

## CDC Recommended Annual Investment **\$56.7 million**

### Deaths in Alabama Caused by Smoking

Annual average smoking-attributable deaths	7,400
Youth ages 0-17 projected to die from smoking	174,000

### Annual Costs Incurred in Alabama from Smoking

Total medical	\$1,499 million
Medicaid medical	\$238 million
Lost productivity from premature death	\$2,051 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$156.2 million
FY 2006 tobacco settlement payment	<u>\$94.3 million</u>

Total state revenue from tobacco excise taxes and settlement \$250.5 million

**Percent tobacco revenue to fund at CDC recommended level 23%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.04</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.69</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.97</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.07</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.54</b>
<b>Total</b>	<b>\$12.31</b>

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## CDC Recommended Annual Investment **\$10.7 million**

### Deaths in Alaska Caused by Smoking

Annual average smoking-attributable deaths	500
Youth ages 0-17 projected to die from smoking	18,000

### Annual Costs Incurred in Alaska from Smoking

Total medical	\$169 million
Medicaid medical	\$77 million
Lost productivity from premature death	\$157 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$65.2 million
FY 2006 tobacco settlement payment	<u>\$19.9 million</u>
Total state revenue from tobacco excise taxes and settlement	\$85.1 million

**Percent tobacco revenue to fund at CDC recommended level 13%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$7.93</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.13</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.95</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.40</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.70</b>
<b>Total</b>	<b>\$16.11</b>

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### CDC Recommended Annual Investment **\$68.1 million**

#### Deaths in Arizona Caused by Smoking

Annual average smoking-attributable deaths	6,300
Youth ages 0-17 projected to die from smoking	105,000

#### Annual Costs Incurred in Arizona from Smoking

Total medical	\$1,287 million
Medicaid medical	\$316 million
Lost productivity from premature death	\$1,492 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$302.5 million
FY 2006 tobacco settlement payment	<u>\$86.0 million</u>

Total state revenue from tobacco excise taxes and settlement \$388.5 million

**Percent tobacco revenue to fund at CDC recommended level 18%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.70</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.64</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.25</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$0.96</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.48</b>
<b>Total</b>	<b>\$11.03</b>

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## CDC Recommended Annual Investment **\$36.4 million**

### Deaths in Arkansas Caused by Smoking

Annual average smoking-attributable deaths	4,900
Youth ages 0-17 projected to die from smoking	64,000

### Annual Costs Incurred in Arkansas from Smoking

Total medical	\$812 million
Medicaid medical	\$242 million
Lost productivity from premature death	\$1,306 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$148.8 million
FY 2006 tobacco settlement payment	<u>\$48.3 million</u>

Total state revenue from tobacco excise taxes and settlement \$197.1 million

**Percent tobacco revenue to fund at CDC recommended level 18%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.43</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.78</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$4.02</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.12</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.56</b>
<b>Total</b>	<b>\$12.91</b>

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### CDC Recommended Annual Investment **\$441.9 million**

#### Deaths in California Caused by Smoking

Annual average smoking-attributable deaths	37,800
Youth ages 0-17 projected to die from smoking	596,000

#### Annual Costs Incurred in California from Smoking

Total medical	\$9,142 million
Medicaid medical	\$2,959 million
Lost productivity from premature death	\$8,585 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$1,084.3 million
FY 2006 tobacco settlement payment	<u>\$744.5 million</u>
Total state revenue from tobacco excise taxes and settlement	\$1,828.8 million

**Percent tobacco revenue to fund at CDC recommended level 24%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.68</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.02</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$2.84</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.05</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.53</b>
<b>Total</b>	<b>\$12.12</b>

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**CDC Recommended Annual Investment \$54.4 million**

**Deaths in Colorado Caused by Smoking**

Annual average smoking-attributable deaths	4,300
Youth ages 0-17 projected to die from smoking	92,000

**Annual Costs Incurred in Colorado from Smoking**

Total medical	\$1,314 million
Medicaid medical	\$319 million
Lost productivity from premature death	\$992 million

**State Revenue from Tobacco Excise Taxes and Settlement**

FY 2006 tobacco tax revenue	\$229.2 million
FY 2006 tobacco settlement payment	<u>\$80.0 million</u>
Total state revenue from tobacco excise taxes and settlement	\$309.2 million

**Percent tobacco revenue to fund at CDC recommended level 18%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.89</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.81</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.26</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.00</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.50</b>
<b>Total</b>	<b>\$11.46</b>

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### CDC Recommended Annual Investment **\$43.9 million**

#### Deaths in Connecticut Caused by Smoking

Annual average smoking-attributable deaths	4,900
Youth ages 0-17 projected to die from smoking	76,000

#### Annual Costs Incurred in Connecticut from Smoking

Total medical	\$1,631 million
Medicaid medical	\$430 million
Lost productivity from premature death	\$1,017 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$272.2 million
FY 2006 tobacco settlement payment	<u>\$108.3 million</u>
Total state revenue from tobacco excise taxes and settlement	\$380.5 million

