

**Illinois Department of Public Health  
Office of Health Promotion  
Division of Chronic Disease Prevention and Control**

**Illinois Department of Public Health  
Illinois Tobacco-Free Communities Program  
Local Health Department Initiative Continuation Grant  
Fiscal Year 2012**

**June 2011**

Illinois Department of Health  
Illinois Tobacco-Free Communities Program  
Grant Application Checklist

Please check each form as it is completed and include it with the application packet.

- Illinois Department of Public Health, Public Health Grant Application (available on [www.idph.state.il.us](http://www.idph.state.il.us) under Funding Opportunities), with attached and numbered pages needed to provide additional information required in the application.
- W-9 Form
- Illinois Department of Public Health, Public Health Grant Budget Detail Template (available on [www.idph.state.il.us](http://www.idph.state.il.us) under Funding Opportunities)
- Coalition Action Plan and Information Worksheet and Coalition Membership Listing (Appendix A)
- Community Intervention Plan (CIP) worksheets (Appendix C)
- Personnel and Duties List (Appendix G)
- Required Components of the Grant Narrative (maximum 7 pages):
  - Executive Summary (1 page)
  - Organizational Structure (1 page)
  - Action Plan for Specified Tobacco-Related Disparate Group (1 page)
  - Readiness and procedures to enforce the Smoke-free Illinois Act (1 page)
  - Details on media strategies and outreach efforts for promoting the Illinois Tobacco Quitline and the Smoke-free Illinois Act (1 page)
  - Evaluation methodology (How will you measure success with quantitative and qualitative evaluation methods) (2 pages)

By the grant submission deadline of 5:00 p.m., July 12, 2011:

1. Submit one (1) signed unbound original of the application packet
2. Use 12-point font, 1-inch margins, and single spaced lines on 8½ X 11-inch paper.
3. Do not exceed the section page limits.
4. Number all pages including any attachments.
5. Complete the budget and narrative and include with application.

Submit all materials to:

Gail DeVito  
Tobacco Control Program Manager  
Division of Chronic Disease Prevention and Control  
Illinois Department of Public Health  
535 West Jefferson Street, 2nd Floor  
Springfield, IL 62761-0001  
[Gail.DeVito@illinois.gov](mailto:Gail.DeVito@illinois.gov)

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## **A. Purpose**

The Illinois Department of Public Health (IDPH), Office of Health Promotion, will provide funding to certified local health departments (lhds) to implement tobacco control and prevention programs within their jurisdictions. The long-term mission of the program is to eliminate morbidity and mortality related to tobacco use among Illinois residents and to reduce the economic burden of treating tobacco-related illnesses.

The U.S. Centers for Disease Control and Prevention (CDC) has identified community-based tobacco programs as a vital component of a comprehensive tobacco control and prevention program that advances achievement toward the following four national program goal areas established by the CDC, Office on Smoking and Health:

- Prevent tobacco use among young people
- Promote tobacco use cessation among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related health disparities among specific population groups

The Illinois Tobacco Free Communities (ITFC) Program promotes the establishment and facilitation of local tobacco prevention and control programs that implement science-based, policy-focused strategies based on the CDC's program goal areas.

## **B. Project Period**

The grant funding project period is July 1, 2011 through June 30, 2012.

## **C. Award Funding**

The ITFC Program funding amount is subject to appropriation upon enactment of the Illinois State Budget for Fiscal Year 2012. All grantees funded in FY11 should complete budgets that represent level funding from last year's grant.

## **D. Funding Categories**

The Department has established three funding categories for the ITFC Program.

### **Category I**

Certified LHDs awarded above \$50,000 in funding are required to develop and implement a comprehensive tobacco control and prevention program to fulfill objectives and strategies that address each of the four program goal areas. The grantee is also required to convene or participate in a coalition group.

### **Category II**

Certified LHDs receiving award amounts between \$20,001 and \$50,000 are required to select two program goal areas for implementation and evaluation. The grantee is also required to convene or participate in a coalition group.

### **Category III**

Certified LHDs receiving award amounts up to \$20,000 are required to select one program goal area for implementation. The grantee is required to convene or participate in a coalition group.

## **E. ITFC Program Staffing Requirements**

1. Category I grantees must staff the program with the equivalent of one full time employee (100% FTE).

2. Category II grantees must staff the program at the equivalent of one-half time (50%) FTE.
3. Category III grantees must staff this program at the equivalent of one-quarter time (25%) FTE.
4. For all funding categories, the required percentage FTE may be divided among multiple staff directly involved in ITFC program implementation and evaluation. It is recommended that the lead staff person has at least an undergraduate degree in Health Education and/or be a Certified Health Education Specialist (CHES), with a minimum of two years of experience in tobacco prevention and control for Category I and II grantees, and a minimum of one year experience in tobacco prevention and control for Category II grantees.
5. Staffing costs may be provided as in-kind. In such instances, the grantee shall include on the personal services budget detail sheet information on staff positions and expenses to be provided as in-kind.
6. Program staff members that are funded 100 % from the grant are expected to work solely on this grant program. A detailed scope of work justification for these employee(s) must be included in the ITFC program work plan and in all required reports. A maximum of 80% of a grantee's total ITFC grant award may be used for combined personal services and fringe expenses.
7. The program coordinator will oversee the day to day administration of the grant, and will ensure that all program goals, objectives and reporting requirements are met. The coordinator will be responsible for quality assurance of the program and will be the primary contact with the jurisdiction's local or regional tobacco coalition. This designated coordinator will be the primary contact to receive grant-related, updates, messages, and contact from the IDPH Tobacco Control Program.

## **F. Required Program Activities and Description of Services**

### **1. Program Activities**

All ITFC grantees, regardless of funding level, are required to:

- a. Develop strategies to enforce and promote the Smoke-free Illinois Act in their jurisdiction;
- b. Promote the Illinois Tobacco Quitline
- c. Conduct an evidence-based program, such as "Break the Habit", that provides FDA-approved tobacco cessation pharmacotherapy (i.e., nicotine replacement therapy or prescription medication) in conjunction with quitline cessation counseling.
- d. Collaborate with local health care systems (hospitals, clinics, and health care providers) to incorporate effective cessation strategies, including health care provider training and information on resources provided by the Illinois Tobacco Quitline, to assist tobacco users.
- e. Coalition participation. All grantees are required to convene or participate in a local or regional coalition group.

