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ABSTRACT

This publication presents best practices to help states assess options for comprehensive tobacco control programs and to evaluate their local funding priorities. It draws on best practices determined by evidence-based analyses of excise tax-funded tobacco control programs in California and Massachusetts and by the Centers for Disease Control and Prevention's involvement in providing technical assistance in the planning of comprehensive tobacco control programs in other states with excise tax-funded programs (Oregon and Maine) and in the four states that individually settled lawsuits with tobacco companies (Florida, Minnesota, Mississippi, and Texas). Section A, "Components of Comprehensive Tobacco Control Programs," focuses on (1) "Community Programs to Reduce Tobacco Use," (2) "Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases," (3) "School Programs," (4) "Enforcement," (5) "Statewide Programs," (6) "Counter-Marketing, " (7) "Cessation Programs," (8) "Surveillance and Evaluation," and (9) "Administration and Management." Section B presents "Funding Model for All 50 States." Section C offers "Recommended Program Element Budgets, by State." An appendix presents information on the efficacy of comprehensive tobacco control programs in California and Massachusetts. (SM)

Best Practices

for Comprehensive Tobacco Control Programs

August 1999

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

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Best Practices for Comprehensive Tobacco Control Programs, August 1999

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Best Practices for Comprehensive Tobacco Control Programs

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Executive Summary

Tobacco use is the single most preventable cause of death and disease in our society. Most people begin using tobacco in early adolescence, typically by age 16; almost all first use occurs before high school graduation. Annually, tobacco use causes more than 430,000 deaths and costs the Nation approximately $50–$73 billion in medical expenses alone. Data from California and Massachusetts have shown that implementing comprehensive tobacco control programs produces substantial reductions in tobacco use.

The goal of comprehensive tobacco control programs is to reduce disease, disability, and death related to tobacco use by

- Preventing the initiation of tobacco use among young people.
- Promoting quitting among young people and adults.
- Eliminating nonsmokers' exposure to environmental tobacco smoke (ETS).
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

In this guidance document, CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. This document draws upon "best practices" determined by evidence-based analyses of comprehensive State tobacco control programs. Evidence supporting the programmatic recommendations in this guidance document are of two types. Recommendations for chronic disease programs to reduce the burden of tobacco-related diseases, school programs, cessation programs, enforcement, and counter-marketing program elements are based primarily upon published evidence-based practices. Other program categories rely mainly upon the evidence of the efficacy of the large-scale and sustained efforts of two States (California and Massachusetts) that have been funding comprehensive tobacco prevention and control programs using State tobacco excise taxes.

Based upon this evidence, specific funding ranges and programmatic recommendations are provided. The local analysis of each State's priorities should shape decisions regarding funding allocations for each recommended program component. The funding required for implementing programs will vary depending on state characteristics, such as demographic factors, tobacco use prevalence, and other factors. Although the type of supporting evidence for each of the recommended nine program components differs, evidence supports the implementation of some level of activity in each program area. In general, States typically have selected a funding level around the middle of the recommended ranges. Current allocations range from $2.50 to over $10; however, no State is currently implementing all of the recommended program components fully. Approximate annual costs to implement all of the recommended program components have been estimated to range from $7 to $20 per capita in smaller States (population under 3 million), $6 to $17 per capita in medium-sized States (population 3 to 7 million), and $5 to $16 per capita in larger States (population over 7 million).

The best practices address nine components of comprehensive tobacco control programs:

I. Community Programs to Reduce Tobacco Use (Base funding of $850,000–$1.2 million per year for State personnel and resources; $0.70–$2.00 per capita per year for local governments and organizations).

Local community programs cover a wide range of prevention activities including engaging youth in developing and implementing tobacco control interventions; developing partnerships with local organizations; conducting educational programs for young people, parents, enforcement officials, community and business leaders, health care providers, school personnel, and others; and promoting governmental and voluntary policies to promote clean indoor air, restrict access to tobacco products, provide coverage for treatment, and achieve other policy objectives. In California and Massachusetts, local coalitions and programs have been instrumental in achieving policy and program objectives. Program funding levels range from approximately $1.00 per capita in California to over $2.50 per capita in Massachusetts.

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases ($2.8 million–$4.1 million per year).

Even if current tobacco use stopped, the residual burden of disease among past users would cause disease for decades to come. As part of a comprehensive tobacco control program, communities can focus attention directly

on tobacco-related diseases both to prevent them and to detect them early. The following are examples of such disease programs and recommended funding levels:

- Cardiovascular disease prevention ($500,000 for core capacity and $1–$1.5 million for a comprehensive program).
- Asthma prevention (base funding of $200,000–$300,000 and $600,000–$800,000 to support initiatives at the local level).
- Oral health programs ($400,000–$700,000).
- Cancer registries ($75,000–$300,000).

III. School Programs ($500,000–$750,000 per year for personnel and resources to support individual school districts; $4–$6 per student in grades K–12 for annual awards to school districts).

School program activities include implementing CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction,* which call for tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and cessation services; implementing evidence-based curricula identified through CDC's Research to Classroom Project; and linking school-based efforts with local community coalitions and statewide media and educational campaigns. Oregon has developed a new funding model for school programs based upon CDC's guidelines and experience in California and Massachusetts. At an annual funding level of approximately $1.60 per student, Oregon was able to provide grants to approximately 30% of their school districts. Assuming 100% coverage of school districts using a funding model similar to the Oregon model, $4–$6 per student in grades K–12 should be budgeted.

IV. Enforcement ($150,000–$300,000 per year for interagency coordination; $0.43–$0.80 per capita per year for enforcement programs).

Enforcement of tobacco control policies enhances their efficacy by deterring violators and by sending a message to the public that community leaders believe that these policies are important. The two primary policy areas that require enforcement activity are restrictions on minors' access to tobacco and on smoking in public places. State efforts should be coordinated with Food and Drug Administration (FDA) and Substance Abuse and Mental Health Services Administration (SAMHSA) Federal programs. California and Massachusetts have addressed enforcement issues as part of community program grants. Florida has taken a more centralized approach by using State Alcoholic Beverage Control Officers to conduct compliance checks with locally recruited youth in all regions of the State.

V. Statewide Programs (Approximately $0.40–$1 per capita per year).

Statewide projects can increase the capacity of local programs by providing technical assistance on evaluating programs, promoting media advocacy, implementing smokefree policies, and reducing minors' access to tobacco. Supporting organizations that have statewide access to racial, ethnic, and diverse communities can help eliminate the disparities in tobacco use among the State's various population groups. Statewide and regional grants to organizations representing cities, business and professional groups, law enforcement, and youth groups inform their membership about tobacco control issues and encourage their participation in local efforts. Both California and Massachusetts have awarded grants to statewide organizations, businesses, and other partners that total about $0.40 to $1.00 per capita per year.

VI. Counter-Marketing ($1–$3 per capita per year).

Counter-marketing attempts to counter pro-tobacco influences and increase pro-health messages and influences throughout a State, region, or local community. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the State and local level; media advocacy and other public relations techniques using such tactics as press releases, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions. Counter-marketing activities can promote smoking cessation and decrease the likelihood of initiation. They also can

have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts. Counter-marketing campaigns are a primary activity in all States with comprehensive tobacco control programs. With funding levels ranging from less than $1.00 per capita up to almost $3.00 per capita, the campaigns in California, Massachusetts, Arizona, and Florida have been trend-setters in content and production quality.

VII. Cessation Programs ($1 per adult to identify and advise smokers about tobacco use; $2 per smoker to provide brief counseling; and the cost of a full range of cessation services including pharmaceutical aids, behavioral counseling, and follow up visits ($137.50 per served smoker covered by private insurance; $275 per served smoker covered by publicly financed insurance).

Strategies to help people quit smoking can yield significant health and economic benefits. Effective cessation strategies include brief advice by medical providers, counseling, and pharmacotherapy. In addition, system changes (e.g., tobacco-use screening systems, clinician training, and insurance coverage for proven treatments) are critical to the success of cessation interventions. State action should include establishing population-based treatment programs such as telephone cessation helplines; covering treatment of tobacco use under both public and private insurance; and eliminating cost barriers to treatment for underserved populations, particularly the uninsured. No State currently is fully implementing the Agency for Health Care Policy and Research smoking cessation guidelines. Massachusetts and California are implementing the basic recommended elements. The complete recommended program is being implemented in several large health maintenance organizations around the country.

VIII. Surveillance and Evaluation (10% of total annual program costs).

A surveillance and evaluation system monitors program accountability for State policymakers and others responsible for fiscal oversight. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time. Program evaluation efforts build upon surveillance systems by linking statewide and local program efforts to progress in achieving intermediate and primary outcome objectives. Experience in California, Massachusetts, and other States has demonstrated that the standard public health practice guideline of devoting 10% of program resources to surveillance and evaluation is a sound recommendation. State surveillance efforts should be coordinated with Federal tobacco surveillance programs such as SAMHSA's National Household Survey on Drug Abuse.

IX. Administration and Management (5% of total annual program costs).

An effective tobacco control program requires a strong management structure to facilitate coordination of program components, involvement of multiple State agencies (e.g., health, education, and law enforcement) and levels of local government, and partnership with statewide voluntary health organizations and community groups. In addition, administration and management systems are required to prepare and implement contracts and provide fiscal and program monitoring. Experience in California and Massachusetts has demonstrated that at least 5% of program resources is needed for adequate staffing and management structures.

Introduction

The goal of a comprehensive tobacco control program is to reduce disease, disability, and death related to tobacco use by

- Preventing the initiation of tobacco use among young people.
- Promoting cessation among young people and adults.
- Eliminating nonsmokers' exposure to ETS.
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

The Centers for Disease Control and Prevention (CDC) has prepared these best practices to help States assess options for comprehensive tobacco control programs and to evaluate their local funding priorities. This document draws on "best practices" determined by evidence-based analyses of excise tax-funded programs in California and Massachusetts and by CDC's involvement in providing technical assistance in the planning of comprehensive tobacco control programs in other States with excise tax-funded programs (Oregon and Maine) and in the four States that individually settled lawsuits with tobacco companies (Florida, Minnesota, Mississippi, and Texas).

Reducing tobacco use requires a partnership between the Federal government and States. The Federal government has undertaken a number of important activities that provide a foundation for State action. Scientific data about the extent of tobacco use, the impact of tobacco use, and interventions to reduce tobacco use have been generated and disseminated by several Federal government agencies including the National Institutes of Health, the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the Agency for Health Care Policy and Research.

The Federal government has supported a number of surveys of tobacco use among adults and youth through the Centers for Disease Control and Prevention (Behavioral Risk Factor Survey, National Health Interview Survey, and Youth Risk Behavior Survey), the National Institutes of Health (Current Population Survey and Monitoring the Future Study), and the Substance Abuse and Mental Health Services Administration (National Household Survey on Drug Abuse). SAMHSA's household survey is of particular note because it will collect annual data on brands of cigarettes and other forms of tobacco used by young people and adults.

The Federal government also has sponsored research on the health impact of tobacco use, determinants of tobacco use, and interventions to reduce tobacco use. The majority of this research has been supported by the National Institutes of Health's National Cancer Institute (NCI); however, other Institutes also have been involved, including the National Institute on Drug Abuse, National Institute of Child Health and Development, and the National Heart, Lung, and Blood Institute. Besides supporting disease-specific research, NCI has supported intervention studies including mass media and school trials and large-scale demonstration projects such as COMMIT and ASSIST. The Centers for Disease Control and Prevention also supports applied research through its Prevention Research Centers; this research has a particular focus on racial/ethnic and gender differences in tobacco use determinants and patterns.

Furthermore, multiple Federal government agencies support programs to prevent and reduce tobacco use. SAMHSA implements the Synar regulation to reduce youth access to tobacco products through State-level compliance activities. FDA is implementing the minors' access provisions of its tobacco regulations through contracts with States for enforcement efforts and educational interventions, including retailer outreach and media campaigns. The Agency for Health Care Policy and Research has published clinical practice guidelines on smoking cessation and has worked with a variety of health care organizations to ensure that the guidelines are implemented. Additionally, CDC supports several programs to prevent and reduce tobacco use including the National Tobacco Control Program, which in FY 1999 will fund all 50 States, the District of Columbia, and the territories to establish core tobacco use prevention and reduction programs. CDC has also developed educational and media programs including the Media Campaign Resource Center, which makes high-quality, anti-smoking advertising materials available for use by States and organizations.

Although the Federal government has undertaken a number of critical activities to curb tobacco use, State and local community action is required to ensure the success of tobacco control interventions. In acknowledgment of the unique role that States and communities play in tobacco control efforts, these best practices provide technical information to assist States in designing comprehensive programs.

Introduction

In this guidance document, CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. This document draws upon "best practices" determined by evidence-based analyses of comprehensive State tobacco control programs. Based upon this evidence, specific funding ranges and programmatic recommendations are provided. Local analysis of each State's priorities should shape decisions regarding funding allocations for each recommended program component. The funding required for implementing programs will vary depending on state characteristics, such as demographic factors, tobacco use prevalence, and other factors. Although the type of supporting evidence for each of the recommended nine program components differs, evidence supports the implementation of some level of activity in each program area. In general, States typically have selected a funding level around the middle of the recommended ranges. Current allocations range from $2.50 to over $10; however, no State is currently implementing all of the recommended program components fully. Approximate annual costs to implement all of the recommended program components have been estimated to range from $7 to $20 per capita in smaller States (population under 3 million), $6 to $17 per capita in medium-sized States (population 3 to 7 million), and $5 to $16 per capita in larger States (population over 7 million).