**Percent tobacco revenue to fund at CDC recommended level 12%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.09</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.63</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.18</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.09</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.55</b>
<b>Total</b>	<b>\$12.54</b>

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**CDC Recommended Annual Investment \$13.9 million**

**Deaths in Delaware Caused by Smoking**

Annual average smoking-attributable deaths	1,200
Youth ages 0-17 projected to die from smoking	18,000

**Annual Costs Incurred in Delaware from Smoking**

Total medical	\$284 million
Medicaid medical	\$79 million
Lost productivity from premature death	\$304 million

**State Revenue from Tobacco Excise Taxes and Settlement**

FY 2006 tobacco tax revenue	\$86.1 million
FY 2006 tobacco settlement payment	<u>\$23.1 million</u>

Total state revenue from tobacco excise taxes and settlement \$109.2 million

**Percent tobacco revenue to fund at CDC recommended level 13%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$6.52</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.90</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.77</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.42</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.71</b>
<b>Total</b>	<b>\$16.32</b>

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### CDC Recommended Annual Investment **\$10.5 million**

#### Deaths in District of Columbia Caused by Smoking

Annual average smoking-attributable deaths	700
Youth ages 0-17 projected to die from smoking	8,000

#### Annual Costs Incurred in District of Columbia from Smoking

Total medical	\$243 million
Medicaid medical	\$78 million
Lost productivity from premature death	\$233 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$22.8 million
FY 2006 tobacco settlement payment	<u>\$35.4 million</u>
Total state revenue from tobacco excise taxes and settlement	\$58.2 million

**Percent tobacco revenue to fund at CDC recommended level 18%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$8.27</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.90</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.50</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.57</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.78</b>
<b>Total</b>	<b>\$18.02</b>

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## CDC Recommended Annual Investment **\$210.9 million**

### Deaths in Florida Caused by Smoking

Annual average smoking-attributable deaths	28,700
Youth ages 0-17 projected to die from smoking	369,000

### Annual Costs Incurred in Florida from Smoking

Total medical	\$6,320 million
Medicaid medical	\$1,250 million
Lost productivity from premature death	\$6,479 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$451.8 million
FY 2006 tobacco settlement payment	<u>\$380.2 million</u>

Total state revenue from tobacco excise taxes and settlement \$832.0 million

**Percent tobacco revenue to fund at CDC recommended level 25%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.35</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.00</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.79</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.01</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.51</b>
<b>Total</b>	<b>\$11.66</b>

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### CDC Recommended Annual Investment **\$116.5 million**

#### Deaths in Georgia Caused by Smoking

Annual average smoking-attributable deaths	10,300
Youth ages 0-17 projected to die from smoking	184,000

#### Annual Costs Incurred in Georgia from Smoking

Total medical	\$2,252 million
Medicaid medical	\$537 million
Lost productivity from premature death	\$3,082 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$248.0 million
FY 2006 tobacco settlement payment	<u>\$143.2 million</u>
Total state revenue from tobacco excise taxes and settlement	\$391.2 million

**Percent tobacco revenue to fund at CDC recommended level 30%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.74</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.62</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.46</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.08</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.54</b>
<b>Total</b>	<b>\$12.44</b>

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**CDC Recommended Annual Investment \$15.2 million**

<b>Deaths in Hawaii Caused by Smoking</b>	
Annual average smoking-attributable deaths	1,200
Youth ages 0-17 projected to die from smoking	NA
<b>Annual Costs Incurred in Hawaii from Smoking</b>	
Total medical	\$336 million
Medicaid medical	\$117 million
Lost productivity from premature death	\$308 million
<b>State Revenue from Tobacco Excise Taxes and Settlement</b>	
FY 2006 tobacco tax revenue	\$88.3 million
FY 2006 tobacco settlement payment	<u>\$35.1 million</u>
Total state revenue from tobacco excise taxes and settlement	\$123.4 million
<b>Percent tobacco revenue to fund at CDC recommended level</b>	<b>12%</b>

	<b>Per Capita Recommendation</b>
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.55</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.46</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.25</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.03</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.51</b>
<b>Total</b>	<b>\$11.80</b>

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## CDC Recommended Annual Investment **\$16.9 million**

### Deaths in Idaho Caused by Smoking

Annual average smoking-attributable deaths	1,500
Youth ages 0-17 projected to die from smoking	24,000

### Annual Costs Incurred in Idaho from Smoking

Total medical	\$319 million
Medicaid medical	\$83 million
Lost productivity from premature death	\$333 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$53.4 million
FY 2006 tobacco settlement payment	<u>\$21.2 million</u>
Total state revenue from tobacco excise taxes and settlement	\$74.6 million

**Percent tobacco revenue to fund at CDC recommended level 23%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.36</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.61</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.03</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.00</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.50</b>
<b>Total</b>	<b>\$11.50</b>

