



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?
We chose this project because there is a high prevalence of tobacco use in Nebraska, especially amongst the youth. The primary focus of our project is to increase awareness about the dangers of tobacco use, especially amongst the non-English speaking members of our community, and provide culturally specific educational materials in the form of pamphlets, posters, visual aids, and seminars and health fairs that will be held locally in areas where these refugees live. We intended to use the help of both live interpreters working in our clinic as well as smoking cessation specialists to help facilitate our efforts.
2. What did you do and how did you accomplish it?
With the help of interpreters, we were able to produce educational materials in five different languages (Karen, Burmese, Nepali, Arabic and English), which are the most frequently spoken languages within the patient population that we treat at our clinic. These materials include pamphlets and posters outlining the negative health and social consequences of smoking and the benefits of quitting. Furthermore, using some of the funds from the grant, we purchased educational medical models for use during patient visits in clinic.
3. What were your goals and to what extent did you achieve them?
Our preliminary goal was to put in place resources to help facilitate the conversation of smoking cessation during patient visits in the clinic, which was achieved using the pamphlets and educational models mentioned above. We also made available to our patients information about various resources within the community, such as the “Commit to Quit Group” and “Nebraska Quit Line”. We plan to build on our efforts by spreading awareness about the harmful effects of smoking within the aforementioned non-English speaking communities, and also among the English speaking patients, through health fairs and seminars that will be set up at various locations within the community in the near future.
4. How did you measure your goals?
Using our electronic medical record system, we identified the subset of patients (from our entire patient population) who are cigarette smokers or users of other tobacco products. While every patient seen in the clinic is screened for prior or current history of smoking cigarette or tobacco use, those patients who have a positive screen are the main focus of our project. The aforementioned educational materials have been made available to all residents and staff in clinic for distribution to the patients in our target population. Our plan is to monitor the overall trend of smoking and tobacco use after a short period of implementation of various measures and use that information to identify the population subgroups (based on age, gender, race, etc.) that need additional teaching. We will also use the feedback from our interpreters and other members of the community who will be facilitating our discussions during health fairs and seminar to determine how we can continue to achieve our goals most efficiently.

5. How did this project benefit your chapter/residency? Please provide examples.
This project helped by providing resources that can be used to facilitate the conversation about smoking cessation in our patient population, especially amongst the non-English speaking refugee patients. Using the funds from the grant, we were able to obtain various education materials (as outlined above) to use during patient visits as educational visual aids, which we believe will be more effective in our unique patient population than a conversation about smoking cessation alone.
6. What challenges did you face implementing your project and how did you overcome them?
The biggest challenges in implementing our project was the language barrier and the low level of education in the patient population. We overcame these barriers with the help of live interpreters as well as the educational materials that were translated into languages that our patients can easily understand. Another challenge in implementing the project is spreading the awareness outside the walls of the clinic to people in the community that do not seek medical care. We plan to do this by using the funds from the grant to help cover the cost of setting up health fairs and seminars within the communities, including paying for transportation for the members of the community, both medical and non-medical personnel from within those individual communities, and any additional educational materials needed.

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?
Our project can definitely be easily adapted by other chapters/residency programs. Our approach to implement the measures is simple and uses various resources from both academic and community settings to help achieve our goals for the patients.
8. What recommendations would you have for other chapters/residencies who want to replicate your project?
The best recommendation would be to clearly outline the goals of the project and use resources from various avenues (academic, community, etc.) to improve outreach and project success.

Contact Information

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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