The Health Consequences of Tobacco Use[1]

Tobacco use is the single most preventable cause of death and disease in our society. Annually, tobacco use causes more than 430,000 deaths and costs the Nation approximately $50–$73 billion in medical expenses alone. Tobacco use is addictive: nearly 70% of smokers want to quit smoking, but only 2.5% are able to quit permanently each year. Most smokers start smoking as adolescents. The number of American teenagers taking up daily smoking jumped 73% between 1988 and 1996. Each day, more than 6,000 persons younger than age 18 try their first cigarette, and more than 3,000 become daily smokers. One in three teens who are regular smokers will eventually die of smoking-related causes.

Other tobacco products also have serious health consequences. Use of smokeless tobacco is associated with leukoplakia and oral cancer. Although very little was known until recently about the health risks of cigar smoking, there is now strong evidence of causal relationships between regular cigar use and cancers of the lungs, larynx, oral cavity, and esophagus. These consequences are of particular concern because in 1997, 22% of high school students smoked cigars and 9.3% used smokeless tobacco.

The risks of tobacco use extend beyond actual users. Nearly 9 of 10 nonsmoking Americans are exposed to environmental tobacco smoke (ETS). Exposure to ETS increases nonsmokers' risk for lung cancer and heart disease. Among children, ETS is also associated with serious respiratory problems, including asthma, pneumonia, and bronchitis. Additionally, substantial evidence now links ETS with sudden infant death syndrome and low birth weight.

The consequences of tobacco use have become an issue of global concern. The World Health Organization estimates that 3 million people die every year of tobacco-related diseases. Without effective international tobacco control programs, the death toll will increase to as many as 10 million people by 2030, and 7 million of these deaths will occur in developing countries. Successful programs in the United States to reduce tobacco use will provide valuable models to help other countries successfully address the growing tobacco use epidemic.

Efficacy of Comprehensive Tobacco Control Programs: California and Massachusetts

Evidence supporting the programmatic recommendations in this guidance document are of two types. Recommendations for chronic disease programs to reduce the burden of tobacco-related diseases, school programs, cessation programs, enforcement, and counter-marketing program elements are based primarily upon published evidence-based guidelines. Other program categories rely mainly upon the evidence of the efficacy of the large-scale and sustained efforts of two States (California and Massachusetts) that have been funding comprehensive tobacco prevention and control programs using State tobacco excise taxes. Increasing excise taxes on cigarettes reduces tobacco consumption rates. But more importantly, when the excise taxes support effective community, media, and school programs to prevent tobacco use, decreases in per capita consumption will continue even if industry lowers tobacco prices to preexcise tax values.[2] The tobacco industry itself has concluded that "the California campaign and those like it represent a very real threat to the industry in the intermediate term..."[3] and "the environment for the sale and use of tobacco products in California continues to deteriorate. And because California serves as a bellwether State, tobacco-related steps taken there often find their way into other States."[4]

Best Practices

This document provides evidence to support each of nine specific elements of a comprehensive program. However, in addition to highlighting the importance of the individual program elements, it is equally critical to recognize why these individual components must work together to produce the synergistic effects of a comprehensive program.[5] Reducing the broad cultural acceptability of tobacco use necessitates changing many facets of the social environment. This scale of societal change is a complex process that must be addressed by multiple program elements working together in a comprehensive approach. For example, school programs are effective in isolation, but evidence indicates that their efficacy is greatly increased when combined with community programs and media campaigns.[6] Through evidence-based analyses in California and Massachusetts, in-depth involvement with settlement States, and published evidence of effective tobacco control strategies, CDC recommends that States establish tobacco control programs that contain the following elements:

- Community Programs to Reduce Tobacco Use.
- Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases.
- School Programs.
- Enforcement.
- Statewide Programs.
- Counter-Marketing.
- Cessation Programs.
- Surveillance and Evaluation.
- Administration and Management.

For each of these categories, the best practices that follow provide

- Justification for the program element.
- Budget estimates for successful implementation.
- Core resources to assist implementation.
- References to scientific literature.

All core resources listed in this document, or the contacts to obtain them, are available from CDC's Office on Smoking and Health. To request copies, please call 770-488-5705 (press 2 or 3) or send an E-mail to tobaccoinfo@cdc.gov.

General Planning Resources

Advocacy Institute Tobacco Control Project. The Money is Coming! The Money is Going! Strategic Advisory Series Online Publication. 1998. (http://www.scarcnet.org/hsap/intrmon.htm).

American Cancer Society. Advocating for State Tobacco Control: An American Cancer Society Planning Guide. June 1998.

Attorney General's Task Force. A Comprehensive Tobacco Prevention and Control Plan for Washington State. November 1998. (http://www.wa.gov/ago/pubs/Tobacco.PDF).

California Department of Health Services. A Model for Change: The California Experience in Tobacco Control. Sacramento, CA: California Department of Health Services, October 1998.

Centers for Disease Control and Prevention, Office on Smoking and Health. State Tobacco Control Highlights—1996. Atlanta, GA: Centers for Disease Control and Prevention, 1996. (Updated on http://www.cdc.gov/tobacco/statehi/statehi.htm).

Minnesota Health Improvement Partnership. Tobacco Work Group. Tobacco Use Prevention and Reduction in Minnesota: Elements, Roles and Costs of a Comprehensive Plan. December 1998.

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Texas Inter-Agency Tobacco Task Force. Legislative Plan. October 1998.

U.S. Department of Health and Human Services. Office of Public Health and Science. Healthy People 2010 Objectives. Chapter 3. Tobacco Use. Washington, DC: U.S. Department of Health and Human Services, September 15, 1998. (http://web.health.gov/healthypeople/2010Draft/object.htm).

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4 California Department of Health Services. A model for change: the California experience in tobacco control. Sacramento, CA: California Department of Health Services, October 1998.

5 Controlling the smoking epidemic. Report of the WHO Expert Committee on Smoking Control. Geneva: World Health Organization, 1979. WHO Technical Report Series, No.: 636.

6 U.S. Department of Health and Human Services. Preventing tobacco use among young people: a report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1994.

Community Programs to Reduce Tobacco Use

Justification

Community programs should focus on four goals: 1) prevention of the initiation of tobacco use among young people, 2) cessation for current users of tobacco, 3) protection from environmental tobacco smoke, and 4) elimination of disparities in tobacco use among populations. These goals can best be achieved by programs that 1) increase the number of organizations and individuals involved in planning and conducting community-level education and training programs; 2) use State and local counter-marketing campaigns to place pro-health messages that inform, educate, and support local tobacco control initiatives and policies; 3) promote the adoption of public and private tobacco control policies; and 4) measure outcomes using surveillance and evaluation techniques.

To achieve the individual behavior change that supports the nonuse of tobacco, communities must change the way tobacco is promoted, sold, and used while changing the knowledge, attitudes, and practices of young people, tobacco users, and nonusers. Effective community programs involve people in their homes, work sites, schools, places of worship and entertainment, civic organizations, and other public places.[1]

To achieve lasting changes, programs in local governments, voluntary and civic organizations, and community-based organizations require funds to hire staff, cover operating expenses, purchase resource and educational materials, provide education and training programs, support communication campaigns, organize the community to debate the issues, establish local plans of action, and draw other leaders into tobacco control activities.

Evaluation data show that funding local programs produces measurable progress toward statewide tobacco control objectives. In Massachusetts and California, local programs have been instrumental in the adoption of an increasing number of local ordinances or other provisions restricting smoking in public places.[2,3] In both States, these policies have contributed to a steady decrease in the percentage of nonsmoking adults reporting exposure to secondhand smoke.[4,5]

Similarly, California's and Massachusetts' local coalitions and community youth programs have produced impressive declines in the percentage of successful attempts by underage young people to buy tobacco.[3,6]

Oregon has achieved impressive initial declines in per capita consumption after implementing a statewide tobacco control program.[7] Funding to the community through the county health departments has produced an impressive diversity of coalitions, partners, and local actions.[8] Examples of Oregon's community activities include

- Engaging young people to plan and conduct community tobacco prevention and education events and campaigns.
- Working with judges and retailers to develop education and diversion programs.
- Developing educational presentations and strengthening tobacco use policies in schools and community and day care centers.
- Conducting a campaign on smoking in the home.
- Conducting youth-led countywide assessments of tobacco advertising and developing plans to reduce tobacco sponsorship of public events.
- Offering smoking cessation programs by drug and alcohol prevention agencies.
- Using tribal newspapers and community presentations by Indian Reservation youth to educate the tribal community about tobacco use and the tobacco industry's advertising and promotion on the Reservation.

Budget

Funding for staff and resources to implement community programs and support local partnership initiatives may be allocated to local government units such as local health departments or community organizations. Best practices dictate allocating approximately $0.70–$2.00 per capita annually to fund local government units and community organizations. In addition, approximately $850,000–$1.2 million annually is required for State personnel and resources to provide training and technical assistance to community programs. States have developed several models for funding community programs. Most States are funding local health departments or health-related nonprofit community organizations representing each county or major metropolitan area in the State. Awards are typically based on population size with smaller counties or local units receiving a higher overall per-capita amount. California, Florida, and Oregon have divided their counties and major metropolitan areas into several funding strata to ensure that smaller units get an adequate base funding level for core staffing.

Core Resources

California Department of Health Services. Tobacco Control Section. 1998–2001 Local Lead Agency Comprehensive Tobacco Control Guidelines. January 30, 1998.

California Department of Health Services. Tobacco Control Section. Request for Applications for Community Interventions to Reduce Tobacco Use. Application No. 96–26252, August 30, 1998.

California Department of Health Services. Tobacco Control Section. Program Policy Manual and Community Planning Guidelines for Community Programs. February 2, 1998.

Massachusetts Department of Public Health. Massachusetts Tobacco Control Program: Community Health Network Request for Responses: Section 1: Community Prevention-Tobacco Control: Community Coalitions.

Oregon Health Division. Oregon Tool Kit: Community-Based Best Practices to Reduce Tobacco Use. September 1997.

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2 Patten CA, Pierce JP, Cavin SW, et al. Progress in protecting nonsmokers from environmental tobacco smoke in California workplaces. *Tob Control* 1995;4:139–44.

3 Abt Associates, Inc. Independent evaluation of the Massachusetts Tobacco Control Program. Third annual report, January 1994–June 1996. Cambridge, MA: Abt Associates, Inc, 1996.

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6 Independent Evaluation Consortium. Final report of the independent evaluation of the California Tobacco Control Prevention and Education Program: Wave I Data, 1996–1997. Rockville, MD: The Gallup Organization, 1998.

7 Centers for Disease Control and Prevention. Decline in cigarette consumption following implementation of a comprehensive tobacco prevention and education program—Oregon, 1996–1998. *MMWR* 1999;48:140–3.

8 Oregon Tobacco Prevention and Education Program. Report to the Governor and Legislature. Portland, OR: Oregon Health Division, 1999.

II Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Justification

Tobacco use increases a person's risk for a number of diseases. Even if current tobacco use stopped, the residual burden of disease among past users would cause disease for decades to come. Addressing tobacco use reduction strategies in the broader context of tobacco-related diseases is beneficial for three reasons. First, it is critical that interventions are implemented to alleviate the existing burden of disease from tobacco, which will remain even if tobacco use is reduced among future generations. Second, the incorporation of tobacco prevention and cessation messages into broader public health activities ensures wider dissemination of tobacco control strategies. Finally, the reduction of risk factors for tobacco-related diseases other than tobacco use reduces the disease impact of tobacco use, independent of reductions in tobacco use. For example, poor nutrition, lack of exercise, and tobacco use present a greater combined risk for cardiovascular disease than the sum of each individual risk factor.

Chronic disease programs can focus attention directly on these diseases, both to prevent them and detect them early. When supported at a comprehensive level, State-based tobacco prevention and control programs can address diseases such as cancer, cardiovascular disease, asthma, oral cancers, and stroke, for which tobacco is a major cause.[1-14] However, few States have had the resources to link tobacco control activities to activities to prevent tobacco-related diseases. Examples of activities to reduce the burden of these diseases include the following:

- Implementing community interventions that link tobacco control interventions with cardiovascular disease prevention.
- Developing counter-marketing to increase awareness of environmental tobacco smoke (ETS) as a trigger for asthma.
- Training dental providers to counsel their patients on the role of tobacco use in the development of oral cancer.
- Expanding cancer registries to monitor tobacco-related cancers.

CDC's Cardiovascular Health Program provides a model framework for a broad range of program elements targeting cardiovascular disease, such as school health education programs to address tobacco use and other risk factors, community health promotion interventions, and guidance on States' efforts to target risk factors for cardiovascular disease.

Models for community-based asthma prevention programs include those cosponsored by CDC and its State and local partners, such as the California Community-Based Asthma Intervention Demonstrations Project (Fresno, CA), the Wisconsin Community-Based Asthma Intervention Project (Madison, WI), and the ZAP Asthma Project (Atlanta, GA).

Oral health programs within State and local public health programs must be expanded to address the oral health needs of disadvantaged populations. One element of effective community-based programs is the development of training for oral health intervenors to provide counseling on the oral health risks associated with tobacco use.

Cancer registry programs are working to establish standards for data completeness, timeliness, and quality. State registries also provide training for registry personnel and use a computerized reporting and data-processing system. CDC's National Program of Cancer Registries (NPCR) provides models for registries. NPCR enables cancer data to be reported by age, sex, ethnicity, and geographic region—within a State, between States, and between regions.

Budget

For each of the tobacco-related disease areas, funding needs to be available to develop the State and local infrastructure necessary to coordinate more broadly focused prevention programs as tobacco control programs expand. Best practices dictate that States allocate $500,000 to establish core-capacity functions targeting tobacco-related cardiovascular disease and an additional $1 million–$1.5 million to develop a comprehensive program. For asthma prevention pilot programs, base funding of $200,000–$300,000 is recommended for State infrastructure, training, and capacity-building activities and an additional $600,000–$800,000 to support these activities as local initiatives are developed. In addition, about $400,000–$750,000 (depending on the population of the State) should be allocated to address the oral disease consequences of tobacco use. About $75,000–$300,000 (depending on the population of the State) is recommended for the expansion of cancer registries.