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## CDC Recommended Annual Investment **\$157.0 million**

### Deaths in Illinois Caused by Smoking

Annual average smoking-attributable deaths	16,900
Youth ages 0-17 projected to die from smoking	317,000

### Annual Costs Incurred in Illinois from Smoking

Total medical	\$4,106 million
Medicaid medical	\$1,570 million
Lost productivity from premature death	\$4,292 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$653.1 million
FY 2006 tobacco settlement payment	<u>\$271.5 million</u>

Total state revenue from tobacco excise taxes and settlement \$924.6 million

**Percent tobacco revenue to fund at CDC recommended level 17%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.93</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.14</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.57</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.06</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.53</b>
<b>Total</b>	<b>\$12.23</b>

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### CDC Recommended Annual Investment **\$78.8 million**

#### Deaths in Indiana Caused by Smoking

Annual average smoking-attributable deaths	9,800
Youth ages 0-17 projected to die from smoking	160,000

#### Annual Costs Incurred in Indiana from Smoking

Total medical	\$2,084 million
Medicaid medical	\$487 million
Lost productivity from premature death	\$2,495 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$356.1 million
FY 2006 tobacco settlement payment	<u>\$119.0 million</u>

Total state revenue from tobacco excise taxes and settlement \$475.1 million

**Percent tobacco revenue to fund at CDC recommended level 17%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.99</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.83</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$4.02</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.08</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.54</b>
<b>Total</b>	<b>\$12.46</b>

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## CDC Recommended Annual Investment **\$36.7 million**

### Deaths in Iowa Caused by Smoking

Annual average smoking-attributable deaths	4,500
Youth ages 0-17 projected to die from smoking	66,000

### Annual Costs Incurred in Iowa from Smoking

Total medical	\$1,017 million
Medicaid medical	\$301 million
Lost productivity from premature death	\$963 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$98.7 million
FY 2006 tobacco settlement payment	<u>\$50.7 million</u>
Total state revenue from tobacco excise taxes and settlement	\$149.4 million

**Percent tobacco revenue to fund at CDC recommended level 25%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.37</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.60</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.72</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.07</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.53</b>
<b>Total</b>	<b>\$12.29</b>

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### CDC Recommended Annual Investment **\$32.1 million**

#### Deaths in Kansas Caused by Smoking

Annual average smoking-attributable deaths	3,900
Youth ages 0-17 projected to die from smoking	54,000

#### Annual Costs Incurred in Kansas from Smoking

Total medical	\$927 million
Medicaid medical	\$196 million
Lost productivity from premature death	\$863 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$124.0 million
FY 2006 tobacco settlement payment	<u>\$48.6 million</u>

Total state revenue from tobacco excise taxes and settlement \$172.6 million

**Percent tobacco revenue to fund at CDC recommended level 19%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.31</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.30</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.48</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.01</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.50</b>
<b>Total</b>	<b>\$11.60</b>

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**CDC Recommended Annual Investment \$57.2 million**

**Deaths in Kentucky Caused by Smoking**

Annual average smoking-attributable deaths	7,700
Youth ages 0-17 projected to die from smoking	107,000

**Annual Costs Incurred in Kentucky from Smoking**

Total medical	\$1,500 million
Medicaid medical	\$487 million
Lost productivity from premature death	\$2,138 million

**State Revenue from Tobacco Excise Taxes and Settlement**

FY 2006 tobacco tax revenue	\$165.2 million
FY 2006 tobacco settlement payment	<u>\$102.7 million</u>

Total state revenue from tobacco excise taxes and settlement \$267.9 million

**Percent tobacco revenue to fund at CDC recommended level 21%**

	<b>Per Capita Recommendation</b>
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.50</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.65</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$4.67</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.18</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.59</b>
<b>Total</b>	<b>\$13.59</b>

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### CDC Recommended Annual Investment **\$53.5 million**

#### Deaths in Louisiana Caused by Smoking

Annual average smoking-attributable deaths	6,400
Youth ages 0-17 projected to die from smoking	109,000

#### Annual Costs Incurred in Louisiana from Smoking

Total medical	\$1,474 million
Medicaid medical	\$663 million
Lost productivity from premature death	\$1,919 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$136.1 million
FY 2006 tobacco settlement payment	<u>\$131.5 million</u>

Total state revenue from tobacco excise taxes and settlement \$267.6 million

**Percent tobacco revenue to fund at CDC recommended level 20%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.31</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.59</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.94</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.08</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.54</b>
<b>Total</b>	<b>\$12.46</b>

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## CDC Recommended Annual Investment **\$18.5 million**

### Deaths in Maine Caused by Smoking

Annual average smoking-attributable deaths	2,200
Youth ages 0-17 projected to die from smoking	27,000

### Annual Costs Incurred in Maine from Smoking

Total medical	\$602 million
Medicaid medical	\$216 million
Lost productivity from premature death	\$494 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$157.0 million
FY 2006 tobacco settlement payment	<u>\$44.9 million</u>
Total state revenue from tobacco excise taxes and settlement	\$201.9 million