### **2. The Community Intervention Plan (CIP)**

The grant application must include an ITFC Program Community Intervention Plan (CIP), which will provide a complete work plan and details on program objectives, activities/strategies, action steps, outputs, and evaluation methodology. A CIP Worksheet (Appendix C) should be completed for each proposed objective for FY12. Applicants should refer to Objectives, Programmatic Strategies and Evaluation (Appendix D) and the Recommended Strategies (Appendix B) for assistance in completing the worksheets. The activities identified in the CIP must be reflected in the proposed budget. If the CIP does not include all required components, approval and execution of the grant may be delayed. It is recommended that grantees contact their Regional Tobacco Advisor (RTA) (See Appendix E) to review proposed strategies and evaluation methods before submitting the completed CIP.

### **3. Communications/Media Plan**

Each CIP worksheet includes a space to describe the communications/media strategies related to achieving the identified objective. Resources for identifying appropriate media plans are included in Appendix B Recommended Strategies. The media methods, format, messages, and timeframe for each objective must be clearly described in the CIP worksheet. In addition, all media materials developed with funds from this grant award, as well as other promotional materials (e.g., posters, billboards, cinema ads, radio/TV spots, etc.) developed by the local health department must be pre-approved by the Department for use each fiscal year and include the following acknowledgement:

*“This project was made possible by funds received from the Illinois Department of Public Health.”*

Materials submitted for review must be received **six (6)** weeks prior to the intended distribution of the materials. Submissions that do not meet this time requirement cannot be guaranteed approval by the Department. Any materials created and distributed without prior review and approval from the Department will not be eligible for reimbursement of costs. Regardless of previous use or approval, media shall be submitted to the RTA with a completed ITFC publication/media approval form. No media for approval in FY12 shall be submitted after May 16, 2012.

### **4. Coalition Action Plan and Information Worksheet and Coalition Membership Listing**

The coalition action plan must focus specifically on activities related to the tobacco goal areas and objectives. Coalition membership should be broadly representative of the community. Complete the Coalition Action Plan and Information Worksheet and Coalition Membership Listing (Appendix A) to provide required information on coalition objectives and activities, as well as information on coalition members. Refer to the *CDC’s Best Practices for Comprehensive Tobacco Control Programs User Guide – COALITIONS State and Community Interventions* available at: [http://www.cdc.gov/tobacco/stateandcommunity/bp\\_user\\_guide/index.htm](http://www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/index.htm) for guidance on coalition activities.

### **5. Identification of a Lead Project Staff Person**

Each LHD must identify one staff person designated as the lead tobacco prevention and control coordinator responsible for program oversight and coordination and one staff person designated as the lead Smoke-free Illinois Act (SFIA) enforcement coordinator. These may be the same staff person or different staff members. The SFIA enforcement coordinator must be registered to access the Smoke-free Illinois Enforcement System to follow-up on complaints and track enforcement activities. Each LHD should identify any other staff who should receive communications from the Department regarding tobacco control and prevention issues.

### **6. Budget and Budget Justification**

Applicants must complete and submit the Illinois Department of Public Health, Public Health Grant Budget Detail Template (available on [www.idph.state.il.us](http://www.idph.state.il.us) under Funding Opportunities). Appendix F: “Budget and Budget Justification Instructions-Use of Funds” should be reviewed and referred to while completing the budget forms.

All budget line items must relate to specific objectives and related interventions/strategies specified in the CIP, and must be realistic and cost-effective. Budget categories must provide detailed justification of program expenses. The grant budget detail template includes budget categories, including commodities,

equipment, and patient/client care, that are not pertinent to the ITFC grant. These budget categories should not be used.

**7. Progress Report Requirements**

All grantees are required to submit quarterly progress reports on their work plan objectives. Failure to submit required reports in a timely manner will result in holding reimbursements and may affect future ITFC funding to the grantee. For the FY12 grant year, quarterly progress reports provided by the Department must be submitted electronically as follows:

Reporting Period		Report Due By
1 <sup>st</sup> Quarter	July 1, 2011 through September 30, 2011	October 15, 2011
2 <sup>nd</sup> Quarter	October 1, 2011 through December 31, 2011	January 15, 2012
3 <sup>rd</sup> Quarter	January 1, 2012 through March 31, 2012	April 15, 2012
4 <sup>th</sup> Quarter	April 1, 2012 through June 30, 2012	July 15, 2012

**8. Required Components of the Grant Narrative (maximum 7 pages):**

- a. Executive Summary (1 page)
- b. Organizational Structure (1 page)
- c. Action Plan for Specified Tobacco-Related Disparate Group (1 page)
- d. Readiness and procedures to enforce the Smoke-free Illinois Act (1 page)
- e. Details on media strategies and outreach efforts for promoting the Illinois Tobacco Quitline and the Smoke-free Illinois Act (1 page)
- f. Evaluation methodology (How will you measure success with quantitative and qualitative evaluation methods) (2 pages)

**Appendix A**  
**Illinois Tobacco-Free Communities Program**  
**Local Health Initiative Continuation Grant FY12**  
**Coalition Action Plan and Information Worksheet**

Community-level interventions should include:

- Community coalitions that facilitate collaboration among programs in local governments, voluntary and civic organizations, and diverse community-based organizations;
- Collaborations with partners and other programs to implement evidence-based interventions and build and sustain capacity through technical assistance and training;
- Support of local strategies or efforts to educate the public and media about the health effects of tobacco use and exposure to secondhand smoke, and about available cessation services.