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III School Programs

Justification

Because most people who start smoking are younger than age 18, programs that prevent the onset of smoking during the school year are a crucial part of a comprehensive tobacco prevention program.[1,2] Several studies have shown that school-based tobacco prevention programs that identify the social influences that promote tobacco use among youth and that teach skills to resist such influences can significantly reduce or delay adolescent smoking.[1-5] Programs that vary in format, scope, delivery methods, and community setting have produced differences in smoking prevalence between intervention and nonintervention groups ranging from 25% to 60% and persisting for 1 to 5 years after completion of the programs.[1-7] Although long-term follow-ups of programs have indicated that the effect may dissipate over time,[8-11] other studies have shown that the effectiveness of school-based tobacco prevention programs is strengthened by booster sessions and communitywide programs involving parents and community organizations and including school policies, mass media, and restrictions on youth access.[12-17] Because many students begin using tobacco before high school and impressions about tobacco use are formed even earlier, tobacco use prevention education must be provided in elementary school and continued through middle and high school grades.[18]

Methods for strengthening school programs include

- Implementing *CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, including tobacco-free polices, evidence-based curricula, teacher training, parental involvement, and cessation services.
- Implementing and incorporating evidence-based curricula identified through CDC's Research to Classroom Project into a comprehensive school program to prevent tobacco use and addiction. Two curricula with the most credible evidence of sustained impact on youth smoking rates have been identified by CDC as programs that work.[6,7] Implementation of Life Skills Training and Project Towards No Tobacco Use (Project TNT) have been shown to reduce tobacco use among adolescents.
- Linking school-based efforts with local community coalitions and statewide counter-advertising programs.

Budget

Funds can be awarded directly to school districts, and programs can be supported by statewide technical assistance. States are encouraged to coordinate school program funding with funding for other community programs. Best practices dictate allocating $500,000–$750,000 annually for statewide infrastructure and technical assistance to support individual school districts. In addition, $4–$6 per student in grades K–12 should be budgeted for annual awards to school districts.

States have developed several models for granting funds to local school districts. Because tobacco use onset among students increases most rapidly between the ages of 10 and 17, most States target a larger proportion of their school funding at young people between these ages. For example, California funds all school districts that have a fully implemented tobacco-free policy. Programs in grades 4 through 8 are funded through an entitlement program at $7 per child based upon average daily attendance, whereas programs in grades 9 through 12 are funded selectively through a competitive grant process at $25 per student based on average daily attendance. County education offices receive $25,000 to $150,000 per year, depending on county size, to provide training and technical assistance to districts. In Oregon, funding was competitively awarded to 58 of the State's 199 districts (30%) at an annual funding level of approximately $1.60 per student to implement comprehensive tobacco prevention and education programs based upon CDC's guidelines. Assuming 100% coverage of school districts using a funding model similar to the Oregon model, $4–$6 per student in grades K–12 should be budgeted. Based upon the experience of several States in funding school programs, CDC recommends that funds be awarded to school districts that have clearly stated performance objectives consistent with CDC's guidelines.

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IV Enforcement

Justification

Enforcement of tobacco control policies enhances their efficacy both by deterring violators and by sending a message to the public that the community leadership believes the policies are important.[1] The two primary areas addressed by local and State policies that require enforcement strategies are restrictions on minors' access to tobacco and restrictions on smoking (clean indoor air). As other policy changes such as local restrictions on advertising and promotion are adopted, they also will need to be enforced.

Minors' Access. Numerous published studies have shown that the combination of enforcing laws that restrict tobacco sales to minors and educating merchants can reduce illegal sales of tobacco to minors.[1,3] Access laws should be actively enforced at the local, State, and Federal levels through unannounced compliance checks in which minors attempt to purchase tobacco products. For tobacco control laws and regulations to be adequately enforced, universal licensure of tobacco outlet sources is necessary. A graduated system of civil penalties on the retailer, including temporary revocation of the tobacco license in areas where tobacco retail licenses are required, has been shown to be an effective enforcement strategy.[1] Fees from licensing of tobacco vendors can be used to fund enforcement activities and to develop and maintain active, large-scale programs.[1] States currently without licensure provisions are encouraged to require licensure of retail tobacco outlets and to revoke licenses for repeated sales to minors.[2]

All States are required by the provisions of the Federal Synar Amendment to 1) have and enforce State-level minors' access laws to decrease the rate of sales to persons under the age of 18 to less than 20%, 2) conduct annual statewide inspection surveys that accurately measure the effectiveness of their enforcement efforts, and 3) report annually to the Secretary of Health and Human Services. Failure on the part of the States to achieve announced performance targets may result in a significant loss of Federal block grant dollars. Additionally, the Food and Drug Administration (FDA) has begun to enforce the Federal restriction on sales to persons under the age of 18 by conducting enforcement compliance checks in States through contracts with State agencies. The FDA initiates large-scale merchant education programs before the enforcement activity begins. Education programs by Federal, State, and local authorities are necessary to build support among retailers for enforcing sales restrictions.[1] These programs should include discussion of tobacco's health effects, a topic avoided in tobacco industry-sponsored programs such as "We Card."[1]

The small body of evidence examining the effects of active enforcement on youth smoking suggests that it is an important and essential element of a comprehensive effort to reduce young people's use of tobacco.[3,4] However, young people may turn to social sources (e.g., older friends and family members) of tobacco products as commercial sources are reduced. Therefore, it is critical that minors' access restrictions be combined with a comprehensive tobacco control program that reduces the availability of social sources and limits the appeal of tobacco products.[3,5]

Examples of enforcement activities include

- Conducting frequent retailer compliance checks (four per outlet per year, funds permitting) to identify retailers who sell tobacco to minors.
- Imposing a graduated series of civil penalties on the retailer, including license revocation if possible.
- Eliminating tobacco vending machines and self-service displays in stores accessible to young people.

In addition, providing comprehensive merchant education, including information on health effects, can deter retailer violators.

Clean Indoor Air. The health of nonsmokers is protected by the enforcement of public and private policies that reduce or eliminate exposure to environmental tobacco smoke (ETS).[6] Studies have shown that enforcement of work-site smoking bans protects nonsmokers and decreases the number of cigarettes that employees smoke during the workday.[6,7] Enforcement of clean indoor air laws is generally passive: complaints by the public are investigated by State or local officials who base enforcement on a graduated series of civil warnings and penalties.[6] Before smoking restrictions are implemented, educating the public, employers, and employees about the health effects of ETS and the need for these restrictions can build support for the restrictions and increase compliance. Examples of enforcement activities include

- Establishing and publicizing telephone hotlines for reporting violations of clean indoor air ordinances and laws and investigating reports received.
- Reporting violations noted by State officials performing health, environmental, and other routine inspections.

Budget

Funds can be awarded to agencies responsible for enforcing tobacco laws and ordinances and to community organizations to implement State and local educational programs related to tobacco laws. Florida has taken this type of centralized approach by using State Alcoholic Beverage Control officers to conduct compliance checks

with locally recruited youth in all regions of the State. Current FDA contracts with States to implement the FDA youth access regulations average $400,000–$600,000 per State per year (or about $80 per compliance check). Enforcement of youth access restrictions, retailer licensure provisions, and other nonsales policy areas, such as clean indoor air restrictions, should be included in the recommended budget estimates. In addition to any funding received from Federal sources, States should plan on spending between $0.43 and $0.80 per capita for the enforcement of youth access restrictions, retailer licensure provisions, and nonsales policy areas. State costs will vary depending upon the number of retail outlets selling tobacco, the proportion of outlets in rural areas, and the proportion of outlets found to be noncompliant and requiring follow-up visits. It also is recommended that States budget between $150,000 and $300,000 annually for interagency coordination and integration of enforcement programs.

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V Statewide Programs

Justification

Funding to support statewide programs is a major element of CDC's recommended comprehensive approach to the prevention and reduction of tobacco use. Statewide projects can increase the capacity of local programs by providing technical assistance on evaluating programs, promoting media advocacy, implementing smokefree policies, and reducing minors' access to tobacco. Supporting organizations that have statewide access to diverse communities can help eliminate the disparities in tobacco use among the State's various population groups. Statewide and regional grants to organizations representing cities, business and professional groups, law enforcement, and youth groups inform their membership about tobacco control issues and encourage their participation in local efforts. Statewide programs in California, Massachusetts, and Oregon have included the following elements:

- Funding multicultural organizations and networks to collect data and develop and implement culturally appropriate interventions.
- Sponsoring local, regional, and statewide training, conferences, and technical assistance on best practices for effective tobacco use prevention and cessation programs.
- Supporting innovative demonstration and research projects to prevent youth tobacco use, promote cessation and the implementation of tobacco use counseling and treatment for young people and adults, and promote smokefree communities.

Direct funding provided to statewide organizations can mobilize their organizational assets to strengthen community resources. For example, nongovernmental partners may be better equipped than State governments to reach specific populations, including women, racial/ethnic minority populations, and blue-collar workers. Involving culturally diverse communities in the planning and implementation of tobacco control efforts has been shown to be effective.[1] Statewide Ethnic Tobacco Education Networks in California have assisted local coalitions across the State in defining and reaching diverse racial and ethnic populations.[2]

Statewide programs can also provide the skills, resources, and information needed for the coordinated, strategic implementation of effective community programs. For example, training for local community coalitions on the legal and technical aspects of clean indoor air ordinances and enforcement can be provided most efficiently through statewide partners who have experience in providing these services. In Massachusetts, the Community Assistance Statewide Team has served as a major resource to municipalities and local boards of health to increase the percentage of the State's population covered by local clean indoor air restrictions from 17% in 1992 to 66% in mid-1998.[3]

Finally, statewide programs can increase the effectiveness of community programs by stimulating local actions. For example, Operation Storefront was funded in California to help local coalitions stem the proliferation of tobacco advertising and promotion at the community level.[4] Youth and adult volunteers in 52 California counties documented point-of-purchase tobacco advertising and promotion levels and developed community action plans to mobilize their communities to limit exposure. Evaluations and case studies of 19 of these innovative efforts have been documented.

Budget

Funds can be awarded to statewide organizations, businesses, and other partners. For example, California has funded ethnic tobacco education networks for African Americans, Hispanics, and Asian/Pacific Islanders at approximately $1.5 million annually. Annual awards for the statewide Quitlines have been about $1.6 million in California and $780,000 in Massachusetts. Oregon has budgeted $1,142,500 per year for statewide grants to fund tobacco control programs among multicultural populations, a Quitline, innovative demonstration projects, and health-related voluntaries and nonprofit organizations that provide training, technical assistance, and conference support to local community coalitions. Statewide awards to provide legal assistance in implementing local ordinances and training on programs like Operation Storefront have proved useful in California.

States with more racial or ethnic diversity may want to budget more for grants for statewide programs. Although the costs of some services like Quitlines and training conferences will be higher in more populous States, smaller States usually need to budget more per capita to adequately fund the multicultural networks and other statewide organizations and partners. Best practices dictate that about $0.40–$1 per capita be allocated for these grants annually.

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VI Counter-Marketing

Justification

Counter-marketing activities can promote smoking cessation and decrease the likelihood of initiation. In addition, counter-marketing messages can have a powerful influence on public support for tobacco control intervention and set a supportive climate for school and community efforts. Counter-marketing attempts to counter pro-tobacco influences and increase pro-health messages and influences throughout a State, region, or community. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the State and local level; media advocacy and other public relations techniques using such tactics as press releases, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions.

Tobacco advertising and promotion activities appear both to stimulate adult consumption and to increase the risk of youth initiation.[1] Children buy the most heavily advertised brands[2] and are three times more affected by advertising than are adults.[3] One study estimated that 34% of all youth experimentation with smoking in California between 1993 and 1996 can be attributed to tobacco promotional activities.[4] Today's average 14-year-old already has been exposed to more than $20 billion in imagery advertising and promotions since age 6, creating a "friendly familiarity" with tobacco products[5] and an environment in which smoking is seen as glamorous, social, and normal.

In light of these ubiquitous and sustained pro-tobacco-use messages, counter-marketing efforts of comparable intensity are needed to alter the environmental context of tobacco use. The Fairness Doctrine campaign of 1967–1970—the only sustained nationwide tobacco control media effort to date—documented that an intensive mass media campaign can produce significant declines in both adult and youth smoking.[6] Statewide public education programs in California and Massachusetts that feature a variety of interventions, including paid media campaigns, have had the most success in reducing tobacco use among adults, slowing the initiation of tobacco use among young people, and protecting children from exposure to secondhand tobacco smoke.[7] Multifaceted prevention programs such as the Minnesota Heart Health Program[8] and the University of Vermont School and Mass Media Project[9] show that comprehensive efforts that combine media, school-based, and community-based activities can postpone or prevent smoking in 20%–40% of adolescents. In just one year, a comprehensive prevention program financed by State settlement dollars and anchored by an aggressive mass media campaign produced significant declines in tobacco use among middle and high school students in Florida.[10]

Although the relative effectiveness of specific message concepts and strategies is widely debated, research from all available sources shows that counter-marketing must have sufficient reach, frequency, and duration to be successful.[11] The Vermont youth campaign, for example, exposed 50% of the target population to each TV and radio spot about six times each year over a 4-year period. This level of exposure is possible only through paid media placement.[12] In addition, effective counter-marketing efforts should

- Combine messages on prevention, cessation, and protection from secondhand smoke; target both young people and adults; and address both individual behaviors and public policies.
- Include grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins to support and reinforce the statewide campaign.
- Maximize the number, variety, and novelty of messages and production styles rather than communicate a few messages repeatedly.
- Use nonauthoritarian appeals that avoid direct exhortations not to smoke and do not highlight a single theme, tagline, identifier, or sponsor.