**Percent tobacco revenue to fund at CDC recommended level 9%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.87</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.41</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.82</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.21</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.61</b>
<b>Total</b>	<b>\$13.92</b>

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### CDC Recommended Annual Investment **\$63.3 million**

#### Deaths in Maryland Caused by Smoking

Annual average smoking-attributable deaths	6,800
Youth ages 0-17 projected to die from smoking	108,000

#### Annual Costs Incurred in Maryland from Smoking

Total medical	\$1,964 million
Medicaid medical	\$476 million
Lost productivity from premature death	\$1,783 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$279.8 million
FY 2006 tobacco settlement payment	<u>\$131.8 million</u>
Total state revenue from tobacco excise taxes and settlement	\$411.6 million

**Percent tobacco revenue to fund at CDC recommended level 15%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.38</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.17</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.24</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$0.98</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.49</b>
<b>Total</b>	<b>\$11.26</b>

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**CDC Recommended Annual Investment \$90.0 million**

**Deaths in Massachusetts Caused by Smoking**

Annual average smoking-attributable deaths	9,000
Youth ages 0-17 projected to die from smoking	117,000

**Annual Costs Incurred in Massachusetts from Smoking**

Total medical	\$3,543 million
Medicaid medical	\$1,046 million
Lost productivity from premature death	\$1,923 million

**State Revenue from Tobacco Excise Taxes and Settlement**

FY 2006 tobacco tax revenue	\$437.0 million
FY 2006 tobacco settlement payment	<u>\$235.6 million</u>
Total state revenue from tobacco excise taxes and settlement	\$672.6 million

**Percent tobacco revenue to fund at CDC recommended level 13%**

	<b>Per Capita Recommendation</b>
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.92</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.90</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.33</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.22</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.61</b>
<b>Total</b>	<b>\$13.98</b>

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### CDC Recommended Annual Investment **\$121.2 million**

#### Deaths in Michigan Caused by Smoking

Annual average smoking-attributable deaths	14,500
Youth ages 0-17 projected to die from smoking	298,000

#### Annual Costs Incurred in Michigan from Smoking

Total medical	\$3,401 million
Medicaid medical	\$1,128 million
Lost productivity from premature death	\$3,802 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$1,166.1 million
FY 2006 tobacco settlement payment	<u>\$253.8 million</u>
Total state revenue from tobacco excise taxes and settlement	\$1,419.9 million

**Percent tobacco revenue to fund at CDC recommended level 9%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.94</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.66</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.83</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.04</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.52</b>
<b>Total</b>	<b>\$11.99</b>

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**CDC Recommended Annual Investment \$58.4 million**

<b>Deaths in Minnesota Caused by Smoking</b>	
Annual average smoking-attributable deaths	5,500
Youth ages 0-17 projected to die from smoking	118,000
<b>Annual Costs Incurred in Minnesota from Smoking</b>	
Total medical	\$2,063 million
Medicaid medical	\$465 million
Lost productivity from premature death	\$1,205 million
<b>State Revenue from Tobacco Excise Taxes and Settlement</b>	
FY 2006 tobacco tax revenue	\$425.7 million
FY 2006 tobacco settlement payment	<u>\$180.8 million</u>
Total state revenue from tobacco excise taxes and settlement	\$606.5 million
<b>Percent tobacco revenue to fund at CDC recommended level</b>	<b>10%</b>

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.77</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.77</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.30</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$0.98</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.49</b>
<b>Total</b>	<b>\$11.31</b>

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### CDC Recommended Annual Investment **\$39.2 million**

#### Deaths in Mississippi Caused by Smoking

Annual average smoking-attributable deaths	4,700
Youth ages 0-17 projected to die from smoking	69,000

#### Annual Costs Incurred in Mississippi from Smoking

Total medical	\$719 million
Medicaid medical	\$264 million
Lost productivity from premature death	\$1,413 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$58.1 million
FY 2006 tobacco settlement payment	<u>\$100.5 million</u>

Total state revenue from tobacco excise taxes and settlement \$158.6 million

**Percent tobacco revenue to fund at CDC recommended level 25%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.44</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.13</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$4.14</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.17</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.59</b>
<b>Total</b>	<b>\$13.47</b>

*Note: A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and inflation since the 1999 publication. The recommended levels of investment (per capita and total) are presented in 2007 dollars using 2006 population estimates. These should be updated annually according to the U.S. Department of Labor Consumer Price Index and U.S. Census Bureau. The actual funding required for implementing programs will vary depending on state characteristics such as tobacco use prevalence, socio-demographic factors, and other factors. See Appendix E for data sources on deaths, costs, revenue and state-specific factors.*

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## CDC Recommended Annual Investment **\$73.2 million**

### Deaths in Missouri Caused by Smoking

Annual average smoking-attributable deaths	9,800
Youth ages 0-17 projected to die from smoking	140,000