1. What are your coalition’s tobacco-related goals and objectives for FY12?
  
  
  
  
  
  
  
  
  
  
2. What are your coalition’s tobacco-related activities/interventions planned to achieve the FY12 goals and objectives?
  
  
  
  
  
  
  
  
  
  
3. How will your coalition members be involved in implementing and meeting coalition objectives?
  
  
  
  
  
  
  
  
  
  
4. What is the local health department’s role with the coalition?
  
  
  
  
  
  
  
  
  
  
5. Please complete Appendix A, “FY12 Tobacco Coalition Membership Listing”.



**Appendix A**  
**Illinois Tobacco-Free Communities Program**  
**Local Health Initiative Continuation Grant FY12**  
**FY12 Tobacco Coalition Membership Listing**

Name/Title	Organization	Street Address	City and ZIP Code	Telephone and Fax	E-mail
				Ph: Fax:	
				Ph: Fax:	
				Ph: Fax:	
				Ph: Fax:	
				Ph: Fax:	
				Ph: Fax:	
				Ph: Fax:	
				Ph: Fax:	
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**Appendix B**  
**Illinois Tobacco-Free Communities Program**  
**Local Health Initiative Continuation Grant FY12**  
**Recommended Strategies**

Following each goal area are guidelines for identifying and selecting strategies, and suggested evidence-based strategies adapted from *CDC Best Practices for Comprehensive Tobacco Control Programs* (October 2007) ([http://www.cdc.gov/tobacco/tobacco\\_control\\_programs/stateandcommunity/best\\_practices/](http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/)) and *The Guide to Preventive Community Services*, developed by the U.S. Task Force on Community Preventive Services (<http://www.thecommunityguide.org>). Recommended media strategies are also included in this Appendix. Please review these resources for other effective strategies.

1) Prevent the initiation of tobacco use among young people

- If your CIP includes plans to reach children in a school setting, proposed strategies must follow *CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>.

Other strategies include:

- Develop and implement a youth-specific counter-marketing media campaign designed to reach multiple target audiences that regularly interact with youth (e.g., teachers, nurses, physicians, coaches, religious leaders, etc.).
- Influence youth behavior to prevent or delay initiation of tobacco use.
- Engage local youth to participate in the development and implementation of prevention and youth focused education efforts.
- Assure enforcement of youth access to tobacco laws and ordinances.
- Encourage tobacco-free school environments including all school grounds, facilities, activities, and vehicles, as required by Article 10 of the Illinois School Code (105 Illinois Compiled Statutes (ILCS) 5/10-20.5b).
- Encourage schools to comply with the Comprehensive Health Education Act (105 ILCS 110/3) regarding tobacco-use prevention education as a component of the Comprehensive School Health Education curriculum in grades K-12, with intensive instruction in middle school through junior high and reinforcement in high school.

2) Eliminate exposure to secondhand smoke

- **Required of all grantees:** Continue educational activities and enforcement of the Smoke-free Illinois Act (SFIA).

Other strategies include:

- Promote local policies prohibiting smoking in parks and other public places not already covered by the SFIA.
- Identify evaluate, and implement best practices for reducing smoking in multi-unit housing, private homes and private vehicles.
- Conduct an educational secondhand smoke media campaign to increase awareness of and support for compliance with SFIA.

3) Promote tobacco-use cessation among youth and adults

- **Required of all grantees:** Utilize innovative strategies to promote the Illinois Tobacco Quitline 1-866-Quit-Yes (1-866-784-8937)
- **Required of all grantees:** Conduct an evidence-based program, such as “Break the Habit”, that provides FDA-approved tobacco cessation pharmacotherapy (i.e., nicotine replacement therapy or prescription medication) in conjunction with quitline cessation counseling.
- Budget for nicotine replacement therapy (NRT). The cost for the NRT must be included in the budget. This expense belongs under “supplies” in the budget. Every effort should be made to obtain NRT at the government rate.
- Provide current cessation class schedules, including classes offered through the LHD and other local organizations, to the Illinois Tobacco Quitline and the Department.
- Develop a media campaign to increase awareness of and referral of tobacco users to the Illinois Tobacco Quitline and other cessation resources in the community.
- Encourage health care providers to ask patients at clinic visits about their tobacco use by incorporating the 5 A’s (Ask, Advise, Assess, Assist, and Arrange) as recommended in the U.S. Public Health Service publication, *Clinical Practice Guidelines on Treating Tobacco Use and Dependence (2008 Update)*.

4) Identify and eliminate tobacco-related disparities among specific population groups

- **Required of all grantees:** The CIP must identify what populations in their jurisdiction are “affected by disparities in tobacco use and its impact”.
- All Categories (I, II, and III) must address how strategies will reach the identified populations affected by tobacco-related disparities.
- The CIP must detail interventions to address tobacco-related disparities. The quarterly reports will require a description of progress in reaching and providing interventions to the disparate populations you identified in your application.

Tobacco-related disparities are differences in the patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illnesses that exist among specific population groups in Illinois; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.

Additional strategies:

- Increase the involvement of tobacco control and community partners and populations affected by tobacco related disparities in the development and implementation of tobacco control programs through an outreach campaign.
- Allocate resources for dedicated initiatives designed to reduce tobacco use rates within tobacco use disparate populations.

**Appendix C**

**Illinois Tobacco Free Communities  
Fiscal Year 2012 Community Intervention Plan (CIP) Worksheet  
(Complete a separate worksheet for each objective in your CIP)  
Please review the recommended strategies from CDC Best Practices  
and the Community Guide before completing this section of the worksheet**

Local Health Department:

**Goal Area: (please check one)**      **Prevention**       **Cessation**       **SHS**

Objective 1: \_\_\_\_\_ Objective Code: \_\_\_\_\_  
(Leave blank if writing an objective not listed in Appendix D.)  
Baseline Data: \_\_\_\_\_

Description of Activities/Interventions (Including Cost and Staff Responsible for Completing the Activity, and Disparate Population Reached )	Action Steps (What actions are you taking to implement your program?)	Outputs (What are the tangible deliverables/results your efforts will produce?)	Communications/ Media Strategies Related to Activity (Is your messaging strategic, culturally appropriate and high-impact?)	Evaluation Methodology (How are you measuring the impact and effectiveness of your program?)	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
					July	August	September	October	November	December	January	February	March	April	May	June

**Appendix C**

Objective 2:					Objective Code: (Leave blank if writing an objective not listed in Appendix D.)											
					Baseline Data:											
Description of Activities/Interventions (Including Cost and Staff Responsible for Implementing the Activity, and Disparate Population Reached )	Action Steps (What actions are you taking to implement your program?)	Outputs (What are the tangible deliverables/results your efforts will produce?)	Communications/Media Strategies Related to Activity (Is your messaging strategic, culturally appropriate and high-impact?)	Evaluation Methodology (How are you measuring the impact and effectiveness of your program?)	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
					July	August	September	October	November	December	January	February	March	April	May	June

## Appendix C

### Illinois Department of Public Health Illinois Tobacco Free Communities FY 2012 Community Intervention Plan Worksheet Instructions