Budget

Currently there are three potential sources for airing tobacco control media messages at the national level: 1) the public service component of the Office of National Drug Control Policy's paid antidrug media campaign—but tobacco control spots are not guaranteed significant airtime; 2) the education campaign that will be conducted as part of the multi-State settlement—but the scope and timing of this campaign are still unknown; and 3) Philip Morris' youth prevention campaign—but the effectiveness of these messages in discouraging tobacco use among teens is unknown. Thus, despite these campaigns, States need to budget for State-directed counter-marketing campaigns addressing youth prevention, adult cessation, and protection of nonsmokers to ensure that all State residents will be exposed to messages that address the multiple goals of a comprehensive tobacco control program.

Funds may be competitively awarded to firms with experience in reaching culturally diverse audiences to integrate counter-marketing and public relations strategies in support of statewide and local programs. State lottery and

tourism agencies, which have extensive experience in managing advertising accounts, can help States develop strategic media plans. States may also want to contract with researchers for assistance in developing targeted messages and pretesting existing messages. At a minimum, $1–$3 per capita annually will fund a moderately intense counter-marketing campaign addressing all program goals in all major media markets in the State. Programs of greater intensity may be appropriate when specific population groups need to be targeted. The cost of ad placement will vary significantly across States and media markets. A new, high-quality TV spot commonly costs more than $100,000 to develop. However, States can lower program development costs by using existing television, radio, print, and outdoor ads from CDC's Media Campaign Resource Center, a clearinghouse of high-quality materials produced by States and other organizations.

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VII Cessation Programs

Justification

Programs that successfully assist young and adult smokers in quitting can produce a quicker and probably larger short-term public health benefit than any other component of a comprehensive tobacco control program. Smokers who quit smoking before age 50 cut in half their risk of dying in the next 15 years.[1] In addition, the cost savings from reduced tobacco use resulting from the implementation of moderately-priced, effective smoking cessation interventions would more than pay for these interventions within 3–4 years.[6] One smoker successfully quitting reduces the anticipated medical costs associated with acute myocardial infarction and stroke by an estimated $47 in the first year and $853 during the next 7 years.[2] Smoking cessation is more cost-effective than other commonly provided clinical preventive services, including mammography, colon cancer screening, PAP tests, treatment of mild to moderate hypertension, and treatment of high cholesterol.[3-5]

The Agency for Health Care Policy and Research (AHCPR) evidence-based clinical practice guideline on cessation states that brief advice by medical providers to quit smoking is effective.[7] More intensive interventions (individual, group, or telephone counseling) that provide social support and training in problem-solving skills are even more effective. FDA-approved pharmacotherapy (e.g., nicotine patch, gum, nasal spray and inhaler, and bupropion hydrochloride) can also help people quit smoking, particularly when combined with counseling and other interventions.

The AHCPR-sponsored guideline stresses that system changes (e.g., implementing a tobacco-use screening system, providing clinician training and feedback, designating staff to be responsible for the treatment program, and providing insurance coverage for proven treatments) are critical to the broad-based success of cessation interventions. Model programs in large managed care plans show that full implementation of the AHCPR-sponsored guideline, in conjunction with efforts to minimize access and cost barriers to treatment, increases the use of proven treatments and decreases smoking prevalence.[8] The Agency for Health Care Policy Research (AHCPR) Smoking Cessation Clinical Practice Guideline will be updated in 1999 as a Public Health Service document. This process will be completed in conjunction with the Robert Wood Johnson Foundation and the Center for Tobacco Research and Intervention at the University of Wisconsin. The updated guideline will reflect new advances in smoking cessation practice including new treatment options for tobacco dependence and addiction. State action on tobacco-use treatment should include the following elements:

- Establishing population-based counseling and treatment programs, such as cessation helplines.
- Making the system changes recommended by the AHCPR-sponsored cessation guideline.
- Covering treatment for tobacco use under both public and private insurance.
- Eliminating cost barriers to treatment for underserved populations, particularly the uninsured.

Although no State has yet implemented this comprehensive approach, several States (California, Massachusetts, Arizona, and Oregon) have started tobacco treatment initiatives, and others (e.g., Minnesota, Texas, and Washington) are planning to do so in the near future. Most States with tobacco treatment initiatives offer a clearinghouse and telephone helpline as part of their statewide programs' (See element V.) However, each State also has unique features that could be adopted by other States. For example, the California Medicaid program pays for nicotine replacement therapy if the beneficiary receives at least one telephone counseling session.[9] Massachusetts is investigating the credentialing of cessation service providers.[10] Arizona's statewide cessation plan requires linkage between cessation services and the telephone helpline.[11] Oregon's program is a public/private collaboration that links the clinical sector to community-based programs.[12] Texas' plan specifies working with insurance companies to offer cessation as a covered benefit.

Budget

Funding may be awarded to government agencies, managed care organizations, and public and private organizations. The manner in which funds are provided to the private sector (e.g., matching grants to providers versus grants to purchasers of services) should be considered. The annual budget for the various levels of services can be estimated based on the costs of identifying smokers, counseling smokers, and reimbursing providers for cessation services. To identify smokers during clinical visits and chart their tobacco use as a vital sign (similar to blood pressure, height, and weight) would cost an estimated $1 per person older than age 18. To provide brief counseling to

these smokers during each clinical visit would cost $2 per smoker. To provide a full range of cessation services, including FDA-approved pharmaceutical aids, behavioral counseling, and follow-up visits, would cost $275 per smoker served per year. For those with private insurance, private and public funds can each be expected to cover approximately 50% of the total cost; therefore, public costs would be $137.50 per smoker served. However, only 10% of all smokers aged 18 years and older would be expected to use full cessation services each year.

Core Resources

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VIII Surveillance and Evaluation

Justification

A comprehensive tobacco control program must have a surveillance and evaluation system that can monitor and document program accountability for State policymakers and others responsible for fiscal oversight. Experience in California and Massachusetts has demonstrated the importance of evaluation data in verifying program results for policymakers.[1-3]

Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time. Surveillance should monitor the achievement of primary program goals, including decreasing the prevalence of tobacco use among young people and adults, per-capita tobacco consumption, and exposure to environmental tobacco smoke. In addition, a wide range of intermediate indicators of program effectiveness needs to be documented, including policy changes, changes in social norms, and exposure of individuals and communities to statewide and local program efforts. Surveillance should also monitor the prevalence of pro-tobacco influences, including advertising, promotions, and events that glamorize tobacco use.

Although surveillance is a crucial part of evaluation research, specific evaluation surveys and data collection systems are also needed to evaluate individual program activities. Program evaluation efforts should build upon and complement tobacco-related surveillance systems by linking statewide and local program efforts to progress toward intermediate and primary outcome objectives. Optimally, evaluation systems should be able to track the progress of each program element in meeting annual performance indicators related to statewide objectives. Additionally, evaluation research can provide data on the relative effectiveness of specific innovative program activities.

A comprehensive State tobacco control plan, with well-defined goals, objectives, and performance indicators, enables surveillance and evaluation data systems to be developed in a timely fashion. Collection of baseline data related to each objective and performance indicator is critical to ensuring that program-related effects can be clearly measured. For this reason, the establishment of surveillance and evaluation systems must have first priority in the planning process.

CDC's Office on Smoking and Health has developed a "Surveillance and Evaluation Options Paper" based on experience in working with California, Massachusetts, Oregon, Maine, Mississippi, Florida, Texas, and Minnesota. The following are examples of current best practices in surveillance and evaluation activities:

- Participation in national surveillance systems (e.g., the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Survey, and the Pregnancy Risk Assessment Monitoring System) enables States to evaluate program efforts in relation to ongoing efforts and initiatives in other States. These national data can be used to compare State program impact and outcomes with national trends. In addition, States have enhanced these national systems by adding State-specific questions and modules, increasing sample sizes to capture local and special population data, and modifying sampling procedures (e.g., using split samples) to provide more data on intermediate performance objectives.

- Several States have conducted tobacco-specific surveys to complement the broader surveillance data systems. These include school-based youth tobacco surveys; surveys of adults, school administrators, teachers, opinion leaders, and health care providers; local program monitoring surveys; State and local policy tracking; monitoring of pro-tobacco activities; and local media monitoring. The methodology for many of these tobacco-specific evaluation systems is described in the California Independent Evaluation Report.[2]

- In 1998, Mississippi, Florida, and Texas conducted the Youth Tobacco Survey (YTS), a school-based, statewide survey of young people in grades 6 through 12. This survey assessed students' attitudes, knowledge, and behaviors related to tobacco use and exposure to environmental tobacco smoke, as well as their exposure to prevention curricula, community programs, and media messages aimed at preventing and reducing youth tobacco use. It also collected information on the effectiveness of enforcement measures. Baseline data from YTS and other tobacco-specific surveys have demonstrated to policymakers the seriousness of the tobacco problem and the types of performance objectives that can be monitored.

- Periodic special statewide surveys of adults and young people have been conducted in several States to evaluate exposure to and participation in major program elements, particularly media. The methodology for these types of surveys is described in California's evaluation reports.[1,2]

State surveillance efforts should be coordinated with Federal tobacco surveillance programs. SAMHSA's National Household Survey on Drug Abuse provides national tobacco prevalence estimates for cigarettes, chewing tobacco, moist snuff, and cigars among people aged 12 to 17, 18 to 25, and adult tobacco use. Starting in 1999, the survey will provide information on the brands of cigarettes that young people smoke, and the nationwide sampling will be large enough in the eight largest States (CA, TX, NY, FL, PA, IL, OH, and MI) to provide a valid State-specific estimate of smoking prevalence in the three age strata. A minimum of 500 interviews will be completed in each age strata in each State annually. Additionally, the National Cancer Institute added a tobacco module to the Current Population Survey in 1992–93, 1995–96, and 1998–99. This module provides State-specific estimates on smoking prevalence, quit attempts, exposure to environmental tobacco smoke at home and work, and cessation counseling by physicians and dentists among adults aged 18 years and older. Finally, CDC conducts the annual National Health Interview Survey, which provides the primary national surveillance of tobacco use in this country.

Budget

State health departments currently manage most tobacco surveillance systems. Health departments must be able to expand their resources to meet additional demands. Many States work in conjunction with universities to implement and coordinate surveillance, evaluation, and research activities. Standard practice dictates that about 10% of total annual program funds be allocated for surveillance and evaluation. Experience in California and Massachusetts has shown that these funds can be used both for statewide systems and to increase the technical capacity of local programs to perform evaluation activities. For example, in California every grantee must spend 10% of its budget on evaluating its own activities. The California Tobacco Control Program publishes a directory of evaluators (e.g., the Stanford Center for Research in Disease Prevention) who can consult with local programs and conduct local program evaluations.[4]

Core Resources

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IX Administration and Management

Justification

An effective tobacco control program requires a strong management structure. In California and Massachusetts, the size and complexity of the State infrastructures have expanded over time to meet the administrative and management demands of their comprehensive tobacco control programs. California has documented excellent examples of the lessons learned regarding organizational issues and the need for adequate staffing and management structures.[1]

Experience in other States has shown the importance of having all of the program components coordinated and working together. Because a comprehensive program involves multiple State agencies (e.g., health, education, and law enforcement) and levels of local government, as well as numerous health-related voluntaries, coalitions, and community groups, program management and coordination is a challenging task. Furthermore, coordinating and integrating major statewide programs, such as counter-marketing campaigns and telephone Quitlines, with local program efforts require adequate staffing and communication systems.

Finally, State agencies need sufficient contract administration staff to provide fiscal and program monitoring. Funding the large number of statewide and local partners requires well-designed Requests for Proposals, frequent bidders' conferences and other assistance to applicants, a well-managed review system, and on-going communication systems and technical assistance to improve program performance and local project management. Administration and management activities include the following:

- Recruiting and developing qualified and diverse technical, program, and administrative staff.
- Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing program performance.
- Creating an effective internal and external communication system.
- Developing a sound fiscal management system with the ability to minimize start-up delays.

Budget

Best practices dictate that about 5% of total annual program funds be allocated to State program administration and management. These funds should be used to ensure collaboration and coordination among public health program managers, policymakers, and other State agencies.

After 10 years of experience, California has developed specific advice on developing an effective tobacco control program.[1] California recommends that 5% of the available funding be budgeted for State office administration. This State-level administrative office should be established as a separate unit in the State health department. Additionally, California recommends that the statewide program structure be decentralized, and that existing county or city health departments or similar organizations be used as local lead agencies. For this decentralized system to work efficiently and have a unified message, adequate State agency staff are required for contract administration and program monitoring.

