

**Illinois Department of Public Health
Tobacco-Free Communities Program
Quarterly Report
FY2011**

Use this form to report on program activities conducted under the Illinois Tobacco Free Communities Program during the quarterly reporting period. Please note that this report will be used to ensure goals and objectives listed in your Community Intervention Plan (CIP) are being met. The grant budget will be reviewed to confirm expenses are in line with work being completed. Reimbursements are tied to the report.

Agency: Ford-Iroquois Public Health Department Person Reporting: Julie Clark
Quarter 3 Date 4/12/11

A. Required ITFC Program Activities

1. Describe how the Illinois Tobacco Quitline was promoted/advertised during the quarterly reporting period.

1/21/11 5 Quitline flyers, 20 business cards, 1 notepad and 10 Quitline brochures provided to Gibson Area Hospital
1/21/11 Quitline Ad placed in February Caregiver/Grandparents Raising Grandchildren Newsletter
2/8/11 Quitline full page advertisement in Watseka Area Chamber of Commerce Newsletter – 157 subscribers
2/8/11 Quitline full page advertisement in Paxton Area Chamber of Commerce Newsletter – 140 subscribers
Quitline full page flyer delivered in person to 28 churches in Ford and Iroquois counties

2. Describe educational activities conducted regarding Smoke-free Illinois during the quarterly reporting period.

March 15, 2011 – Smoke-free Illinois presentation conducted at the Gibson City Golf Course for 40 Lion's Club members.

3. Were there newly enacted tobacco prevention or control local ordinances in the interim since your last report?

Yes

No

4. If yes, please briefly describe the newly enacted tobacco prevention and control local ordinance(s). Please include the ordinance number for reference purposes.

If a local tobacco control ordinance was passed in your jurisdiction, Please send a copy of the ordinance(s) to the following: ITFC Program, Illinois Department of Public Health, 535 W. Jefferson St., Second Floor, Springfield, IL 62761

5. Describe enforcement activities conducted regarding the Smoke-Free Illinois Act during the quarterly reporting period.

Sent an email to the State asking to see if a citation could be issued from someone at the State level for a bar that was advertising on their website that they allowed smoking. Local police will not issue ticket. Did not receive any response from email sent.

- a. Number of complaints received: 3
- b. Number of investigations conducted: 0
- c. Number of citations issued: 0

6. Describe Break the Habit program activities during the quarterly reporting period.

Fielding calls as to why the law is not being enforced in our counties. Very difficult situation – cost of enforcement is preventing police departments from writing citations.

- a. Number of persons receiving nicotine replacement therapy (NRT) through Break the Habit: 12
- b. Quantity and cost of NRT purchased for Break the Habit: 13 people (2 week supply) \$488.83

7. Describe tobacco cessation program activities (i.e., Freedom from Smoking, etc.) conducted during the quarterly reporting period.

none

- a. Number of cessation classes held: _____
- b. Number of participants starting each class: _____
- c. Number of participants completing each class: _____

B. Describe activities conducted to accomplish outcome objectives that occurred during the quarterly reporting period. Please complete a separate form for each outcome objective. Enter the “Outcome Objective Code” associated with each outcome objective. Refer to the Community Intervention Plan (CIP) Worksheets to identify the code assigned to each outcome objective.

Outcome Objective Code:	QuitEnd
Annual Objective:	By 6/30/2011, at least 40 smokers will have participated in the Break the Habit Program

Describe progress during the quarter toward reaching the outcome objective.

We served 12 clients during the third quarter through the Break the Habit Program. Total to date - 27

Describe barriers to implementation of the objective this quarter and how barriers are being addressed.

None this quarter

List and describe process objectives and any of evaluation steps toward reaching the annual objective. Please describe quantitative and qualitative evaluation steps, along with outcome results.

Although we got a late start in the year due to waiting on approvals for ad at state we seem to be on track to meet our goal.

List issues or projects for which you want to request technical assistance from your Regional Tobacco Advisor (RTA).

Request that emails be responded to even if you do not have an answer to our questions.

Illinois Department of Public Health, Division of Chronic Disease Prevention & Control

Outcome Objective Code:	SHS Enforcement
Annual Objective:	By 6/30/2011, 10 activities will have been conducted to enforce the Smoke-free Illinois Act
Describe progress during the quarter toward reaching the outcome objective. 1) Discussed enforcement of Act with Iroquois County State's Attorney Jim Devine 2) Provided presentation to Gibson City Lion's Club – 40 members present	
Describe barriers to implementation of the objective this quarter and how barriers are being addressed. Police Departments in both Ford and Iroquois counties will not write tickets as business owners have found out that if they don't pay the ticket, it will be dropped. The police departments will not pay for an attorney and an officer to go to the adjudication hearing and drop the cases. Business owners have found out that this is the case so they do not pay the tickets and so now, the officers are not writing tickets because they say it is a waste of their time.	
List and describe process objectives and any of evaluation steps toward reaching the annual objective. Please describe quantitative and qualitative evaluation steps, along with outcome results. To date, 8 of 10 activities have been conducted.	
List issues or projects for which you want to request technical assistance from your Regional Tobacco Advisor (RTA). Request that emails be responded to even if you do not have an answer to our questions.	

Illinois Department of Public Health, Division of Chronic Disease Prevention & Control

Outcome Objective Code:	Quitline
Annual Objective:	By 6/30/2011, 400 calls will have been made to the IL Tobacco Quitline from residents of Ford and Iroquois counties
Describe progress during the quarter toward reaching the outcome objective. 1 st quarter – 51 calls 2 nd quarter – 73 calls 3 rd quarter – 117 Total to date - 241	
Describe barriers to implementation of the objective this quarter and how barriers are being addressed. none	
List and describe process objectives and any of evaluation steps toward reaching the annual objective. Please describe quantitative and qualitative evaluation steps, along with outcome results. To date 241 calls have been made to the Quitline.	
List issues or projects for which you want to request technical assistance from your Regional Tobacco Advisor (RTA).	

Coalition Log
Fiscal Year FY2011, Quarterly Report

D. Briefly describe coalition activities conducted during the quarterly reporting period. Include information that describes coalition activities beyond that included on the Program Services Report form, Special Events Log or Media Log. If there are activities to report for more than one coalition (e.g., a youth coalition and a general tobacco coalition) submit a separate form for each coalition.

Reporting Period: January-March 2011

Local Health Department: Ford-Iroquois Public Health Department

Person Completing Report: Julie Clark

Coalition Name:	Ford-Iroquois Health Improvement Coalition
Has the coalition met during this reporting period?	
January 24, 2011	
Describe activities and projects conducted during the reporting period toward reaching your coalition's goals or objectives. Discussed enforcement barriers. Encouraged Quitline referrals.	
Describe any meetings or activities to be initiated during the next reporting period. April 18 th next meeting	
Additional information about coalition activities or projects.	