Complete a separate worksheet for each annual objective in your FY12 proposed Community Intervention Plan (CIP). To assist in completing the worksheets, refer to Appendix D (Objectives, Programmatic Strategies and Evaluation). Additional row may be added to the work sheet for additional objectives or activities/strategies. If you have questions while completing the CIP, please contact your Regional Tobacco Advisor (See Appendix E for Regional Tobacco Advisor Regions:

Leah Rogers (312) 814-2915; [leah.rogers@illinois.gov](mailto:leah.rogers@illinois.gov)  
Dean Harbison (618) 656-6680; [dean.harbison@illinois.gov](mailto:dean.harbison@illinois.gov)  
Kristen Nolen (217)-782-3976; [kristen.nolen@illinois.gov](mailto:kristen.nolen@illinois.gov)

#### Ensure that the CIP contains the following information:

1. Local health department name.
2. Grant award category (Category I, II, or III) applicable to your grant application.
3. Appropriate Program Goal Areas for your proposed work plan.
4. Annual Objective Code (Please leave this blank if you are writing an objective that is not listed in Appendix D.)
5. Annual Objective(s) for each goal area.
6. Baseline data. If no baseline data exists, place “TBD” (to be determined) in this field.
7. Detailed description of each activity/strategy for the annual objective, including:
  - complete cost information
  - staff responsible for implementing the activity
  - target group
  - media plan for the activity/strategy
  - tobacco-related disparate group(s) that will be reached
  - how and where the activity/strategy will reach the disparate group(s)
  - evaluation methods and tools

**Appendix D**  
**Illinois Tobacco-Free Communities**  
**Objectives, Programmatic Strategies and Evaluation**

**Developing Objectives and Evaluating Program Activities/Strategies**

**Baseline Data**

Baseline data is information gathered on the target population before a program activity/intervention begins. It is used later in program evaluation to provide a comparison for evaluating program impact.

Examples of baseline data:

- Percentage of students who have never used smokeless tobacco.
- Number of quitline callers before federally qualified health care center began implementing fax referral program.
- Number of local ordinances related to eliminating secondhand smoke exposure in public places, before policy change strategies were implemented.

**Objectives**

Objectives are statements describing the results to be achieved by the program or intervention and the manner in which these results will be achieved. Program objectives should be linked at the national, state, and local levels. Objectives are meant to be realistic targets for the program or project. They are written in active tense and use action verbs such as plan, write, conduct, and produce. Objectives will always answer who is going to do what, when it will be completed and to what extent.

A well-written and clearly defined objective is SMART: Specific, Measurable, Achievable, Relevant, and Time-bound.

- Specific: It identifies a specific event or action that will take place.
- Measureable: It quantifies the amount of change to be achieved.
- Achievable: It is realistic given available resources and plans for implementation, yet provides enough challenge to accelerate program efforts.
- Relevant: It is logical and relates to the program's goals
- Time-bound: It specifies a time by which the objective will be achieved.

Examples of smart objectives:

- By June 30, 2012, increase the percentage of adult nonsmokers who report they have not been exposed to cigarette smoke in the prior seven days from 40% to 45%.
- By June 30, 2012, local ordinances to prevent secondhand smoke exposure in public places in county X will be increased from two to three.
- By June 30, 2012, the number of smokers participating in an evidence-based smoking cessation program will increase from 80 to 120.

**Process and Outcome Objectives**

There are two general types of objectives: process and outcome. Process objectives describe program activities. They specify actions to be taken and are useful in measuring program implementation. Outcome objectives are the intended results of program activities. They quantify anticipated program effects by

## **Appendix D**

### **Illinois Tobacco-Free Communities Objectives, Programmatic Strategies and Evaluation**

specifying the amount of change expected for a given health problem/condition for a specified population within a given time frame.

Process evaluations are used to document how well a program has been implemented. This type of evaluation is used to examine the operations of a program, including which activities are taking place, who is conducting the activities, and who is reached through the activities. Process evaluations assess whether inputs or resources have been allocated or mobilized and whether activities are being implemented as planned. They identify program strengths, weaknesses, and areas that need improvement. Following are examples of the type of tangible program indicators measured by process evaluation:

- The locale where services or programs are provided (e.g., rural, urban).
- The number of people receiving services.
- The economic status and racial/ethnic background of people receiving services.
- The quality of services.
- The actual events that occur while the services are delivered.
- The amount of money the project is using.
- The direct and in-kind funding for services.
- The staffing for services or programs.
- The number of activities and meetings.
- The number of training sessions conducted.

Examples of process objectives:

- By June 30 2012, clients referred to the quitline for the quitline counseling will increase from 75 to 110.
- By June 30 2012, develop a media campaign, with materials tailored to the target population, which encourages adults and adolescents to quit smoking to improve their health.
- By June 30, 2012 present tobacco prevention education to 1,500 students in grades K through 12.

Outcome objectives are often divided into short-term, intermediate, and long-term objectives. They generally state “who will achieve how much of which outcome by when.” “Who” is typically stated as a population, “how much” is stated as a percentage or target amount, and “by when” is stated as a specified period of time after program implementation.

Outcome evaluations are used to assess the impact of a program on the stated short-term, intermediate, and long-term objectives. This type of evaluation assesses what has occurred because of the program and whether the program has achieved its outcome objectives. Outcome evaluations should be conducted only when the program is mature enough to produce the intended outcome.

Outcome evaluations can measure the following:

- Changes in people’s attitude toward, and beliefs about, tobacco, their awareness of and support for your program, and their perception of how well tobacco-related policy is being enforced.
- Changes in intended and actual tobacco-related behaviors.



**Appendix D**  
**Illinois Tobacco-Free Communities**  
**Objectives, Programmatic Strategies and Evaluation**

- Changes in the environment, such as changes in public and private policies, in formal and informal enforcement of minors’ access and nonsmoking regulations, and in the influence of pro-tobacco forces.
- Changes in populations, such as in the average age at which people begin smoking, per capita use of cigarettes, and smoking prevalence.
- Changes in trends in morbidity and mortality.

Examples of outcome objectives:

- By June 30, 2012, increase the number of communities with local ordinances restricting tobacco advertising within 1,000 feet of schools, parks, and playgrounds from one to two.
- Increase the proportion of adult smokers who, in the previous year, made at least one quit attempt that lasted longer than 24 hours from X% in 2011 to Y% in 2012.
- Increase the proportion of smokers in grades 9 through 12 who have tried to quit smoking in the previous 12 months from X% to Y% in 2003.
- Increase the proportion of health care system staff that received training on reminder systems from X% in 2011 to Y% in 2012.