Core Resources and References

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FUNDING MODEL FOR STATE AWARDS

			Program Area Funding Estimates									
		FY 1998	Community Programs		Tobacco-Related Disease Programs		School Programs		Enforcement		Statewide Programs	
STATE	1997 Population Level	Estimated Federal Funding Level	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)
AL	4,319,154	$400,313	$3.87	$9.84	$2.85	$4.23	$3.62	$5.42	$2.01	$3.78	$1.73	$4.32
AK	609,311	$388,012	$1.28	$2.42	$2.79	$4.16	$1.06	$1.58	$0.41	$0.79	$0.24	$0.61
AZ	4,554,966	$256,614	$4.04	$10.31	$2.86	$4.23	$4.12	$6.18	$2.11	$3.97	$1.82	$4.56
AR	2,522,819	$303,275	$2.62	$6.25	$2.82	$4.20	$2.44	$3.67	$1.24	$2.33	$1.01	$2.52
CA	32,268,301	$0	$23.44	$65.74	$3.35	$4.73	$25.66	$38.49	$14.04	$26.28	$12.91	$32.27
CO	3,892,644	$1,266,108	$3.58	$8.99	$2.85	$4.22	$3.47	$5.20	$1.83	$3.44	$1.56	$3.89
CT	3,269,858	$265,000	$3.14	$7.74	$2.83	$4.21	$2.80	$4.20	$1.56	$2.93	$1.31	$3.27
DE	731,581	$295,000	$1.36	$2.66	$2.79	$4.16	$1.01	$1.52	$0.47	$0.89	$0.29	$0.73
DC	528,964	$231,000	$1.22	$2.26	$2.79	$4.16	$0.80	$1.19	$0.38	$0.73	$0.21	$0.53
FL	14,653,945	$400,000	$11.11	$30.51	$3.04	$4.41	$10.58	$15.87	$6.46	$12.10	$5.86	$14.65
GA	7,486,242	$428,000	$6.09	$16.17	$2.91	$4.28	$6.22	$9.33	$3.37	$6.33	$3.00	$7.49
HI	1,186,602	$392,300	$1.68	$3.57	$2.80	$4.17	$1.36	$2.04	$0.66	$1.26	$0.48	$1.19
ID	1,210,232	$300,000	$1.70	$3.62	$2.80	$4.17	$1.54	$2.31	$0.67	$1.28	$0.49	$1.21
IL	11,895,849	$574,000	$9.18	$24.99	$2.99	$4.36	$9.58	$14.37	$5.27	$9.88	$4.76	$11.90
IN	5,864,108	$1,200,164	$4.96	$12.93	$2.88	$4.26	$4.86	$7.29	$2.67	$5.02	$2.35	$5.87
IA	2,852,423	$275,000	$2.85	$6.91	$2.83	$4.20	$2.67	$4.00	$1.38	$2.60	$1.14	$2.85
KS	2,594,840	$337,500	$2.67	$6.39	$2.82	$4.20	$2.54	$3.80	$1.27	$2.39	$1.04	$2.60
KY	3,908,124	$426,158	$3.59	$9.02	$2.85	$4.22	$3.32	$4.98	$1.83	$3.45	$1.56	$3.91
LA	4,351,769	$250,000	$3.90	$9.90	$2.85	$4.23	$4.01	$6.01	$2.02	$3.81	$1.74	$4.35
ME	1,242,051	$850,126	$1.72	$3.69	$2.80	$4.17	$1.41	$2.12	$0.69	$1.30	$0.50	$1.24
MD	5,094,289	$382,500	$4.42	$11.39	$2.87	$4.24	$4.19	$6.28	$2.34	$4.40	$2.04	$5.10
MA	6,117,520	$2,133,855	$5.13	$13.44	$2.89	$4.26	$4.71	$7.06	$2.78	$5.23	$2.45	$6.12
MI	9,773,892	$1,634,072	$7.69	$20.75	$2.95	$4.33	$7.91	$11.86	$4.36	$8.17	$3.91	$9.77
MN	4,685,549	$1,117,504	$4.13	$10.57	$2.86	$4.23	$4.24	$6.36	$2.17	$4.07	$1.88	$4.69
MS	2,730,501	$350,000	$2.76	$6.66	$2.82	$4.20	$2.71	$4.06	$1.33	$2.50	$1.09	$2.73
MO	5,402,058	$1,131,719	$4.63	$12.01	$2.87	$4.25	$4.66	$6.99	$2.48	$4.65	$2.16	$5.40
MT	878,810	$375,000	$1.47	$2.96	$2.79	$4.17	$1.20	$1.80	$0.53	$1.01	$0.35	$0.88
NE	1,656,870	$381,698	$2.01	$4.51	$2.81	$4.18	$1.82	$2.73	$0.86	$1.64	$0.66	$1.66
NV	1,676,809	$294,000	$2.02	$4.55	$2.81	$4.18	$1.75	$2.63	$0.87	$1.65	$0.67	$1.68
NH	1,172,709	$355,000	$1.67	$3.55	$2.80	$4.17	$1.39	$2.09	$0.66	$1.25	$0.47	$1.17
NJ	8,052,849	$1,250,824	$6.49	$17.31	$2.92	$4.29	$6.22	$9.33	$3.62	$6.79	$3.22	$8.05
NM	1,729,751	$909,252	$2.06	$4.66	$2.81	$4.18	$1.96	$2.94	$0.90	$1.69	$0.69	$1.73
NY	18,137,226	$1,945,676	$13.55	$37.48	$3.10	$4.47	$13.49	$20.23	$7.96	$14.91	$7.26	$18.14
NC	7,425,183	$1,655,544	$6.05	$16.05	$2.91	$4.28	$5.92	$8.88	$3.35	$6.28	$2.97	$7.43
ND	640,883	$358,000	$1.30	$2.48	$2.79	$4.16	$1.00	$1.50	$0.43	$0.82	$0.26	$0.64
OH	11,186,331	$599,326	$8.68	$23.57	$2.98	$4.35	$8.86	$13.29	$4.96	$9.31	$4.48	$11.19
OK	3,317,091	$411,162	$3.17	$7.84	$2.84	$4.21	$3.11	$4.66	$1.58	$2.97	$1.33	$3.32
OR	3,243,487	$376,308	$3.12	$7.69	$2.83	$4.21	$2.89	$4.34	$1.55	$2.91	$1.30	$3.24
PA	12,019,661	$570,000	$9.26	$25.24	$2.99	$4.37	$9.00	$13.51	$5.32	$9.98	$4.81	$12.02
RI	987,429	$819,089	$1.54	$3.18	$2.79	$4.17	$1.19	$1.78	$0.58	$1.10	$0.40	$0.99
SC	3,760,181	$1,012,935	$3.48	$8.72	$2.84	$4.22	$3.31	$4.96	$1.77	$3.33	$1.51	$3.76
SD	737,973	$294,000	$1.37	$2.68	$2.79	$4.16	$1.09	$1.64	$0.47	$0.90	$0.30	$0.74
TN	5,368,198	$285,000	$4.61	$11.94	$2.87	$4.25	$4.35	$6.53	$2.46	$4.62	$2.15	$5.37
TX	19,439,337	$627,478	$14.46	$40.08	$3.12	$4.50	$16.38	$24.56	$8.52	$15.95	$7.78	$19.44
UT	2,059,148	$300,000	$2.29	$5.32	$2.81	$4.19	$2.47	$3.70	$1.04	$1.96	$0.82	$2.06
VT	588,978	$337,500	$1.26	$2.38	$2.79	$4.16	$0.95	$1.42	$0.40	$0.78	$0.24	$0.59
VA	6,733,996	$1,113,868	$5.56	$14.67	$2.90	$4.27	$5.27	$7.90	$3.05	$5.72	$2.69	$6.73
WA	5,610,362	$1,254,572	$4.78	$12.42	$2.88	$4.25	$4.77	$7.16	$2.57	$4.82	$2.25	$5.61
WV	1,815,787	$765,411	$2.12	$4.83	$2.81	$4.18	$1.73	$2.60	$0.93	$1.76	$0.73	$1.82
WI	5,169,677	$1,100,851	$4.47	$11.54	$2.87	$4.24	$4.55	$6.82	$2.38	$4.46	$2.07	$5.17
WY	479,743	$250,000	$1.19	$2.16	$2.78	$4.16	$0.90	$1.36	$0.36	$0.69	$0.19	$0.48
US TOTAL	267,636,061	$33,230,714	$230.72	$596.50	$146.32	$216.45	$227.04	$340.54	$122.84	$230.83	$107.08	$267.66
US Average			$4.52	$11.70	$2.87	$4.24	$4.45	$6.68	$2.41	$4.53	$2.10	$5.25

FUNDING FORMULA	
Community Programs	$850,000–$1,200,000 (statewide training and infrastructure) + $0.70–$2.00 per capita.
Tobacco-Related Disease Programs	$2.8 million–$4.1 million per year. See attached section for details.
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 clean indoor air enforcement + $0.43–$0.80 per capita.
Statewide Programs	$0.40–$1.00 per capita.

FUNDING MODEL FOR STATE AWARDS

Program Area Funding Estimates										Total Estimates			
Counter-Marketing		Cessation Programs		**Program Area Subtotal**		Surveillance and Evaluation (10%)		Administration and Management (5%)		**Total Program Costs**		**Per-Capita Costs**	
Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate (000,000)	Upper Estimate (000,000)	Lower Estimate	Upper Estimate
$4.32	$12.96	$4.85	$21.40	$23.25	$61.94	$2.33	$6.20	$1.16	$3.10	$26.74	$71.24	$6.19	$16.49
$0.61	$1.83	$0.65	$2.97	$7.03	$14.36	$0.70	$1.44	$0.35	$0.72	$8.09	$16.51	$13.27	$27.10
$4.56	$13.67	$4.66	$18.92	$24.16	$61.83	$2.42	$6.18	$1.21	$3.09	$27.79	$71.10	$6.10	$15.61
$2.52	$7.57	$2.92	$13.86	$15.57	$40.39	$1.56	$4.04	$0.78	$2.02	$17.91	$46.45	$7.10	$18.41
$32.27	$96.81	$31.90	$120.38	$143.56	$384.70	$14.36	$38.47	$7.18	$19.24	$165.10	$442.40	$5.12	$13.71
$3.89	$11.68	$4.18	$17.59	$21.34	$55.00	$2.14	$5.50	$1.07	$2.75	$24.55	$63.26	$6.31	$16.25
$3.27	$9.81	$3.56	$14.70	$18.47	$46.86	$1.85	$4.69	$0.92	$2.34	$21.24	$53.90	$6.50	$16.48
$0.73	$2.20	$0.85	$3.89	$7.50	$16.06	$0.75	$1.61	$0.38	$0.80	$8.63	$18.46	$11.80	$25.24
$0.53	$1.59	$0.58	$2.22	$6.50	$12.67	$0.65	$1.27	$0.33	$0.63	$7.48	$14.57	$14.14	$27.55
$14.65	$43.96	$16.46	$70.89	$68.16	$192.40	$6.82	$19.24	$3.41	$9.62	$78.38	$221.26	$5.35	$15.10
$7.49	$22.46	$7.96	$33.37	$37.04	$99.43	$3.70	$9.94	$1.85	$4.97	$42.59	$114.34	$5.69	$15.27
$1.19	$3.56	$1.21	$4.61	$9.37	$20.39	$0.94	$2.04	$0.47	$1.02	$10.78	$23.45	$9.08	$19.76
$1.21	$3.63	$1.20	$4.73	$9.60	$20.94	$0.96	$2.10	$0.48	$1.05	$11.04	$24.09	$9.13	$19.90
$11.90	$35.69	$12.77	$54.50	$56.44	$155.69	$5.65	$15.57	$2.82	$7.79	$64.91	$179.05	$5.46	$15.05
$5.87	$17.59	$6.66	$30.35	$30.25	$83.31	$3.03	$8.33	$1.51	$4.17	$34.78	$95.80	$5.93	$16.34
$2.85	$8.56	$3.11	$13.25	$16.82	$42.36	$1.68	$4.24	$0.84	$2.12	$19.35	$48.71	$6.78	$17.08
$2.60	$7.79	$2.77	$11.70	$15.70	$38.86	$1.57	$3.89	$0.79	$1.94	$18.05	$44.69	$6.96	$17.22
$3.91	$11.73	$4.76	$23.48	$21.82	$60.78	$2.18	$6.08	$1.09	$3.04	$25.09	$69.90	$6.42	$17.88
$4.35	$13.06	$4.72	$20.75	$23.59	$62.11	$2.36	$6.21	$1.18	$3.11	$27.13	$71.43	$6.23	$16.41
$1.24	$3.73	$1.37	$5.80	$9.73	$22.05	$0.97	$2.21	$0.49	$1.10	$11.19	$25.35	$9.01	$20.41
$5.10	$15.28	$5.40	$21.66	$26.35	$68.35	$2.64	$6.84	$1.32	$3.42	$30.30	$78.60	$5.95	$15.43
$6.12	$18.35	$6.57	$26.20	$30.65	$80.66	$3.07	$8.07	$1.53	$4.03	$35.24	$92.76	$5.76	$15.16
$9.77	$29.32	$11.06	$50.20	$47.66	$134.40	$4.77	$13.44	$2.38	$6.72	$54.80	$154.56	$5.61	$15.81
$4.69	$14.06	$4.93	$20.38	$24.89	$64.36	$2.49	$6.44	$1.25	$3.22	$28.62	$74.01	$6.11	$15.80
$2.73	$8.19	$2.90	$12.36	$16.34	$40.70	$1.63	$4.07	$0.82	$2.04	$18.79	$46.80	$6.88	$17.14
$5.40	$16.21	$6.29	$29.94	$28.49	$79.44	$2.85	$7.95	$1.43	$3.97	$32.77	$91.36	$6.07	$16.91
$0.88	$2.64	$0.92	$3.66	$8.13	$17.11	$0.81	$1.71	$0.41	$0.86	$9.36	$19.68	$10.65	$22.39
$1.66	$4.97	$1.75	$7.30	$11.57	$26.99	$1.16	$2.70	$0.58	$1.35	$13.31	$31.04	$8.03	$18.73
$1.68	$5.03	$1.92	$8.97	$11.72	$28.69	$1.17	$2.87	$0.59	$1.44	$13.48	$32.99	$8.04	$19.68
$1.17	$3.52	$1.31	$5.80	$9.47	$21.54	$0.95	$2.15	$0.47	$1.08	$10.89	$24.77	$9.28	$21.12
$8.05	$24.16	$8.67	$35.57	$39.19	$105.50	$3.92	$10.55	$1.96	$5.28	$45.07	$121.33	$5.60	$15.07
$1.73	$5.19	$1.78	$7.38	$11.92	$27.78	$1.19	$2.78	$0.60	$1.39	$13.71	$31.95	$7.93	$18.47
$18.14	$54.41	$19.85	$84.54	$83.33	$234.17	$8.33	$23.42	$4.17	$11.71	$95.83	$269.30	$5.28	$14.85
$7.43	$22.28	$8.42	$37.96	$37.04	$103.15	$3.70	$10.32	$1.85	$5.16	$42.59	$118.63	$5.74	$15.98
$0.64	$1.92	$0.69	$2.87	$7.10	$14.39	$0.71	$1.44	$0.36	$0.72	$8.16	$16.55	$12.73	$25.82
$11.19	$33.56	$12.54	$55.75	$53.68	$151.02	$5.37	$15.10	$2.69	$7.55	$61.74	$173.68	$5.52	$15.53
$3.32	$9.95	$3.64	$16.01	$18.98	$48.96	$1.90	$4.90	$0.95	$2.45	$21.83	$56.31	$6.58	$16.98
$3.24	$9.73	$3.44	$13.83	$18.37	$45.95	$1.84	$4.60	$0.92	$2.30	$21.13	$52.84	$6.51	$16.29
$12.02	$36.06	$13.61	$59.49	$57.02	$160.66	$5.70	$16.07	$2.85	$8.03	$65.57	$184.76	$5.46	$15.37
$0.99	$2.96	$1.12	$4.88	$8.60	$19.05	$0.86	$1.91	$0.43	$0.95	$9.89	$21.91	$10.01	$22.19
$3.76	$11.28	$4.12	$17.65	$20.79	$53.92	$2.08	$5.39	$1.04	$2.70	$23.91	$62.01	$6.36	$16.49
$0.74	$2.21	$0.80	$3.51	$7.55	$15.84	$0.76	$1.58	$0.38	$0.79	$8.69	$18.21	$11.77	$24.68
$5.37	$16.11	$6.22	$28.65	$28.03	$77.46	$2.80	$7.75	$1.40	$3.87	$32.23	$89.08	$6.00	$16.59
$19.44	$58.32	$20.13	$84.74	$89.82	$247.60	$8.98	$24.76	$4.49	$12.38	$103.29	$284.74	$5.31	$14.65
$2.06	$6.18	$1.75	$5.62	$13.24	$29.03	$1.33	$2.90	$0.66	$1.45	$15.23	$33.38	$7.40	$16.21
$0.59	$1.77	$0.65	$2.77	$6.87	$13.86	$0.69	$1.39	$0.34	$0.69	$7.91	$15.94	$13.42	$27.06
$6.73	$20.20	$7.59	$33.42	$33.80	$92.92	$3.38	$9.29	$1.69	$4.65	$38.87	$106.85	$5.77	$15.87
$5.61	$16.83	$6.14	$26.63	$28.99	$77.72	$2.90	$7.77	$1.45	$3.89	$33.34	$89.38	$5.94	$15.93
$1.82	$5.45	$2.17	$10.11	$12.31	$30.75	$1.23	$3.08	$0.62	$1.54	$14.16	$35.37	$7.80	$19.48
$5.17	$15.51	$5.60	$23.89	$27.09	$71.64	$2.71	$7.16	$1.36	$3.58	$31.16	$82.38	$6.03	$15.94
$0.48	$1.44	$0.52	$2.24	$6.42	$12.52	$0.64	$1.25	$0.32	$0.63	$7.38	$14.40	$15.39	$30.01
$267.66	$802.93	$289.64	$1,233.32	$1,391.29	$3,688.23	$139.16	$368.84	$69.59	$184.43	$1,600.04	$4,241.50	$5.98	$15.85
$5.25	$15.74	$5.68	$24.18	$27.28	$72.32	$2.73	$7.23	$1.36	$3.62	$31.37	$83.17		

