Appendix B Funding Recommendation Formulations

In *Best Practices for Comprehensive Tobacco Control Programs—August 1999*, funding formulas were provided for the nine specific elements of a comprehensive program. These formulas were based on evidence from scientific literature and the experience of large-scale and sustained efforts of state programs in California and Massachusetts.[1]

In December 2006, technical consultation was sought from a panel of experts regarding the best available evidence to determine updated cost parameters and metrics for major components of a comprehensive tobacco control program. The panel reviewed data relevant to potential changes in the 1999 funding recommendations, including state experience and findings on program effectiveness that have emerged since the release of *Best Practices—1999*. The panel generally agreed that the published funding formulas remained sound but that technical updates were necessary.[2] A listing of participants in the expert panel is provided in Appendix A.

Funding recommendations in this publication are based on the funding formulas presented in 1999, with adjustments to specific variables to account for changes in the total population (2006), population of persons aged 18 years and older (2006), public (2006) and private (2003) school enrollment, and smoking prevalence (2006), as well as an increase to keep pace with the national cost of living (June 2007).[3-7]

The original basis for budget recommendations is as follows:[1]

- Community Programs: $850,000-$1,200,000 (statewide training and infrastructure) + $0.70-$2.00 per capita
- Tobacco-Related Disease Programs: Average of $2.8 million - $4.1 million per year
- School Programs: $500,000-$750,000 (statewide training and infrastructure) + $4-$6 per student (K-12)
- Enforcement: $150,000-$300,000 estimated range for youth access and smoke-free air enforcement + $0.43-$0.80 per capita
- Statewide Programs: $0.40-$1.00 per capita
- Counter-Marketing: $1.00-$3.00 per capita
- Cessation
  - Minimum: $1 per adult (screening) + $2 per smoker (brief counseling)
  - Maximum: $1 per adult (screening) + $2 per smoker (brief counseling) + $13.75 per smoker (50% of quitline cost for 10% of smokers) + $27.50 per smoker for NRT (assumes approximately 25% of smokers treated are covered by state-financed programs)
- Surveillance and Evaluation: 10% of program total
- Administration and Management: 5% of program total

As with the funding guidance first published in 1999, recommended annual costs can vary within the lower and upper estimates provided for each state. Therefore, to better assist states, specific guidance is now provided regarding each state's recommended level of investment within its range. These recommended levels of annual investment factor in state-specific variables, such as the overall population; smoking prevalence; the proportion of the population uninsured or receiving publicly financed insurance or living at or near the poverty level; infrastructure costs; the number of local health units; geographic size; the targeted reach for quitline services; and the cost and complexity of conducting mass media campaigns to reach targeted audiences, such as youth, racial/ethnic minorities, or people of low socioeconomic status.[3,6,8-14]

Per capita formula adjustments for 2007 include:

- Community Programs: Upper and lower limits were adjusted for inflation. Specific state estimates within these limits took into account smoking prevalence, proportion of the population living at or below 200% of the poverty level, average wage rates for implementing public health programs, the number of local health units, and geographic size.
- Tobacco-Related Disease Programs: Total budget numbers were adjusted for inflation and distributed to each state on a per capita basis.
- School Programs: Budget numbers were adjusted for inflation and applied to state school enrollment.
- Enforcement: Budget numbers were adjusted for inflation.
- Statewide Programs: Upper and lower limits were adjusted for inflation. Specific state estimates within these limits took into account smoking prevalence, proportion of the population living at or below 200% of the poverty level, average wage rates for implementing public health programs, the number of local health units, and geographic size.
- Counter-Marketing: Upper and lower limits were adjusted for inflation. Specific state estimates within these limits took into account relative media costs and the complexity of the media market.
- Cessation:
  - Health care systems (screening and brief counseling) budget numbers were adjusted for inflation.
  - Quitline support: (number of callers enrolled in quitline) x (per person cost for counseling) + (per person cost for NRT). Formula assumes 6% of adult smokers in the state receive treatment each year.
- Surveillance and Evaluation: 10% of program total.
- Administration and Management: 5% of program total.

Appendix B Funding Recommendation Formulations

Multiplying state per capita funding recommendations by state population will provide the total funding recommendations presented in the total funding summary table and the state-specific pages. Because total funding recommendations are rounded to the nearest hundred thousand, the reverse calculation might produce slightly different per capita estimates. The recommended levels of investment (per capita and total) are presented in 2007 dollars using 2006 population rates. These should be updated annually according to the U.S. Department of Labor Consumer Price Index and U.S. Census Bureau.[3,7]

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