CDC Best Practices states that program evaluation requires that a wide range of short term and intermediate indicators of program effectiveness be measured, including policy changes, changes in social norms and exposure of individuals and communities to statewide and local program efforts. Evaluation efforts should also include counter-marketing surveillance to track new products and examine the impact of pro-tobacco influences, including the actual cost of cigarettes, free samples, advertising, promotions, media coverage, and events that glamorize tobacco use. In addition, evaluation requires collection of data such as information from the Quitline Minimal Data Set, legislative tracking, vital statistics, Synar compliance data, observational studies, Nielsen data, opinion surveys, air quality studies media evaluation, or program monitoring data (e.g., tracking alignment of local program efforts with statewide priorities). Evaluation planning should be integrated with program planning. Collection of baseline data related to each objective and outcome indicator is critical to ensuring that program-related effects can be clearly measured.

**GOAL AREA #1: PREVENTION**

**Objective Code: PvntProgram**

**Objective: By 6/30/2012, \_\_\_\_ (#) students will have participated in evidence-based tobacco prevention programming.**

Programmatic strategy: The purpose of this process objective is to involve students in evidence-based tobacco prevention programming. ITFC staff has identified model tobacco prevention programs listed below. Other programs identified by LHDs may be appropriate for this process objective; however, any programs not on the following list must be submitted and approved by the ITFC Regional Tobacco Advisor before it may be implemented:

1. Family Matters	5. NSTEP	9. Tar Wars
2. Keep a Clear Mind	6. Project TNT	10. Teen Against Tobacco Use
3. Life Skills Training	7. Project Towards No Drug Abuse	
4. Media Sharp	8. Social Norms Marketing	

**Appendix D**  
**Illinois Tobacco-Free Communities**  
**Objectives, Programmatic Strategies and Evaluation**

Evaluation methods:

- Track the number of times each program has been completely implemented. If a program consists of multiple sessions, a complete program would be counted after the last session was finished.
- Track the number of students who have participated in each of the programmatic strategies.
- Pre/post test evaluations to measure students' change in knowledge, attitude and behavior as a result of the intervention.

**Objective Code: PvntOrdinance**

**Objective: By 6/30/2012, \_\_\_\_ (#) new local comprehensive tobacco control ordinances preventing youth access to tobacco will be passed.**

Programmatic strategy: The purpose of this objective is to restrict youth access to tobacco products by enacting a comprehensive ordinance with multiple components that include merchant licensing, minor possessions, advertising, restrictions, and penalties.

Evaluation methods:

- Track the number of ordinances on which LHD has worked and the number of ordinances that have been enacted.
- Track contacts made with key leaders in the community.
- Track and measure change in attitude and behavior of constituents.

**Objective Code: PvntSchool**

**Objective: By 6/30/2012, \_\_\_\_ (#) school(s) will have implemented a comprehensive policy that enforces tobacco use prohibition on school property.**

Programmatic strategy: The purpose of this process objective is to assure that schools comply with the Illinois Compiled Statute 105 ILCS 5/10-20.5b that prohibits the use of tobacco on school property by any school personnel, student, or other person when such property is being used for any school purposes. It is recommended that the written policy is comprehensive and address penalties, student, staff and parent education, cessation, advertising, and enforcement.

Evaluation methods:

- Track the number of schools which LHD has approached about implementing enforcement policies.
- Track the number of schools which have implemented an enforcement policy.

**Objective Code: PvntSocNorms**

**Objective: By 6/30/2012, increase by \_\_\_\_ the number of youth reached by a social norms marketing campaign.**

Programmatic strategy: If misperceived norms are leading to increased tobacco use, it makes sense that informing students of actual tobacco use norms may reduce student tobacco use. A social norms marketing campaign about tobacco use attempts to correct misperceptions of tobacco use norms to reflect actual tobacco use patterns. Social norms are the topic of the campaign, while social marketing is the process used to disseminate information about actual norms.

**Appendix D**  
**Illinois Tobacco-Free Communities**  
**Objectives, Programmatic Strategies and Evaluation**

Evaluation methods:

- Conduct an assessment of perceived and actual norms
- Track the number of individuals reached and surveyed
- Conduct a process evaluation to determine whether the intended target audience was reached.
- Use an outcome evaluation to determine whether participants engaged in the desired behavior after being exposed to the message.
- Assess long-term outcomes to determine whether performing the behavior induced the desired change

**GOAL AREA #2: CESSATION**

**Objective Code: QuitEnd**

**Objective: By 6/30/2012, \_\_\_\_ (#) smokers will have participated in an evidence-based smoking cessation program.**

Programmatic strategy: The purpose of this Process Objective is to increase the number of persons completing any smoking cessation program recognized as efficacious. The awareness of the availability and use of culturally and linguistically appropriate behavior modification-based tobacco cessation services in the community is important in order to offer the smoker as many options as possible to quit. Individual, group, and telephone counseling are all considered effective.

Evaluation methods:

- Track the number of times each program has been implemented.
- Track the number of smokers who have participated in each of the programs.
- Track the number of participants who are smoke-free at the end of the program, at one month, at three months, at six months.

**Objective Code: QuitLine**

**Objective: By 6/30/2012, \_\_\_\_ (#) calls will have been made to the Illinois Tobacco Quitline from residents of this jurisdiction.**

Programmatic strategy: The purpose of this objective is to assess the effectiveness of promoting the Quitline and develop strategies to improve call volume.

Evaluation methods:

- The Department will monitor: Track the number of calls made to the quitline from residents of this jurisdiction.
- Measure media promotions and other community activities that increase awareness of the ITQ.

**Objective Code: QuitProvider**

**Objective: By 6/30/2012, \_\_\_\_ (#) health care providers will be trained in implementing the 5A's when consulting with their patients.**

**Appendix D**  
**Illinois Tobacco-Free Communities**  
**Objectives, Programmatic Strategies and Evaluation**

Programmatic strategy: The "5 A's," Ask, Advise, Assess, Assist, and Arrange, are designed to be used with the smoker who is willing to quit. Brief clinical interventions by health care providers can increase the chances of successful cessation, as can counseling and behavioral cessation therapies. Treatments with more person-to-person contact and intensity (e.g., more time with counselors) are more effective.