### Annual Costs Incurred in Missouri from Smoking

Total medical	\$2,137 million
Medicaid medical	\$532 million
Lost productivity from premature death	\$2,417 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$111.3 million
FY 2006 tobacco settlement payment	<u>\$132.7 million</u>

Total state revenue from tobacco excise taxes and settlement \$244.0 million

**Percent tobacco revenue to fund at CDC recommended level 30%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.95</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.99</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.95</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.09</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.54</b>
<b>Total</b>	<b>\$12.52</b>

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### CDC Recommended Annual Investment **\$13.9 million**

#### Deaths in Montana Caused by Smoking

Annual average smoking-attributable deaths	1,400
Youth ages 0-17 projected to die from smoking	18,000

#### Annual Costs Incurred in Montana from Smoking

Total medical	\$277 million
Medicaid medical	\$67 million
Lost productivity from premature death	\$295 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$90.8 million
FY 2006 tobacco settlement payment	<u>\$24.8 million</u>
Total state revenue from tobacco excise taxes and settlement	\$115.6 million

**Percent tobacco revenue to fund at CDC recommended level 12%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$6.71</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.69</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is effective and highly cost-effective.	<b>\$3.46</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.29</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.64</b>
<b>Total</b>	<b>\$14.79</b>

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## CDC Recommended Annual Investment **\$21.5 million**

### Deaths in Nebraska Caused by Smoking

Annual average smoking-attributable deaths	2,400
Youth ages 0-17 projected to die from smoking	36,000

### Annual Costs Incurred in Nebraska from Smoking

Total medical	\$537 million
Medicaid medical	\$134 million
Lost productivity from premature death	\$499 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$71.1 million
FY 2006 tobacco settlement payment	<u>\$34.7 million</u>

Total state revenue from tobacco excise taxes and settlement \$105.8 million

**Percent tobacco revenue to fund at CDC recommended level 20%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.29</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.00</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.32</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.06</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.53</b>
<b>Total</b>	<b>\$12.20</b>

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### CDC Recommended Annual Investment **\$32.5 million**

#### Deaths in Nevada Caused by Smoking

Annual average smoking-attributable deaths	3,100
Youth ages 0-17 projected to die from smoking	47,000

#### Annual Costs Incurred in Nevada from Smoking

Total medical	\$565 million
Medicaid medical	\$123 million
Lost productivity from premature death	\$832 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$138.2 million
FY 2006 tobacco settlement payment	<u>\$35.6 million</u>

Total state revenue from tobacco excise taxes and settlement \$173.8 million

**Percent tobacco revenue to fund at CDC recommended level 19%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.42</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.18</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.77</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.14</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.57</b>
<b>Total</b>	<b>\$13.08</b>

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## CDC Recommended Annual Investment **\$19.2 million**

### Deaths in New Hampshire Caused by Smoking

Annual average smoking-attributable deaths	1,800
Youth ages 0-17 projected to die from smoking	31,000

### Annual Costs Incurred in New Hampshire from Smoking

Total medical	\$564 million
Medicaid medical	\$115 million
Lost productivity from premature death	\$405 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$143.4 million
FY 2006 tobacco settlement payment	<u>\$38.8 million</u>

Total state revenue from tobacco excise taxes and settlement \$182.2 million

**Percent tobacco revenue to fund at CDC recommended level 11%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.37</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.90</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.41</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.27</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.63</b>
<b>Total</b>	<b>\$14.58</b>

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### CDC Recommended Annual Investment **\$119.8 million**

#### Deaths in New Jersey Caused by Smoking

Annual average smoking-attributable deaths	11,300
Youth ages 0-17 projected to die from smoking	168,000

#### Annual Costs Incurred in New Jersey from Smoking

Total medical	\$3,178 million
Medicaid medical	\$967 million
Lost productivity from premature death	\$2,624 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$802.4 million
FY 2006 tobacco settlement payment	<u>\$225.5 million</u>
Total state revenue from tobacco excise taxes and settlement	\$1,027.9 million

**Percent tobacco revenue to fund at CDC recommended level 12%**

	<b>Per Capita Recommendation</b>
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.76</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.90</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.29</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.20</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.60</b>
<b>Total</b>	<b>\$13.75</b>

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## CDC Recommended Annual Investment **\$23.4 million**

### Deaths in New Mexico Caused by Smoking

Annual average smoking-attributable deaths	2,100
Youth ages 0-17 projected to die from smoking	38,000

### Annual Costs Incurred in New Mexico from Smoking

Total medical	\$461 million
Medicaid medical	\$184 million
Lost productivity from premature death	\$467 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$65.8 million
FY 2006 tobacco settlement payment	<u>\$34.8 million</u>
Total state revenue from tobacco excise taxes and settlement	\$100.6 million

**Percent tobacco revenue to fund at CDC recommended level 23%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.55</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.33</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.51</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.04</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.52</b>
<b>Total</b>	<b>\$11.95</b>