FUNDING FORMULA	
Counter-Marketing	$1.00–$3.00 per capita.
Cessation (Minimum)	$1 per adult (screening) + $2 per smoker (brief counseling).
Cessation (Covered Programs)	$1 per adult (screening) + $2 per smoker (brief counseling) + $13.75 per smoker (50% of program cost for
	10% of smokers) + $27.50 per smoker (approximately 25% of smokers covered by state financed programs).
Total Program Costs	Program Area Subtotal + 10% for Surveillance and Evaluation + 5% for Administration and Management.

Alabama

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$9,839,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$3,874,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,227,000**	Formula: See attached section
Lower Estimate	**$2,852,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$5,424,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$3,616,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$3,778,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,009,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$4,320,000**	Formula: $1.00 per capita
Lower Estimate	**$1,728,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$12,958,000**	Formula: $3.00 per capita
Lower Estimate	**$4,320,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$21,396,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$4,852,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$61,942,000**
Lower Estimate	**$23,251,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$6,195,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,326,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,098,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,163,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$71,235,000**
Lower Estimate	**$26,740,000**

Per Capita Funding Ranges

Upper Estimate	**$16.49**
Lower Estimate	**$6.19**

Office on Smoking and Health
Centers for Disease Control and Prevention
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http://www.cdc.gov/tobacco
E-Mail Address: tobaccoinfo@cdc.gov

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$2,419,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,277,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,161,000**	Formula: See attached section
Lower Estimate	**$2,786,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,584,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,056,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$791,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$413,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$610,000**	Formula: $1.00 per capita
Lower Estimate	**$244,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$1,828,000**	Formula: $3.00 per capita
Lower Estimate	**$610,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$2,965,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$646,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$14,358,000**
Lower Estimate	**$7,032,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,436,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$704,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$718,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$352,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$16,512,000**
Lower Estimate	**$8,088,000**

Per Capita Funding Ranges

Upper Estimate	**$27.10**
Lower Estimate	**$13.27**

Office on Smoking and Health
Centers for Disease Control and Prevention
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http://www.cdc.gov/tobacco
E-Mail Address: tobaccoinfo@cdc.gov

Arizona

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$10,310,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$4,039,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,232,000**	Formula: See attached section
Lower Estimate	**$2,857,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$6,176,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,118,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$3,968,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,111,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$4,555,000**	Formula: $1.00 per capita
Lower Estimate	**$1,822,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$13,665,000**	Formula: $3.00 per capita
Lower Estimate	**$4,555,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$18,921,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$4,660,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$61,827,000**
Lower Estimate	**$24,162,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$6,183,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,417,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,092,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,209,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$71,102,000**
Lower Estimate	**$27,788,000**

Per Capita Funding Ranges

Upper Estimate	**$15.61**
Lower Estimate	**$6.10**

Office on Smoking and Health
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Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$6,246,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,616,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,195,000**	Formula: See attached section
Lower Estimate	**$2,820,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$3,666,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$2,444,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$2,332,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,236,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$2,523,000**	Formula: $1.00 per capita
Lower Estimate	**$1,010,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$7,569,000**	Formula: $3.00 per capita
Lower Estimate	**$2,523,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$13,855,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$2,921,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$40,386,000**
Lower Estimate	**$15,570,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$4,039,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,557,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$2,020,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$779,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$46,445,000**
Lower Estimate	**$17,906,000**

Per Capita Funding Ranges

Upper Estimate	**$18.41**
Lower Estimate	**$7.10**

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California

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$65,737,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$23,438,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,725,000**	Formula: See attached section
Lower Estimate	**$3,350,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$38,494,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$25,663,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$26,284,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$14,036,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$32,269,000**	Formula: $1.00 per capita
Lower Estimate	**$12,908,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$96,805,000**	Formula: $3.00 per capita
Lower Estimate	**$32,269,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$120,384,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$31,898,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$384,698,000**
Lower Estimate	**$143,562,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$38,470,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$14,357,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$19,235,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$7,179,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$442,403,000**
Lower Estimate	**$165,098,000**

Per Capita Funding Ranges

Upper Estimate	**$13.71**
Lower Estimate	**$5.12**

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An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$8,986,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$3,575,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,220,000**	Formula: See attached section
Lower Estimate	**$2,845,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$5,202,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$3,468,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$3,435,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,826,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$3,893,000**	Formula: $1.00 per capita
Lower Estimate	**$1,558,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$11,678,000**	Formula: $3.00 per capita
Lower Estimate	**$3,893,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$17,589,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$4,178,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$55,003,000**
Lower Estimate	**$21,343,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$5,501,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,135,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$2,751,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,068,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$63,255,000**
Lower Estimate	**$24,546,000**

Per Capita Funding Ranges

Upper Estimate	**$16.25**
Lower Estimate	**$6.31**

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Connecticut

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$7,740,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$3,139,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,209,000**	Formula: See attached section
Lower Estimate	**$2,834,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$4,203,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$2,802,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$2,933,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,558,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$3,270,000**	Formula: $1.00 per capita
Lower Estimate	**$1,308,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$9,810,000**	Formula: $3.00 per capita
Lower Estimate	**$3,270,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$14,699,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$3,558,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$46,864,000**
Lower Estimate	**$18,469,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$4,687,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,847,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$2,344,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$924,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$53,895,000**
Lower Estimate	**$21,240,000**

Per Capita Funding Ranges

Upper Estimate	**$16.48**
Lower Estimate	**$6.50**

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Delaware

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$2,664,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,363,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,164,000**	Formula: See attached section
Lower Estimate	**$2,789,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,520,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,013,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$890,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$465,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$732,000**	Formula: $1.00 per capita
Lower Estimate	**$293,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$2,195,000**	Formula: $3.00 per capita
Lower Estimate	**$732,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$3,890,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$849,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$16,055,000**
Lower Estimate	**$7,504,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,606,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$751,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$803,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$376,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$18,464,000**
Lower Estimate	**$8,631,000**

Per Capita Funding Ranges

Upper Estimate	**$25.24**
Lower Estimate	**$11.80**

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District of Columbia

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$2,258,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,221,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,160,000**	Formula: See attached section
Lower Estimate	**$2,785,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,194,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$796,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$726,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$378,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$529,000**	Formula: $1.00 per capita
Lower Estimate	**$212,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$1,587,000**	Formula: $3.00 per capita
Lower Estimate	**$529,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$2,216,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$581,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$12,670,000**
Lower Estimate	**$6,502,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,267,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$651,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$634,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$326,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$14,571,000**
Lower Estimate	**$7,479,000**

Per Capita Funding Ranges

Upper Estimate	**$27.55**
Lower Estimate	**$14.14**

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Florida

Recommended Program Element Budgets

August 1999

NOTE: *A justification for each program element and the rationale for the budget estimates are provided in Section A.*
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$30,508,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$11,108,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,412,000**	Formula: See attached section
Lower Estimate	**$3,037,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$15,871,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$10,581,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$12,100,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$6,456,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$14,654,000**	Formula: $1.00 per capita
Lower Estimate	**$5,862,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$43,962,000**	Formula: $3.00 per capita
Lower Estimate	**$14,654,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$70,893,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$16,461,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$192,400,000**
Lower Estimate	**$68,159,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$19,240,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$6,816,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$9,620,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$3,408,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$221,260,000**
Lower Estimate	**$78,383,000**

Per Capita Funding Ranges

Upper Estimate	**$15.10**
Lower Estimate	**$5.35**

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Georgia

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$16,173,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$6,091,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,284,000**	Formula: See attached section
Lower Estimate	**$2,909,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$9,329,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$6,219,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$6,329,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$3,372,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$7,487,000**	Formula: $1.00 per capita
Lower Estimate	**$2,995,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$22,459,000**	Formula: $3.00 per capita
Lower Estimate	**$7,487,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$33,365,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$7,962,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$99,426,000**
Lower Estimate	**$37,035,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$9,943,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$3,704,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$4,972,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,852,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$114,341,000**
Lower Estimate	**$42,591,000**

Per Capita Funding Ranges

Upper Estimate	**$15.27**
Lower Estimate	**$5.69**

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Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$3,574,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,681,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,172,000**	Formula: See attached section
Lower Estimate	**$2,797,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$2,035,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,357,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,256,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$661,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$1,187,000**	Formula: $1.00 per capita
Lower Estimate	**$475,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$3,560,000**	Formula: $3.00 per capita
Lower Estimate	**$1,187,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$4,605,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,213,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$20,389,000**
Lower Estimate	**$9,371,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$2,039,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$938,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,020,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$469,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$23,448,000**
Lower Estimate	**$10,778,000**

Per Capita Funding Ranges

Upper Estimate	**$19.76**
Lower Estimate	**$9.08**

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Idaho

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$3,621,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,698,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,172,000**	Formula: See attached section
Lower Estimate	**$2,797,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$2,308,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,539,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,275,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$671,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$1,211,000**	Formula: $1.00 per capita
Lower Estimate	**$485,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$3,631,000**	Formula: $3.00 per capita
Lower Estimate	**$1,211,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$4,726,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,201,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$20,944,000**
Lower Estimate	**$9,602,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$2,095,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$961,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,048,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$481,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$24,087,000**
Lower Estimate	**$11,044,000**

Per Capita Funding Ranges

Upper Estimate	**$19.90**
Lower Estimate	**$9.13**

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Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$24,992,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$9,178,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,362,000**	Formula: See attached section
Lower Estimate	**$2,987,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$14,374,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$9,583,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$9,879,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$5,269,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$11,896,000**	Formula: $1.00 per capita
Lower Estimate	**$4,759,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$35,688,000**	Formula: $3.00 per capita
Lower Estimate	**$11,896,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$54,502,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$12,769,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$155,693,000**
Lower Estimate	**$56,441,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$15,570,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$5,645,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$7,785,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$2,823,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$179,048,000**
Lower Estimate	**$64,909,000**