Evaluation methods:

- Track the number of healthcare providers trained in the 5A's.
- Track the number of healthcare providers implementing the 5A's with their patients.

**Objective Code: QuitSystems**

**Objective: By 6/30/2012, \_\_\_\_ (#) of organizations will integrate the Illinois Tobacco Quitline into their referral systems.**

Programmatic strategy: Evidence shows that reminder systems for health care providers increase the rate of clinician intervention to assist patients in quitting, thereby increasing the number of patients who successfully quit

Evaluation methods:

- Track the number of organizations that document smoking status as a vital sign (i.e., ask about and document smoking status at every visit).
- Track the number of organizations that refer patients who smoke to the Illinois Tobacco Quitline.

**GOAL AREA #3: SECONDHAND SMOKE**

**Objective Code: SHSOrdinance**

**Objective: By 6/30/2012, \_\_\_\_ (#) new local ordinances related to eliminating secondhand smoke exposure (e.g., ordinances passed adopting the Smoke-free Illinois Act, or stronger prohibitions) will be passed.**

Programmatic strategy: In conjunction with the Smoke-free Illinois Act, the purpose of this process objective is to increase the number of public smoke-free environments with equal or more stringent restrictions than the Smoke-free Illinois Act.

Evaluation methods:

- Track the number of ordinances on which LHD has collaborated with key people and organizations within your jurisdiction.
- Track the number of ordinances which have been enacted.

**Objective Code: SHSEnforcement**

**Objective: By 6/30/2012, \_\_\_\_ # of activities will have been conducted to enforce the Smoke-free Illinois Act.**

Programmatic strategy: In conjunction with the Smoke-free Illinois Act, the purpose of this process objective is to ensure enforcement of the Act through coordination with local law enforcement, and

**Appendix D**  
**Illinois Tobacco-Free Communities**  
**Objectives, Programmatic Strategies and Evaluation**

other enforcing agencies. The enforcement activities could include education of the public, coalitions, and businesses. Additionally, enforcement includes letters and fines for violations, and meetings held with other enforcing agencies to coordinate efforts.

Evaluation methods:

- Track the number of education letters mailed
- Track the number of warning letters mailed
- Track the number of fines and the amount assessed
- Track the amount of fines remitted as payment
- Track the number of complaints and subsequent follow-up activities
- Track the number of proactive enforcement activities (“stings”)
- Track the number of organizational meetings held with enforcing agencies (e.g., local police, state’s attorney)
- Track the number of coalition meetings that addressed educational efforts for enforcement

**Objective Code: SHSHome**

**Objective: By 6/30/2012, \_\_\_\_ (#) people will voluntarily adopt smoke-free policies for their homes.**

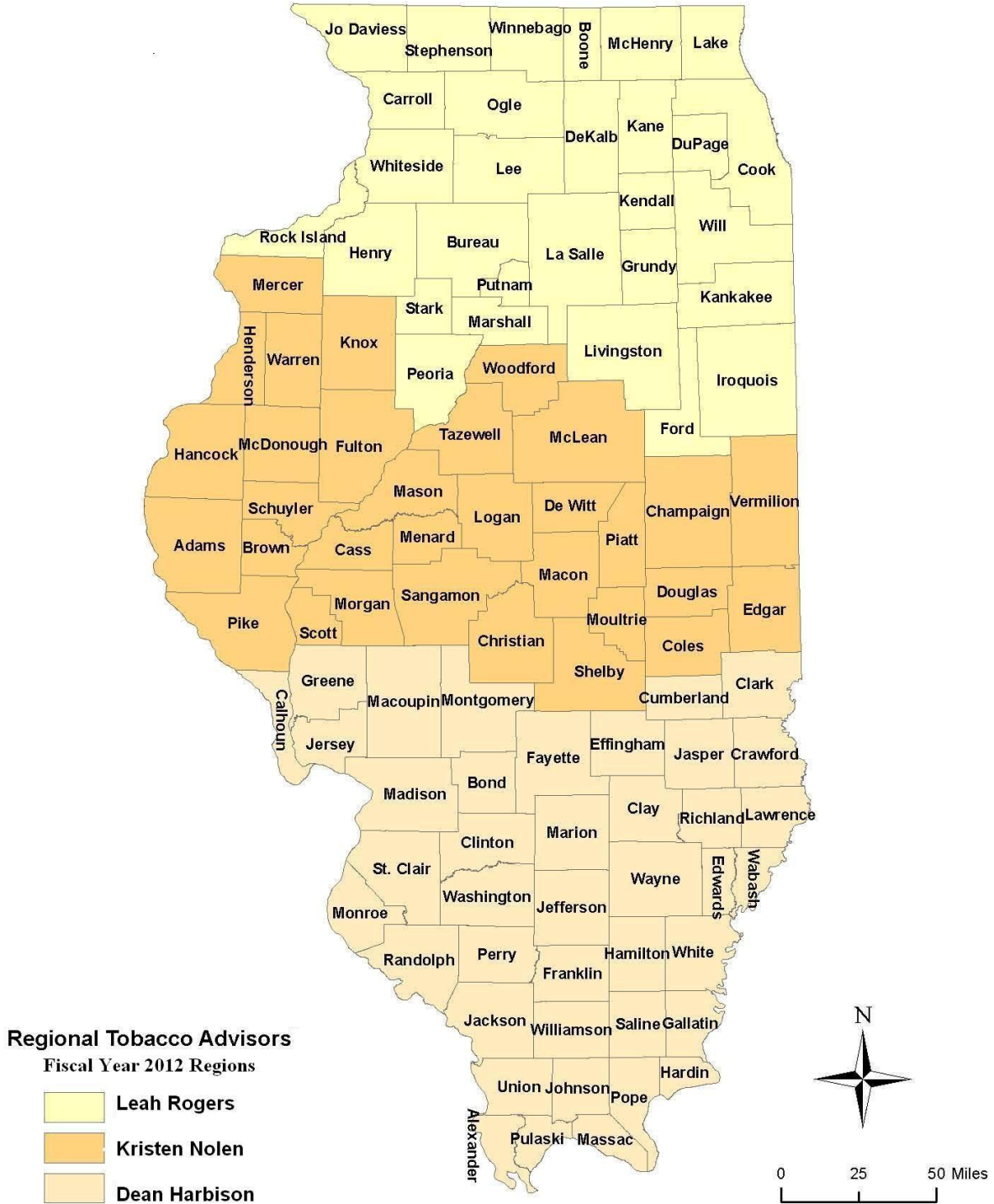
Programmatic strategy: The purpose of this process objective is to educate the LHD’s citizens of the benefits of having a smoke-free home.