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### CDC Recommended Annual Investment **\$254.3 million**

#### Deaths in New York Caused by Smoking

Annual average smoking-attributable deaths	25,500
Youth ages 0-17 projected to die from smoking	389,000

#### Annual Costs Incurred in New York from Smoking

Total medical	\$8,171 million
Medicaid medical	\$5,471 million
Lost productivity from premature death	\$6,018 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$981.0 million
FY 2006 tobacco settlement payment	<u>\$744.4 million</u>
Total state revenue from tobacco excise taxes and settlement	\$1,725.4 million

**Percent tobacco revenue to fund at CDC recommended level 15%**

	<b>Per Capita Recommendation</b>
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.65</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.42</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.37</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.14</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.57</b>
<b>Total</b>	<b>\$13.15</b>

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### CDC Recommended Annual Investment **\$106.8 million**

#### Deaths in North Carolina Caused by Smoking

Annual average smoking-attributable deaths	11,900
Youth ages 0-17 projected to die from smoking	193,000

#### Annual Costs Incurred in North Carolina from Smoking

Total medical	\$2,463 million
Medicaid medical	\$769 million
Lost productivity from premature death	\$3,307 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$172.3 million
FY 2006 tobacco settlement payment	<u>\$136.0 million</u>
Total state revenue from tobacco excise taxes and settlement	\$308.3 million

**Percent tobacco revenue to fund at CDC recommended level 35%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.84</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.83</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.82</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.05</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.52</b>
<b>Total</b>	<b>\$12.06</b>

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### CDC Recommended Annual Investment **\$9.3 million**

#### Deaths in North Dakota Caused by Smoking

Annual average smoking-attributable deaths	900
Youth ages 0-17 projected to die from smoking	11,000

#### Annual Costs Incurred in North Dakota from Smoking

Total medical	\$247 million
Medicaid medical	\$47 million
Lost productivity from premature death	\$190 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$23.3 million
FY 2006 tobacco settlement payment	<u>\$21.3 million</u>
Total state revenue from tobacco excise taxes and settlement	\$44.6 million

**Percent tobacco revenue to fund at CDC recommended level 21%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$7.37</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.86</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.52</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.28</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.64</b>
<b>Total</b>	<b>\$14.67</b>

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## CDC Recommended Annual Investment **\$145.0 million**

### Deaths in Ohio Caused by Smoking

Annual average smoking-attributable deaths	18,600
Youth ages 0-17 projected to die from smoking	293,000

### Annual Costs Incurred in Ohio from Smoking

Total medical	\$4,375 million
Medicaid medical	\$1,426 million
Lost productivity from premature death	\$4,658 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$1,022.1 million
FY 2006 tobacco settlement payment	<u>\$293.8 million</u>
Total state revenue from tobacco excise taxes and settlement	\$1,315.9 million

**Percent tobacco revenue to fund at CDC recommended level 11%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.12</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.02</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.85</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.10</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.55</b>
<b>Total</b>	<b>\$12.64</b>

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## CDC Recommended Annual Investment **\$45.0 million**

### Deaths in Oklahoma Caused by Smoking

Annual average smoking-attributable deaths	5,800
Youth ages 0-17 projected to die from smoking	87,000

### Annual Costs Incurred in Oklahoma from Smoking

Total medical	\$1,162 million
Medicaid medical	\$218 million
Lost productivity from premature death	\$1,556 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$224.4 million
FY 2006 tobacco settlement payment	<u>\$60.4 million</u>

Total state revenue from tobacco excise taxes and settlement \$284.8 million

**Percent tobacco revenue to fund at CDC recommended level 16%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.38</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.34</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$4.18</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.09</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.55</b>
<b>Total</b>	<b>\$12.54</b>

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## CDC Recommended Annual Investment **\$43.0 million**

### Deaths in Oregon Caused by Smoking

Annual average smoking-attributable deaths	5,000
Youth ages 0-17 projected to die from smoking	74,000

### Annual Costs Incurred in Oregon from Smoking

Total medical	\$1,116 million
Medicaid medical	\$287 million
Lost productivity from premature death	\$1,077 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$263.9 million
FY 2006 tobacco settlement payment	<u>\$66.9 million</u>

Total state revenue from tobacco excise taxes and settlement \$330.8 million

**Percent tobacco revenue to fund at CDC recommended level 13%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.80</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.88</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.41</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.01</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.50</b>
<b>Total</b>	<b>\$11.60</b>

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### CDC Recommended Annual Investment **\$155.5 million**

#### Deaths in Pennsylvania Caused by Smoking

Annual average smoking-attributable deaths	20,100
Youth ages 0-17 projected to die from smoking	300,000

#### Annual Costs Incurred in Pennsylvania from Smoking

Total medical	\$5,193 million
Medicaid medical	\$1,710 million
Lost productivity from premature death	\$4,637 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$1,034.0 million
FY 2006 tobacco settlement payment	<u>\$335.2 million</u>
Total state revenue from tobacco excise taxes and settlement	\$1,369.2 million