Per Capita Funding Ranges

Upper Estimate	**$15.05**
Lower Estimate	**$5.46**

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Indiana

Recommended Program Element Budgets

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NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$12,929,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$4,955,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,255,000**	Formula: See attached section
Lower Estimate	**$2,880,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$7,293,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,862,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$5,022,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,674,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$5,865,000**	Formula: $1.00 per capita
Lower Estimate	**$2,346,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$17,593,000**	Formula: $3.00 per capita
Lower Estimate	**$5,865,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$30,350,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$6,664,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$83,307,000**
Lower Estimate	**$30,246,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$8,331,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$3,025,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$4,166,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,513,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$95,804,000**
Lower Estimate	**$34,784,000**

Per Capita Funding Ranges

Upper Estimate	**$16.34**
Lower Estimate	**$5.93**

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Recommended Program Element Budgets

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NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

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I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$6,905,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,847,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,201,000**	Formula: See attached section
Lower Estimate	**$2,826,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$4,000,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$2,667,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$2,597,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,378,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$2,853,000**	Formula: $1.00 per capita
Lower Estimate	**$1,141,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$8,558,000**	Formula: $3.00 per capita
Lower Estimate	**$2,853,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$13,245,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$3,110,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$42,359,000**
Lower Estimate	**$16,822,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$4,236,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,683,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$2,118,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$842,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$48,713,000**
Lower Estimate	**$19,347,000**

Per Capita Funding Ranges

Upper Estimate	**$17.08**
Lower Estimate	**$6.78**

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Kansas

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$6,390,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,667,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,197,000**	Formula: See attached section
Lower Estimate	**$2,822,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$3,802,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$2,535,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$2,390,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,267,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$2,595,000**	Formula: $1.00 per capita
Lower Estimate	**$1,038,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$7,785,000**	Formula: $3.00 per capita
Lower Estimate	**$2,595,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$11,701,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$2,773,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$38,860,000**
Lower Estimate	**$15,697,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$3,886,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,570,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,943,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$785,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$44,689,000**
Lower Estimate	**$18,052,000**

Per Capita Funding Ranges

Upper Estimate	**$17.22**
Lower Estimate	**$6.96**

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An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$9,017,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$3,586,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,220,000**	Formula: See attached section
Lower Estimate	**$2,845,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$4,977,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$3,318,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$3,447,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,832,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$3,909,000**	Formula: $1.00 per capita
Lower Estimate	**$1,564,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$11,725,000**	Formula: $3.00 per capita
Lower Estimate	**$3,909,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$23,483,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$4,763,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$60,778,000**
Lower Estimate	**$21,817,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$6,078,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,182,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,039,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,091,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$69,895,000**
Lower Estimate	**$25,090,000**

Per Capita Funding Ranges

Upper Estimate	**$17.88**
Lower Estimate	**$6.42**

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Louisiana

Recommended Program Element Budgets

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NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$9,904,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$3,897,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,228,000**	Formula: See attached section
Lower Estimate	**$2,853,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$6,014,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,009,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$3,805,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,023,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$4,352,000**	Formula: $1.00 per capita
Lower Estimate	**$1,741,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$13,056,000**	Formula: $3.00 per capita
Lower Estimate	**$4,352,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$20,754,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$4,717,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$62,113,000**
Lower Estimate	**$23,592,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$6,212,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,360,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,106,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,180,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$71,431,000**
Lower Estimate	**$27,132,000**

Per Capita Funding Ranges

Upper Estimate	**$16.41**
Lower Estimate	**$6.23**

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Maine

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$3,685,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,720,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,173,000**	Formula: See attached section
Lower Estimate	**$2,798,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$2,118,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,412,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,301,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$685,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$1,243,000**	Formula: $1.00 per capita
Lower Estimate	**$497,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$3,727,000**	Formula: $3.00 per capita
Lower Estimate	**$1,243,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$5,798,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,374,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$22,045,000**
Lower Estimate	**$9,729,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$2,205,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$973,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,103,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$487,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$25,353,000**
Lower Estimate	**$11,189,000**

Per Capita Funding Ranges

Upper Estimate	**$20.41**
Lower Estimate	**$9.01**

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Maryland

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$11,389,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$4,417,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,241,000**	Formula: See attached section
Lower Estimate	**$2,866,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$6,280,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,187,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$4,403,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,343,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$5,095,000**	Formula: $1.00 per capita
Lower Estimate	**$2,038,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$15,283,000**	Formula: $3.00 per capita
Lower Estimate	**$5,095,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$21,657,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$5,402,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$68,348,000**
Lower Estimate	**$26,348,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$6,835,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,635,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,418,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,318,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$78,601,000**
Lower Estimate	**$30,301,000**

Per Capita Funding Ranges

Upper Estimate	**$15.43**
Lower Estimate	**$5.95**

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An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$13,436,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$5,133,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,260,000**	Formula: See attached section
Lower Estimate	**$2,885,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$7,063,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,709,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$5,226,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,783,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$6,118,000**	Formula: $1.00 per capita
Lower Estimate	**$2,448,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$18,353,000**	Formula: $3.00 per capita
Lower Estimate	**$6,118,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$26,203,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$6,570,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$80,659,000**
Lower Estimate	**$30,646,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$8,066,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$3,065,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$4,033,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,533,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$92,758,000**
Lower Estimate	**$35,244,000**

Per Capita Funding Ranges

Upper Estimate	**$15.16**
Lower Estimate	**$5.76**

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Michigan

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$20,748,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$7,692,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,325,000**	Formula: See attached section
Lower Estimate	**$2,950,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$11,863,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$7,909,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$8,171,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$4,356,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$9,774,000**	Formula: $1.00 per capita
Lower Estimate	**$3,910,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$29,322,000**	Formula: $3.00 per capita
Lower Estimate	**$9,774,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$50,195,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$11,064,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$134,398,000**
Lower Estimate	**$47,655,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$13,440,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$4,766,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$6,720,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$2,383,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$154,558,000**
Lower Estimate	**$54,804,000**

Per Capita Funding Ranges

Upper Estimate	**$15.81**
Lower Estimate	**$5.61**

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Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$10,572,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$4,130,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,234,000**	Formula: See attached section
Lower Estimate	**$2,859,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$6,360,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,240,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$4,073,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,167,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$4,686,000**	Formula: $1.00 per capita
Lower Estimate	**$1,875,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$14,057,000**	Formula: $3.00 per capita
Lower Estimate	**$4,686,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$20,377,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$4,933,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$64,359,000**
Lower Estimate	**$24,890,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$6,436,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,489,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,218,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,245,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$74,013,000**
Lower Estimate	**$28,624,000**

Per Capita Funding Ranges

Upper Estimate	**$15.80**
Lower Estimate	**$6.11**

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Mississippi

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
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I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$6,662,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,762,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,199,000**	Formula: See attached section
Lower Estimate	**$2,824,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$4,058,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$2,706,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$2,499,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,325,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$2,731,000**	Formula: $1.00 per capita
Lower Estimate	**$1,093,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$8,192,000**	Formula: $3.00 per capita
Lower Estimate	**$2,731,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$12,358,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$2,896,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$40,699,000**
Lower Estimate	**$16,337,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$4,070,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,634,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$2,035,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$817,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$46,804,000**
Lower Estimate	**$18,788,000**

Per Capita Funding Ranges

Upper Estimate	**$17.14**
Lower Estimate	**$6.88**

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Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$12,005,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$4,632,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,247,000**	Formula: See attached section
Lower Estimate	**$2,872,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$6,988,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,659,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$4,650,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,475,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$5,403,000**	Formula: $1.00 per capita
Lower Estimate	**$2,161,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$16,207,000**	Formula: $3.00 per capita
Lower Estimate	**$5,403,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$29,941,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$6,290,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$79,441,000**
Lower Estimate	**$28,492,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$7,945,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,850,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,973,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,425,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$91,359,000**
Lower Estimate	**$32,767,000**

Per Capita Funding Ranges

Upper Estimate	**$16.91**
Lower Estimate	**$6.07**

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Montana

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$2,958,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,466,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,166,000**	Formula: See attached section
Lower Estimate	**$2,791,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,802,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,201,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,008,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$529,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$879,000**	Formula: $1.00 per capita
Lower Estimate	**$352,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$2,637,000**	Formula: $3.00 per capita
Lower Estimate	**$879,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$3,661,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$916,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$17,111,000**
Lower Estimate	**$8,134,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,712,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$814,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$856,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$407,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$19,679,000**
Lower Estimate	**$9,355,000**

Per Capita Funding Ranges

Upper Estimate	**$22.39**
Lower Estimate	**$10.65**

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NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$4,514,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,010,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,180,000**	Formula: See attached section
Lower Estimate	**$2,805,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$2,733,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,822,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,635,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$863,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$1,657,000**	Formula: $1.00 per capita
Lower Estimate	**$663,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$4,971,000**	Formula: $3.00 per capita
Lower Estimate	**$1,657,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$7,301,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,751,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$26,991,000**
Lower Estimate	**$11,571,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$2,700,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,158,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,350,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$579,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$31,041,000**
Lower Estimate	**$13,308,000**

Per Capita Funding Ranges

Upper Estimate	**$18.73**
Lower Estimate	**$8.03**

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Nevada

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$4,554,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,024,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,180,000**	Formula: See attached section
Lower Estimate	**$2,805,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$2,628,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,752,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,651,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$872,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$1,677,000**	Formula: $1.00 per capita
Lower Estimate	**$671,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$5,031,000**	Formula: $3.00 per capita
Lower Estimate	**$1,677,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$8,968,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,918,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$28,689,000**
Lower Estimate	**$11,719,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$2,869,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,172,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,435,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$586,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$32,993,000**
Lower Estimate	**$13,477,000**

Per Capita Funding Ranges

Upper Estimate	**$19.68**
Lower Estimate	**$8.04**

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An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$3,546,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,671,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,171,000**	Formula: See attached section
Lower Estimate	**$2,796,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$2,085,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,390,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,245,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$655,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$1,173,000**	Formula: $1.00 per capita
Lower Estimate	**$470,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$3,519,000**	Formula: $3.00 per capita
Lower Estimate	**$1,173,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$5,796,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,312,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$21,535,000**
Lower Estimate	**$9,467,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$2,154,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$947,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,077,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$474,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$24,766,000**
Lower Estimate	**$10,888,000**

Per Capita Funding Ranges

Upper Estimate	**$21.12**
Lower Estimate	**$9.28**

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New Jersey

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$17,306,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$6,487,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,294,000**	Formula: See attached section
Lower Estimate	**$2,919,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$9,332,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$6,222,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$6,785,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$3,616,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$8,053,000**	Formula: $1.00 per capita
Lower Estimate	**$3,222,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$24,159,000**	Formula: $3.00 per capita
Lower Estimate	**$8,053,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$35,572,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$8,674,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$105,501,000**
Lower Estimate	**$39,193,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$10,551,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$3,920,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$5,276,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,960,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$121,328,000**
Lower Estimate	**$45,073,000**

Per Capita Funding Ranges

Upper Estimate	**$15.07**
Lower Estimate	**$5.60**

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NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$4,660,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,061,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,181,000**	Formula: See attached section
Lower Estimate	**$2,806,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$2,943,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,962,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,693,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$895,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$1,730,000**	Formula: $1.00 per capita
Lower Estimate	**$692,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$5,190,000**	Formula: $3.00 per capita
Lower Estimate	**$1,730,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$7,383,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,775,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$27,780,000**
Lower Estimate	**$11,921,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$2,778,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,193,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,389,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$597,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$31,947,000**
Lower Estimate	**$13,711,000**

Per Capita Funding Ranges

Upper Estimate	**$18.47**
Lower Estimate	**$7.93**

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New York

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$37,475,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$13,547,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,474,000**	Formula: See attached section
Lower Estimate	**$3,099,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$20,229,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$13,486,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$14,905,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$7,955,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$18,138,000**	Formula: $1.00 per capita
Lower Estimate	**$7,255,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$54,412,000**	Formula: $3.00 per capita
Lower Estimate	**$18,138,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$84,537,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$19,850,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$234,170,000**
Lower Estimate	**$83,330,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$23,417,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$8,333,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$11,709,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$4,167,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$269,296,000**
Lower Estimate	**$95,830,000**

Per Capita Funding Ranges

Upper Estimate	**$14.85**
Lower Estimate	**$5.28**

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An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$16,051,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$6,048,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,283,000**	Formula: See attached section
Lower Estimate	**$2,908,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$8,878,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$5,919,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$6,279,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$3,346,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$7,426,000**	Formula: $1.00 per capita
Lower Estimate	**$2,971,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$22,276,000**	Formula: $3.00 per capita
Lower Estimate	**$7,426,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$37,959,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$8,417,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$103,152,000**
Lower Estimate	**$37,035,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$10,316,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$3,704,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$5,158,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,852,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$118,626,000**
Lower Estimate	**$42,591,000**

Per Capita Funding Ranges

Upper Estimate	**$15.98**
Lower Estimate	**$5.74**

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North Dakota

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$2,482,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,299,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,162,000**	Formula: See attached section
Lower Estimate	**$2,787,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,498,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$999,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$817,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$426,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$641,000**	Formula: $1.00 per capita
Lower Estimate	**$257,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$1,923,000**	Formula: $3.00 per capita
Lower Estimate	**$641,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$2,865,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$687,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$14,388,000**
Lower Estimate	**$7,096,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,439,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$710,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$720,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$355,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$16,547,000**
Lower Estimate	**$8,161,000**