Evaluation methods:

- Track the number of households reached by LHD and the number of households that have implemented smoke-free policies

Appendix E

Illinois Department of Public Health  
Office of Health Promotion  
Illinois Tobacco-Free Communities Program  
Regional Tobacco Advisor Regions



**Appendix F**  
**Budget and Budget Justification Instructions**  
**Use of Funds**

All grant funds must be used for the sole purposes set forth in the grant application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program. Use of grant funds for prohibited purposes may result in denial of reimbursement and/or loss of grant award.

Applicants should prepare a budget that reflects expenses for the grant period. Whole numbers should be used and rounded to the nearest dollar. Once approved, the budget will be incorporated into the grant. If budget items requiring additional information or justification (see allowable costs list) are included, the additional justification should be included in the budget category justification section. Specific line items listed in the detailed budget must be explained on the budget spreadsheet.

The personal services and fringe benefits section of the budget must include staff names and position titles of staff that will be used to meet the full time equivalent requirement of the grantees' funding category. If sub-contractors will be used to fulfill any of the grant objectives, the subcontractors must be listed in the contractual section of the budget and in the grant application. For each sub-contractor, detailed justification must be provided to document that the items requested are essential to the achievement of the CIP activities.

The grantee acknowledges that they must expend funds in accordance with the budget approved by the Department, and in line with the line item categorical amounts approved in that budget. One quarter of the grant amount shall be paid upon execution. The grantee is required to submit monthly reconciliation documentation showing how this first distribution of funds was expended. Upon documentation of first quarter expenditure, the remaining portion will be distributed on a reimbursement basis. If changes in line items of the approved budget are necessary, the grantee must submit a Budget Adjustment Request (Appendix H) in writing on approved Department forms, for approval by the ITFC staff prior to making any of the requested expenditure changes.

To be reimbursable under the Department/Office of Health Promotion Grant Agreement, expenditures must meet the following criteria:

1. Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the overall responsibilities of the local health department.
2. Be authorized or not prohibited under federal, state or local laws or regulations.
3. Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement.
4. Be accorded consistent treatment through application of generally accepted accounting principles, appropriate to the circumstances.
5. Not be allocable to or included as a cost of any state or federally financed program in either the current or a prior period.
6. Be net of all applicable credits.
7. Be specifically identified with the provision of a direct service or program activity.
8. Be an actual expenditure of funds in support of program activities, documented by check number and/or internal ledger transfer of funds.
9. Budget adjustments must be pre-approved and submitted on or before May 17, 2012. No budget adjustment forms will be accepted after May 17, 2012 (exceptions will be on a case-by-case basis).
10. Reimbursement certifications detailing all expenditures must be submitted monthly.

**Appendix F**  
**Budget and Budget Justification Instructions**  
**Use of Funds**  
**Allowable Costs**

Examples of allowable costs are listed below. This is not meant to be a complete list, but rather specific examples of items within each line item category. In some instances the definitions of what is allowable or non-allowable have been modified to reflect the unique nature of the ITFC program.

**A. Personal Services**

1. Gross salaries paid to agency employees directly involved in the provision of program services. All salaries to be provided as in-kind need to be documented and noted on the budget sheet as such.
2. Employer's portion of fringe benefits actually paid on behalf of direct services employees. Examples include FICA (Social Security), life/health insurance, Workers Compensation insurance, unemployment insurance, and pension/retirement benefits.

**B. Contractual Services**

1. Contractual employees (requires prior program approval in the grant application and proposed budget submission).
2. Postage, postal services, overnight mailing, or other carrier costs.
3. Software for support of program objectives. (This expense must be requested as a prior approval item in the grant application and budget submission, and requires substantive documentation before approval will be granted.)
4. Training and education costs. (This expense must be requested as a prior approval item in the grant application and budget submission, and requires substantive documentation before approval will be granted.)
5. Payments (or pass-through) to subcontractors or sub grantees are to be shown in the Contractual Services section. All subcontracts or sub-grants require an attached detail line item budget supporting the contractual amount.

**C. Travel (In-State Only)**

1. Auto travel mileage at no higher than \$0.51 per mile - state rate as of January 1, 2011.
2. Rail transportation expenses if justified.
3. Lodging. Rate must be in accordance with State of Illinois Travel Control Board rates or justification must be provided and approved before travel. Current lodging rates are:

City of Chicago and Cook County	\$149 (or current federal lodging rate)
Counties of DuPage, Kane, Lake, McHenry, and Will	\$80
Downstate Illinois counties of Champaign, Kankakee, LaSalle, McLean, Macon, Madison, Peoria, Rock Island, St. Clair, Sangamon, Tazewell and Winnebago	\$70
All other Downstate counties	\$60

4. Per diem (In accordance with state rate of \$7.00 per quarter for overnight travel or travel beginning before 6:00 a.m. or ending after 7:00 p.m.).

**Supplies**



1. Office supplies
2. Nicotine replacement therapy (NRT) supplies
3. Educational and instructional materials and supplies, including booklets and reprinted pamphlets. (This expense must be requested as a prior approval item in the grant application and budget submission. The grant budget narrative must describe the connection between purchase of these materials and the grant work plan before the supplies will be approved.)
4. Envelopes, copy paper, and other paper supplies.

### **Equipment**

1. Purchase of equipment needed for health education activities/interventions included in the grantee's Community Intervention Plan is an allowed expense. Equipment expenses must not exceed 5 percent of the total grant budget.

### **Telecommunications**

1. Allowable charges are monthly telephone service costs for land lines and installation, repair, parts and maintenance of telephones and other communication equipment.

### **Printing**

1. Any printing job (e.g., letter press, offset printing, binding, or lithographing services) must be requested as a prior approval item in the budget submission. The grant budget narrative must describe the connection between any requested printing job and the grant work plan before the expense will be approved. The cost of the printing may not exceed \$1,000 or 5% of the total budget, whichever is less.
2. Photocopies (paid for at a photocopy business or charged by copy on a leased photocopy machine list).