**Percent tobacco revenue to fund at CDC recommended level 11%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.49</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.57</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.80</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.09</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.54</b>
<b>Total</b>	<b>\$12.49</b>

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## CDC Recommended Annual Investment **\$15.2 million**

### Deaths in Rhode Island Caused by Smoking

Annual average smoking-attributable deaths	1,700
Youth ages 0-17 projected to die from smoking	23,000

### Annual Costs Incurred in Rhode Island from Smoking

Total medical	\$506 million
Medicaid medical	\$179 million
Lost productivity from premature death	\$364 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$125.9 million
FY 2006 tobacco settlement payment	<u>\$41.9 million</u>
Total state revenue from tobacco excise taxes and settlement	\$167.8 million

**Percent tobacco revenue to fund at CDC recommended level 9%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$6.28</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.53</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.54</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.24</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.62</b>
<b>Total</b>	<b>\$14.21</b>

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### CDC Recommended Annual Investment **\$62.2 million**

#### Deaths in South Carolina Caused by Smoking

Annual average smoking-attributable deaths	5,900
Youth ages 0-17 projected to die from smoking	103,000

#### Annual Costs Incurred in South Carolina from Smoking

Total medical	\$1,095 million
Medicaid medical	\$393 million
Lost productivity from premature death	\$1,835 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$32.4 million
FY 2006 tobacco settlement payment	<u>\$68.6 million</u>

Total state revenue from tobacco excise taxes and settlement \$101.0 million

**Percent tobacco revenue to fund at CDC recommended level 62%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.74</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.90</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.87</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.25</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.63</b>
<b>Total</b>	<b>\$14.39</b>

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**CDC Recommended Annual Investment \$11.3 million**

**Deaths in South Dakota Caused by Smoking**

Annual average smoking-attributable deaths	1,100
Youth ages 0-17 projected to die from smoking	18,000

**Annual Costs Incurred in South Dakota from Smoking**

Total medical	\$274 million
Medicaid medical	\$58 million
Lost productivity from premature death	\$228 million

**State Revenue from Tobacco Excise Taxes and Settlement**

FY 2006 tobacco tax revenue	\$28.2 million
FY 2006 tobacco settlement payment	<u>\$20.4 million</u>
Total state revenue from tobacco excise taxes and settlement	\$48.6 million

**Percent tobacco revenue to fund at CDC recommended level 23%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$7.05</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.97</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.53</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.26</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.63</b>
<b>Total</b>	<b>\$14.44</b>

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### CDC Recommended Annual Investment **\$71.7 million**

#### Deaths in Tennessee Caused by Smoking

Annual average smoking-attributable deaths	9,500
Youth ages 0-17 projected to die from smoking	132,000

#### Annual Costs Incurred in Tennessee from Smoking

Total medical	\$2,166 million
Medicaid medical	\$680 million
Lost productivity from premature death	\$2,740 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$124.5 million
FY 2006 tobacco settlement payment	<u>\$142.4 million</u>
Total state revenue from tobacco excise taxes and settlement	\$266.9 million

**Percent tobacco revenue to fund at CDC recommended level 27%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.67</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.75</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.92</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.03</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.52</b>
<b>Total</b>	<b>\$11.89</b>

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## CDC Recommended Annual Investment \$266.3 million

### Deaths in Texas Caused by Smoking

Annual average smoking-attributable deaths	24,200
Youth ages 0-17 projected to die from smoking	503,000

### Annual Costs Incurred in Texas from Smoking

Total medical	\$5,831 million
Medicaid medical	\$1,620 million
Lost productivity from premature death	\$6,445 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$570.2 million
FY 2006 tobacco settlement payment	<u>\$512.6 million</u>
Total state revenue from tobacco excise taxes and settlement	\$1,082.8 million

**Percent tobacco revenue to fund at CDC recommended level 25%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.85</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.83</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.16</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$0.98</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.49</b>
<b>Total</b>	<b>\$11.31</b>

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## CDC Recommended Annual Investment **\$23.6 million**

### Deaths in Utah Caused by Smoking

Annual average smoking-attributable deaths	1,100
Youth ages 0-17 projected to die from smoking	26,000

### Annual Costs Incurred in Utah from Smoking

Total medical	\$345 million
Medicaid medical	\$104 million
Lost productivity from premature death	\$273 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$64.7 million
FY 2006 tobacco settlement payment	<u>\$25.9 million</u>
Total state revenue from tobacco excise taxes and settlement	\$90.6 million

**Percent tobacco revenue to fund at CDC recommended level 26%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.55</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.44</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$2.04</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$0.80</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.40</b>
<b>Total</b>	<b>\$9.23</b>

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## CDC Recommended Annual Investment **\$10.4 million**

