



AAFP Tobacco and Nicotine Chapter/Family Medicine Residency Program Mini Grants  
**Final Report**  
**2015-2016**

**Each question in this Final Report should be answered thoroughly and completely.**

Describe your project. Please answer the following questions.

**1. Why did you choose this project? In other words, how was it relevant to your chapter/residency?**

This focus of this project felt like a natural continuation of our 2014-2015 Tobacco Grant project. In 2014-2015, IAFP collaborated with the American Academy of Pediatrics to develop a quality improvement project on the implementation of the Brief Tobacco Intervention and the use of the Illinois Tobacco Quitline. The funds for that project (from the Cook County Department of Public Health) were used to develop the QI project and promote it to physicians, practices, and residency programs in Cook County. IAFP applied for the AAFP grant last year to allow us to promote and market this program to all of suburban Chicagoland. For the 2015-2016 grant, it made a great deal of sense for us to continue our expansion to the rest of Illinois, which included Central, Southern, and far Northern Illinois.

**2. What did you do and how did you accomplish it?**

We marketed this program to non-Chicagoland IAFP members in order to recruit them to participate in the QI project. We accomplished this in three ways: A direct mail postcard campaign, targeting eblast, and direct outreach to residency coordinators to schedule live internet programming for their residency.

**3. What were your goals and to what extent did you achieve them?**

First and foremost, our goal was to target market the non-Chicagoland (Central, Southern, and far Northern) members of IAFP, as they were not marketed to directly previously with this project. We mailed approximately 1100 postcards throughout the state. Additionally, when IAFP staff travelled to events in the target markets, they brought extra copies of the post cards with them for distribution. IAFP also furthered the marketing campaign via targeted email blasts to the same audience. Through this promotion, we hoped to increase participation in our project by 5-10 individuals and ended up with 7 new individuals who fall within the targeted geographical area who have completed or are currently working on the QI project.

The other main goal of this project was to target market 2-4 residency programs in the stated region to participate in the QI project through a direct webinar presented by member physicians and IAFP staff. This proved to be extremely challenging in terms of scheduling with the residencies. IAFP previous recorded and archived a one hour CME presentation about Tobacco Cessation and the QI project and found that it was much more efficient to allow residency programs to promote that enduring material internally than to find a time that worked for the busy schedules of these groups. The promotional work with the residency programs is ongoing and will continue through the duration of 2016.

*4. How did you measure your goals?*

We measured our goals by the increased number of individuals from the targeted areas who began the QI project. As previously mentioned, our goal was 5-10 individuals, and we currently have 7. We are still promoting and recruiting directly to Illinois Residency Programs. That goal was 2-4 programs, and while we do have direct outreach to them, we are still working on enrollment in the QI project for 2016.

*5. How did this project benefit your chapter/residency? Please provide examples.*

The most obvious way this project benefited our chapter was allowing us to reach out directly to our members who are not in Chicago or the suburbs. Much of our programming takes place in the Chicagoland area, and IAFP is making a concerted effort to extend our reach to our Southern, Central, far Northern members. In addition to directly marketing the Tobacco QI project to those areas (where there is a higher smoking rate than in other areas of the state), we are also bringing a 2 day conference to Springfield this year. Direct marketing and outreach certainly allows us to showcase member benefits to these members who may not have the same level of opportunity for participation as their Chicagoland counterparts.

A second, and unexpected, benefit came from realizing that instead of scheduling live webinars with residency programs, it made more sense to promote online enduring material of the same topic. Trying to schedule time with residency programs is something we face at IAFP on a regular basis. As they have limited available free time, it is a great alternative to be able to work to accomplish IAFP's goal by using a different method of education.

*6. What challenges did you face implementing your project and how did you overcome them?*

As mentioned multiple times above, our main challenge with this project was attempting to schedule live online programs with residency programs. In lieu of this, we promoted our online enduring material (of the same content) via direct email to the programs. This portion of the project is ongoing in 2016, and we still hope to have more individuals participate in our QI project.

Describe how other chapters/residencies could learn from your project.

*7. Do you think that your project could be easily adapted by other chapters/residency programs? Why or why not?*

The foundation of this project is developing an appropriate Quality Improvement project, which is no small task. IAFP collaborated with the Illinois Chapter of the American Academy of Pediatrics and had four faculty advisors work on the development aspect of the project. Once the QI project is developed and approved by the ABFM, I do believe that other chapters/residency programs would be able to implement their own targeted marketing campaigns based on the geography of their respective state.

*8. What recommendations would you have for other chapters/residencies who want to replicate your project?*

I would absolutely suggest that anyone replicating this project start with promoting an online enduring material. This would allow potential participants the ability to take this education on their own schedule. Additionally, since some learners really do love the Q&A aspect of live programming, other chapters could schedule a webinar and offer it to the full membership, rather than a small target group like an individual residency program. This would allow for overall ease of scheduling with a presenter, and still provide forum for those who really do prefer live education.

### Contact Information

9. Chapter or Residency – Illinois Academy of Family Physicians
10. Your name and title – Sara Ortega, Education & Accreditation Manager
11. Email address – [sortega@iafp.com](mailto:sortega@iafp.com)
12. Telephone – (630) 427-8008

**NOTE: AAFP would like to help disseminate your good work by sharing your project with others via the AAFP Mini-grant web page. Please indicate whether you consent to AAFP sharing on its website your project results, final report and contact information.**  Yes  No