## **Appendix F**

### **Budget and Budget Justification Instructions Use of Funds Unallowable costs**

**Unallowable or prohibited uses of grant funds include, but are not limited, to the following:**

1. Indirect or administrative cost plan allocations (normally expressed as a percentage of the grant).
2. Normal daily operating expenses may not be billed in any grant issued by the Office of Health Promotion, including staff directly related to the daily operational needs of the local health department.
3. Political or religious purposes
4. Contributions or donations
5. Incentives, including but not limited to t-shirts, bags, backpacks, hats, pencils, rulers, stress balls, toothpicks, bandage holders
6. Fundraising or legislative lobbying expenses
7. Payment of bad or non-program related debts, fines, or penalties
8. Contribution to a contingency fund or provision for unforeseen events
9. Entertainment, food, beverages or gratuities
10. Membership fees
11. Interest or financial payments or other fines or penalties
12. Purchase or improvement of land or purchase, improvement or construction of a building
13. Lease of facility space
14. Any expenditure that may create conflict of interest or the perception of impropriety
15. Audit expenses
16. Conference registration fees
17. Exhibit fees of any kind
18. Subscription costs
19. Association dues
20. Expenses for credentialing (e.g., CHES certification)
21. Airfare
22. Out-of-state travel costs

**Appendix G  
PERSONNEL AND DUTIES LIST**

<b>ITFC Program Coordinator:</b>	
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Hours per Week for ITFC:</b> <b>Duties/Estimated Percentage of Time Spent:</b>
<b>Smoke-free Illinois Act (SFIA) Enforcement Coordinator:</b>	
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Hours per Week for ITFC/SFIA:</b> <b>Duties/Estimated Percentage of Time Spent:</b>
<b>Other ITFC Staff:</b>	
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Hours per Week for ITFC:</b> <b>Duties/Estimated Percentage of Time Spent:</b>
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Hours per Week for ITFC:</b> <b>Duties/Estimated Percentage of Time Spent:</b>
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Hours per Week for ITFC :</b> <b>Duties/Estimated Percentage of Time Spent:</b>
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Hours per Week for ITFC:</b> <b>Duties/Estimated Percentage of Time Spent:</b>
<b>Name &amp; Title:</b> <b>Telephone:</b> <b>E-mail:</b>	<b>Hours per Week for ITFC:</b> <b>Duties/Estimated Percentage of Time Spent:</b>

**Appendix H**

**State of Illinois  
DEPARTMENT OF PUBLIC HEALTH  
Office of Health Promotion**

**BUDGET ADJUSTMENT REQUEST**

Revision #

Provider/Vendor: \_\_\_\_\_ TIN: \_\_\_\_\_

Program: \_\_\_\_\_ Contract #: \_\_\_\_\_

The following adjustments to the approved budget are requested in order to better attain the goals and objectives of the program.

LINE ITEM	CURRENT BUDGET	CHANGE REQUESTED	REVISED BUDGET
Personal Services			
Fringe Benefits			
Contractual Services			
Travel			
Supplies			
Telecommunications			
Printing			
TOTAL			

Justification:

\_\_\_\_\_  
Division Chief Signature Date

\_\_\_\_\_  
Authorized Grantee Official Date

\_\_\_\_\_  
Deputy Director Signature Date

State of Illinois  
DEPARTMENT OF PUBLIC HEALTH  
Office of Health Promotion

Instructions for Completing the BUDGET ADJUSTMENT REQUEST Form

- Revision #: Enter revision number for this program within this grant.
- Provider/Vendor: Enter agency name as it appears in the Agreement.
- TIN: Enter the Taxpayer Identification Number as it appears in the Agreement.
- Program: Enter the program name as stated on the Agreement program attachment.
- Contract #: Enter the Department Grant Agreement number which is located in the upper right hand corner of page one of the Agreement.
- Current Budget: Enter the amounts by line item for EACH line of the current, approved budget for this program. The TOTAL must agree with the amount of the award as originally stated or as previously amended.
- Change Requested: Enter the amount of the requested adjustments for each appropriate line item (decreases are to be shown in parentheses). The total of the Change Requested column will be zero, unless the Budget Adjustment Request is submitted in support of an amendment which increases (or decreases) the award amount, in which case the total will be amount of the increase (or decrease).
- Revised Budget: Enter the adjusted amount for each line item. If there is no change to a line item, fill in the original amount for that line item. The total of the Revised Budget column must agree with the total amount of the award for the program as stated in the original Agreement or the most recent amendment for this program.
- Justification: Provide a detailed description/justification for the revisions requested. This justification shall include the programmatic rationale for the change. Attach additional sheets if needed.
- For the Provider/  
Vendor: Signed and dated by an authorized official of the Provider/Vendor.
- Submit to: Gail DeVito, Tobacco Program Manager  
Illinois Department of Public Health  
535 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 62761
- [Gail.DeVito@illinois.gov](mailto:Gail.DeVito@illinois.gov)
- Fax: 217-782-1235

Appendix I  
**Illinois Department of Public Health**  
**Illinois Tobacco-Free Communities**  
**Publication/Media Approval Request Form**

**Instructions:** The Illinois Tobacco-Free Communities (ITFC) Grant Agreement requires that all publications and media materials developed with funds from the ITFC grant be approved by the Department prior to distribution. Materials must be received by the Department six (6) weeks prior to the intended distribution date. Additional details are included in the FY2012 ITFC Request for Application and FY2012 ITFC Grant Agreement.

Local health department	
Submitted by (staff name)	
Phone number	(      )
Media/Publication Type/Title	
Approximate cost for this publication/media placement	
Date approval needed	

1. Type of publication/advertisement/media placement (indicate name of media outlet(s) that will air or feature the ad):

- Television \_\_\_\_\_
- Radio \_\_\_\_\_
- Newspaper \_\_\_\_\_
- Online \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

2. Approximate circulation for this publication/advertisement/media placement (i.e., number of commercials to be aired, or copies circulated)

\_\_\_\_\_

\_\_\_\_\_

3. Verification that publication/advertisement/media placement contains the required funding tagline ***“This project was made possible by funds received from the Illinois Department of Public Health”***

- Yes             No             If no, grantee has been notified to include funding tagline.

4. Additional information regarding this request: \_\_\_\_\_

\_\_\_\_\_

For IDPH use only

Date received by RTA/RTA	
Approval deadline (6 weeks from receipt of request)	
Date of approval	
Date LHD notified of approval	