### Deaths in Vermont Caused by Smoking

Annual average smoking-attributable deaths	900
Youth ages 0-17 projected to die from smoking	12,000

### Annual Costs Incurred in Vermont from Smoking

Total medical	\$233 million
Medicaid medical	\$72 million
Lost productivity from premature death	\$197 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$48.9 million
FY 2006 tobacco settlement payment	<u>\$24.0 million</u>
Total state revenue from tobacco excise taxes and settlement	\$72.9 million

**Percent tobacco revenue to fund at CDC recommended level 14%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$7.39</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.74</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.43</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.46</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.73</b>
<b>Total</b>	<b>\$16.75</b>

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### CDC Recommended Annual Investment **\$103.2 million**

#### Deaths in Virginia Caused by Smoking

Annual average smoking-attributable deaths	9,300
Youth ages 0-17 projected to die from smoking	152,000

#### Annual Costs Incurred in Virginia from Smoking

Total medical	\$2,087 million
Medicaid medical	\$401 million
Lost productivity from premature death	\$2,427 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$187.1 million
FY 2006 tobacco settlement payment	<u>\$119.3 million</u>

Total state revenue from tobacco excise taxes and settlement \$306.4 million

**Percent tobacco revenue to fund at CDC recommended level 34%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.37</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.90</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.47</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.17</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.59</b>
<b>Total</b>	<b>\$13.50</b>

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## CDC Recommended Annual Investment **\$67.3 million**

### Deaths in Washington Caused by Smoking

Annual average smoking-attributable deaths	7,600
Youth ages 0-17 projected to die from smoking	124,000

### Annual Costs Incurred in Washington from Smoking

Total medical	\$1,957 million
Medicaid medical	\$651 million
Lost productivity from premature death	\$1,743 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$453.3 million
FY 2006 tobacco settlement payment	<u>\$119.8 million</u>
Total state revenue from tobacco excise taxes and settlement	\$573.1 million

**Percent tobacco revenue to fund at CDC recommended level 12%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.51</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.44</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.18</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$0.91</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.46</b>
<b>Total</b>	<b>\$10.50</b>

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### CDC Recommended Annual Investment **\$27.8 million**

#### Deaths in West Virginia Caused by Smoking

Annual average smoking-attributable deaths	3,900
Youth ages 0-17 projected to die from smoking	46,000

#### Annual Costs Incurred in West Virginia from Smoking

Total medical	\$690 million
Medicaid medical	\$229 million
Lost productivity from premature death	\$993 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$112.5 million
FY 2006 tobacco settlement payment	<u>\$51.7 million</u>

Total state revenue from tobacco excise taxes and settlement \$164.2 million

**Percent tobacco revenue to fund at CDC recommended level 17%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$5.74</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$3.13</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$4.46</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.33</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.67</b>
<b>Total</b>	<b>\$15.33</b>

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## CDC Recommended Annual Investment **\$64.3 million**

### Deaths in Wisconsin Caused by Smoking

Annual average smoking-attributable deaths	7,300
Youth ages 0-17 projected to die from smoking	128,000

### Annual Costs Incurred in Wisconsin from Smoking

Total medical	\$2,024 million
Medicaid medical	\$480 million
Lost productivity from premature death	\$1,642 million

### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$317.9 million
FY 2006 tobacco settlement payment	<u>\$120.9 million</u>

Total state revenue from tobacco excise taxes and settlement \$438.8 million

**Percent tobacco revenue to fund at CDC recommended level 15%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$4.97</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$1.45</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.66</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.01</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.50</b>
<b>Total</b>	<b>\$11.59</b>

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### CDC Recommended Annual Investment **\$9.0 million**

#### Deaths in Wyoming Caused by Smoking

Annual average smoking-attributable deaths	700
Youth ages 0-17 projected to die from smoking	12,000

#### Annual Costs Incurred in Wyoming from Smoking

Total medical	\$136 million
Medicaid medical	\$37 million
Lost productivity from premature death	\$155 million

#### State Revenue from Tobacco Excise Taxes and Settlement

FY 2006 tobacco tax revenue	\$25.2 million
FY 2006 tobacco settlement payment	<u>\$14.5 million</u>
Total state revenue from tobacco excise taxes and settlement	\$39.7 million

**Percent tobacco revenue to fund at CDC recommended level 23%**

	Per Capita Recommendation
<b>I. State and Community Interventions</b> Multiple societal resources working together have the greatest long-term population impact.	<b>\$8.50</b>
<b>II. Health Communication Interventions</b> Media interventions prevent tobacco use initiation, promote cessation, and shape social norms.	<b>\$2.84</b>
<b>III. Cessation Interventions</b> Tobacco use treatment is highly cost-effective.	<b>\$3.77</b>
<b>IV. Surveillance and Evaluation</b> Publicly financed programs should be accountable and demonstrate effectiveness.	<b>\$1.51</b>
<b>V. Administration and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	<b>\$0.76</b>
<b>Total</b>	<b>\$17.38</b>

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