



AAFP Tobacco and Nicotine Prevention and Control Chapter/Family Medicine Residency Program Mini Grants
Final Report
2016-2017

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?
In April 2016, our House of Delegates adopted the following resolution: BE IT RESOLVED, that the MAFP ask the MMA, Clearway and other organizations to join us in proposing legislation to our cities and counties to ban nicotine sales to those under 21. The resolution gave direction to the Legislative Committee and staff for working locally and at the state level with affiliated partners to bring Tobacco 21 to the forefront. Tobacco 21 provided our members with an opportunity to mesh legislative advocacy with a tangible action item at the local level.
2. What did you do and how did you accomplish it?
 1. Staff attended monthly meetings of the Minnesotans for a Smoke Free Generation coalition to better understand efforts to prevent and reduce youth smoking, and learn about the 40+ partner organizations many of whom focused on activating patients and consumers. We were one of a handful of organizations that filled the niche of activating physicians so we brought a valuable resource to the table.
 2. The Legislative Committee invited the coalition's co-chair to present an overview on Tobacco 21 at their October 5, 2016 meeting.
 3. One of our members contacted us to say she had been working in her local community and was motivated by a Tobacco 21 session she had attended at an AAFP meeting! This member is now one of our T21 Champions! In addition, staff met with a first-year resident who expressed interest in health care policy and immediately signed up to be a T21 Champion. These two champions became presenters for educational programs we offered to members.
 4. The *News Now* member email invited members to volunteer to be family physician champions for Tobacco 21.
 5. To push out the initiative to members, we designed a webpage banner ad, placed two ads with the state medical society and reported quarterly to the Legislative Committee on progress made.
 6. We partnered with Twin Cities Medical Society and the local public health on October 13, 2016 to host an evening education program on e-cigarettes and tobacco 21 for physicians and other healthcare professionals. We developed a Call to Action postcard which attendees signed for staff to mail to city council members, state senators and state representatives. A total of 30 action postcards were signed that night by family physicians and respiratory therapists.
 7. We then partnered with family medicine residency programs, medical schools/FMIGS, and clinics to host an additional eleven educational programs.
 8. The coalition invited us to speak to their local public health tobacco grantees about the work our members on Tobacco 21 and how we could collaborate and connect with others in the local community.
 9. When the community of Edina showed interest in Tobacco 21, we were asked to notify members who live or practice in that community to engage them in writing letters to the editor, contacting city council and the mayor, and testify at the city council first hearing on the issue. Two members testified at the first hearing on April 18, 2017. Other members worked with us to write letters which staff then mailed to the city council and mayor. Efforts paid off because on May 2, 2017, Edina became the first community in Minnesota to pass Tobacco 21. This was a HUGE accomplishment and a day to celebrate!

10. Edina has fueled efforts in other communities (Fergus Falls, Cannon Falls, Detroit Lakes, etc.) and we will be part of the coalition's strategy to engage family physicians in those communities.
 11. Our T21 efforts will now be summarized in a poster at our Destination CME on August 18 - 19, 2017 and a potential article in *Minnesota Physician* magazine.
3. What were your goals and to what extent did you achieve them?
- Goal #1: Engage 300 members in supporting Tobacco 21.** Outcome: 197 members attended one of the 12 educational sessions and were activated to send a total of 592 Call to Action postcards to their respective elected officials.
- Goal #2: Recruit 15 members to be Tobacco 21 Champions.** Outcome: Turns out the timing was not right and we did not need to recruit more than 10 T21 Champions because of the slow pace of identifying communities that were "T21 ready." We recruited 10 members to lend their name to emails, articles and write letters to the editors.
- Goal #3: Host 10 learning sessions for members.** Outcome: Held 12 educational sessions throughout the state (please contact us if you want specific locations and dates).
- Goal #4: Have members submit letters to editors and "call to action" postcards to their elected city council and mayor, state senator/state representative.** Outcome: 591 Call to Action postcards were signed by members and staff addressed to their respective city council and mayor, state representative and state senator. One letter to the editor was published in Detroit Lakes. Nine members also wrote letters to editors but are being held until their respective communities are T21 ready.
- Goal #5: Invite Tobacco 21 bill authors to meet with our Legislative Committee.** Outcome: This goal was challenging because the current legislative session because the coalition could not find a Republican co-author. The Democratic authors were already supportive of Tobacco 21. At this point in time, Tobacco 21 will likely be delayed until next year's legislative session.
- Goal #6: Include Tobacco 21 as a talking point at Day at the Capitol meetings with legislators.** Outcome: This goal was not met given pressing legislative priorities which included prior authorization, proposed changes to the ACA and Minnesota's proposed changes to the insurance exchange market place, as well as funding for residency slots in Minnesota.
4. How did you measure your goals?
- We measured attendance using a combination of sign in sheets and number of Call to Action postcards returned to staff.
 - On a weekly basis, the coalition sends an email of all TV, radio, newspaper reports on tobacco so we can track which ones featured a member.
5. How did this project benefit your chapter/residency? Please provide examples.
- We often heard from members, especially student and resident members, that linking a talk on advocacy with a specific action item such as the Call to Action postcards created a more tangible hands-on experience.
 - Many of the family medicine residency programs are incorporating advocacy in their didactics and lunch & learns. Our ability to schedule a family physician speaker and Call to Action postcards was invaluable.
6. What challenges did you face implementing your project and how did you overcome them?
- Our resolution specified we would propose legislation to cities and counties but what we quickly learned from coalition partners who have been working on youth smoking for years that every city and every county has its own ordinance written at the local level. It was not possible for us to propose a generic

template of language that would apply to all cities and counties because each local government's current tobacco sales policy was different.

- It became apparent that raising the tobacco purchase age from 18 to 21 takes far more time than the period of this grant.
- Our legislative representative/lobbyist advised us that tobacco 21 legislation at the state level was highly unlikely with a Republican majority in both the House and Senate.

7. Explain how you have or plan to disseminate the findings of your project with others.

- Our final educational session took place at our annual Spring Refresher, April 20 – 21, 2017 so we were not ready to produce a poster to share with members. We will produce a poster to share with members at our Destination CME in August 2017.
- We will ask one of our Tobacco 21 Champions to write an article about Tobacco 21 for the *Minnesota Physician* magazine. The timing for this article might be better when the issue is introduced in next year's legislative session.
- An article on advocacy and Tobacco 21 was published in our members' magazine *Minnesota Family Physician*.
- We plan to expand Advocacy 101 and add a second location in northern Minnesota and engage residents.

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

8. Do you think that your project could be easily adapted by other chapters/residency programs? Why or why not?
Yes, this project could be easily replicated. We would be happy to speak with any chapter or residency program about linking a talk on advocacy with Tobacco 21, share our slide decks and Call to Action postcard, etc.
9. What recommendations would you have for other chapters/residencies who want to replicate your project?
- Set reasonable timelines for changing policies at the local level or state level. It can take months or years to set the stage for communities to be educated and prepared to change policies.
 - The vaping community is vocal and will speak out against any efforts on tobacco cessation.
 - Many organizations are already working on Tobacco 21 so chapters should try to collaborate instead of recreating the wheel.

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, poster, final report and contact information. Yes No