Per Capita Funding Ranges

Upper Estimate	**$25.82**
Lower Estimate	**$12.73**

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Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$23,573,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$8,681,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,350,000**	Formula: See attached section
Lower Estimate	**$2,975,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$13,290,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$8,860,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$9,308,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$4,964,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$11,187,000**	Formula: $1.00 per capita
Lower Estimate	**$4,475,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$33,559,000**	Formula: $3.00 per capita
Lower Estimate	**$11,187,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$55,754,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$12,539,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$151,021,000**
Lower Estimate	**$53,681,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$15,103,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$5,369,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$7,552,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$2,685,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$173,676,000**
Lower Estimate	**$61,735,000**

Per Capita Funding Ranges

Upper Estimate	**$15.53**
Lower Estimate	**$5.52**

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Oklahoma

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$7,835,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$3,172,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,210,000**	Formula: See attached section
Lower Estimate	**$2,835,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$4,664,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$3,109,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$2,972,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,578,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$3,318,000**	Formula: $1.00 per capita
Lower Estimate	**$1,327,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$9,952,000**	Formula: $3.00 per capita
Lower Estimate	**$3,318,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$16,013,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$3,639,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$48,964,000**
Lower Estimate	**$18,978,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$4,897,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,898,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$2,449,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$949,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$56,310,000**
Lower Estimate	**$21,825,000**

Per Capita Funding Ranges

Upper Estimate	**$16.98**
Lower Estimate	**$6.58**

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NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$7,687,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$3,121,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,208,000**	Formula: See attached section
Lower Estimate	**$2,833,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$4,338,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$2,892,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$2,912,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,546,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$3,244,000**	Formula: $1.00 per capita
Lower Estimate	**$1,298,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$9,731,000**	Formula: $3.00 per capita
Lower Estimate	**$3,244,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$13,827,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$3,440,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$45,947,000**
Lower Estimate	**$18,374,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$4,595,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,838,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$2,298,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$919,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$52,840,000**
Lower Estimate	**$21,131,000**

Per Capita Funding Ranges

Upper Estimate	**$16.29**
Lower Estimate	**$6.51**

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Pennsylvania

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$25,240,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$9,264,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,365,000**	Formula: See attached section
Lower Estimate	**$2,990,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$13,505,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$9,004,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$9,979,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$5,323,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$12,020,000**	Formula: $1.00 per capita
Lower Estimate	**$4,808,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$36,059,000**	Formula: $3.00 per capita
Lower Estimate	**$12,020,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$59,492,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$13,606,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$160,660,000**
Lower Estimate	**$57,015,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$16,066,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$5,702,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$8,033,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$2,851,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$184,759,000**
Lower Estimate	**$65,568,000**

Per Capita Funding Ranges

Upper Estimate	**$15.37**
Lower Estimate	**$5.46**

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Rhode Island

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$3,175,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,542,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,168,000**	Formula: See attached section
Lower Estimate	**$2,793,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,779,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,186,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,096,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$575,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$988,000**	Formula: $1.00 per capita
Lower Estimate	**$395,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$2,963,000**	Formula: $3.00 per capita
Lower Estimate	**$988,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$4,881,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,119,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$19,050,000**
Lower Estimate	**$8,598,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,905,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$860,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$953,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$430,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$21,908,000**
Lower Estimate	**$9,888,000**

Per Capita Funding Ranges

Upper Estimate	**$22.19**
Lower Estimate	**$10.01**

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South Carolina

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$8,721,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$3,483,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,218,000**	Formula: See attached section
Lower Estimate	**$2,843,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$4,961,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$3,307,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$3,328,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,769,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$3,761,000**	Formula: $1.00 per capita
Lower Estimate	**$1,505,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$11,281,000**	Formula: $3.00 per capita
Lower Estimate	**$3,761,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$17,653,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$4,118,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$53,923,000**
Lower Estimate	**$20,786,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$5,393,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,079,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$2,697,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,040,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$62,013,000**
Lower Estimate	**$23,905,000**

Per Capita Funding Ranges

Upper Estimate	**$16.49**
Lower Estimate	**$6.36**

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An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$2,676,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,367,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,164,000**	Formula: See attached section
Lower Estimate	**$2,789,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,638,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,092,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$895,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$468,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$738,000**	Formula: $1.00 per capita
Lower Estimate	**$296,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$2,214,000**	Formula: $3.00 per capita
Lower Estimate	**$738,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$3,513,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$804,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$15,838,000**
Lower Estimate	**$7,554,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,584,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$756,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$792,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$378,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$18,214,000**
Lower Estimate	**$8,688,000**

Per Capita Funding Ranges

Upper Estimate	**$24.68**
Lower Estimate	**$11.77**

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Tennessee

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$11,937,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$4,608,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,246,000**	Formula: See attached section
Lower Estimate	**$2,871,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$6,527,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,352,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$4,623,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,461,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$5,369,000**	Formula: $1.00 per capita
Lower Estimate	**$2,148,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$16,105,000**	Formula: $3.00 per capita
Lower Estimate	**$5,369,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$28,653,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$6,219,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$77,460,000**
Lower Estimate	**$28,028,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$7,746,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,803,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,873,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,402,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$89,079,000**
Lower Estimate	**$32,233,000**

Per Capita Funding Ranges

Upper Estimate	**$16.59**
Lower Estimate	**$6.00**

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August 1999

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An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$40,079,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$14,458,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,497,000**	Formula: See attached section
Lower Estimate	**$3,122,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$24,562,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$16,375,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$15,954,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$8,516,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$19,440,000**	Formula: $1.00 per capita
Lower Estimate	**$7,776,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$58,319,000**	Formula: $3.00 per capita
Lower Estimate	**$19,440,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$84,744,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$20,128,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$247,595,000**
Lower Estimate	**$89,815,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$24,760,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$8,982,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$12,380,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$4,491,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$284,735,000**
Lower Estimate	**$103,288,000**

Per Capita Funding Ranges

Upper Estimate	**$14.65**
Lower Estimate	**$5.31**

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Utah

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$5,319,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,292,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,187,000**	Formula: See attached section
Lower Estimate	**$2,812,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$3,704,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$2,470,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,959,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$1,037,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$2,060,000**	Formula: $1.00 per capita
Lower Estimate	**$824,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$6,178,000**	Formula: $3.00 per capita
Lower Estimate	**$2,060,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$5,621,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$1,747,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$29,028,000**
Lower Estimate	**$13,242,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$2,903,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,325,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,452,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$663,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$33,383,000**
Lower Estimate	**$15,230,000**

Per Capita Funding Ranges

Upper Estimate	**$16.21**
Lower Estimate	**$7.40**

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Vermont

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$2,378,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,263,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,161,000**	Formula: See attached section
Lower Estimate	**$2,786,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,417,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$945,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$775,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$404,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$589,000**	Formula: $1.00 per capita
Lower Estimate	**$236,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$1,767,000**	Formula: $3.00 per capita
Lower Estimate	**$589,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$2,772,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$650,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$13,859,000**
Lower Estimate	**$6,873,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,386,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$688,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$693,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$344,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$15,938,000**
Lower Estimate	**$7,905,000**

Per Capita Funding Ranges

Upper Estimate	**$27.06**
Lower Estimate	**$13.42**

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Virginia

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$14,668,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$5,564,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,270,000**	Formula: See attached section
Lower Estimate	**$2,895,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$7,901,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$5,267,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$5,723,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$3,048,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$6,734,000**	Formula: $1.00 per capita
Lower Estimate	**$2,694,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$20,202,000**	Formula: $3.00 per capita
Lower Estimate	**$6,734,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$33,418,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$7,594,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$92,916,000**
Lower Estimate	**$33,796,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$9,292,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$3,380,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$4,646,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,690,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$106,854,000**
Lower Estimate	**$38,866,000**

Per Capita Funding Ranges

Upper Estimate	**$15.87**
Lower Estimate	**$5.77**

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NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$12,421,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$4,778,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,250,000**	Formula: See attached section
Lower Estimate	**$2,875,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$7,161,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,774,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$4,818,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,565,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$5,611,000**	Formula: $1.00 per capita
Lower Estimate	**$2,245,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$16,832,000**	Formula: $3.00 per capita
Lower Estimate	**$5,611,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$26,628,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$6,143,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$77,721,000**
Lower Estimate	**$28,991,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$7,773,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,900,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,887,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,450,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$89,381,000**
Lower Estimate	**$33,341,000**

Per Capita Funding Ranges

Upper Estimate	**$15.93**
Lower Estimate	**$5.94**

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West Virginia

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.

An upper and a lower estimate are presented for each budget category.

The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$4,832,000**	``Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$2,122,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,183,000**	Formula: See attached section
Lower Estimate	**$2,808,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$2,600,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$1,733,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$1,763,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$932,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$1,816,000**	Formula: $1.00 per capita
Lower Estimate	**$727,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$5,448,000**	Formula: $3.00 per capita
Lower Estimate	**$1,816,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$10,109,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$2,174,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$30,751,000**
Lower Estimate	**$12,312,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$3,076,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$1,232,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$1,538,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$616,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$35,365,000**
Lower Estimate	**$14,160,000**

Per Capita Funding Ranges

Upper Estimate	**$19.48**
Lower Estimate	**$7.80**

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NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$11,540,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$4,469,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,243,000**	Formula: See attached section
Lower Estimate	**$2,868,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$6,817,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$4,545,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$4,463,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$2,375,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$5,170,000**	Formula: $1.00 per capita
Lower Estimate	**$2,068,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$15,510,000**	Formula: $3.00 per capita
Lower Estimate	**$5,170,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$23,892,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$5,598,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$71,635,000**
Lower Estimate	**$27,093,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$7,164,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$2,710,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$3,582,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$1,355,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$82,381,000**
Lower Estimate	**$31,158,000**

Per Capita Funding Ranges

Upper Estimate	**$15.94**
Lower Estimate	**$6.03**

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Wyoming

Recommended Program Element Budgets

August 1999

NOTE: A justification for each program element and the rationale for the budget estimates are provided in Section A.
An upper and a lower estimate are presented for each budget category.
The funding required for implementing programs will vary depending on state characteristics, such as sociodemographic factors, tobacco use prevalence, and other factors. Therefore, the funding ranges presented here are illustrative.

I. Community Programs to Reduce Tobacco Use

Upper Estimate	**$2,160,000**	Formula: $1,200,000 (statewide training and infrastructure) + $2.00 per capita
Lower Estimate	**$1,186,000**	Formula: $850,000 (statewide training and infrastructure) + $0.70 per capita

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Upper Estimate	**$4,159,000**	Formula: See attached section
Lower Estimate	**$2,784,000**	Formula: See attached section

III. School Programs

Upper Estimate	**$1,355,000**	Formula: $750,000 (statewide training and infrastructure) + $6 per student (K-12)
Lower Estimate	**$903,000**	Formula: $500,000 (statewide training and infrastructure) + $4 per student (K-12)

IV. Enforcement

Upper Estimate	**$687,000**	Formula: $300,000 (inter-agency coordination) + $0.80 per capita
Lower Estimate	**$357,000**	Formula: $150,000 (inter-agency coordination) + $0.43 per capita

V. Statewide Programs

Upper Estimate	**$480,000**	Formula: $1.00 per capita
Lower Estimate	**$192,000**	Formula: $.40 per capita

VI. Counter-Marketing

Upper Estimate	**$1,440,000**	Formula: $3.00 per capita
Lower Estimate	**$480,000**	Formula: $1.00 per capita

VII. Cessation Programs

Upper Estimate	**$2,238,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)
Lower Estimate	**$516,000**	Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)

Upper Estimate	**$12,519,000**
Lower Estimate	**$6,418,000**

VIII. Surveillance and Evaluation

Upper Estimate	**$1,252,000**	Formula: 10% High Estimates Subtotal
Lower Estimate	**$642,000**	Formula: 10% Low Estimates Subtotal

IX. Administration and Management

Upper Estimate	**$626,000**	Formula: 5% High Estimates Subtotal
Lower Estimate	**$321,000**	Formula: 5% Low Estimates Subtotal

Total Program Annual Cost

Upper Estimate	**$14,397,000**
Lower Estimate	**$7,381,000**

Per Capita Funding Ranges

Upper Estimate	**$30.01**
Lower Estimate	**$15.39**

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Efficacy of Comprehensive Tobacco Control Programs: California and Massachusetts

Two States (California and Massachusetts) that have been funding comprehensive tobacco prevention and control programs using State tobacco excise taxes provide evidence of the efficacy of such large-scale and sustained efforts. First, increasing excise taxes on cigarettes reduces tobacco consumption rates. But more importantly, when the excise taxes support effective community, media, and school programs to prevent tobacco use, decreases in per capita consumption will continue even if the industry lowers tobacco prices to pre-excise tax values.[1] The tobacco industry itself has concluded that "the California campaign, and those like it, represents a very real threat to the industry in the intermediate term..."[2] and "the environment for the sale and use of tobacco products in California continues to deteriorate. And because California serves as a bellwether State, tobacco-related steps taken there often find their way into other States."[3]

Excise Tax History and Program Funding

The excise tax rate on cigarettes in California rose from $0.10 to $0.35 on January 1, 1989, when Proposition 99 was implemented. On January 1, 1994, the tax increased to $0.37, where it remained until a $0.50 excise tax increase approved by voters in November 1998 took effect. Funding for tobacco control efforts began during Fiscal Year 1989 (July 1989–June 1990). California's FY 1997 budget for tobacco control activities funded by the Department of Health Services and the Department of Education was $110 million ($3.40 per capita). In Massachusetts, the excise tax on cigarettes rose from $0.26 to $0.51 on January 1, 1993, with the passage of Question 1. This tax was fully absorbed by the industry through wholesale price reductions.[1] However, in October 1996, the cigarette tax increased to $0.76 per pack (with comparable increases on smokeless tobacco products), which it remains today. Funding for tobacco control efforts began in FY 1994. Massachusetts' FY 1996 budget for tobacco control activities funded by the Department of Public Health and the Department of Education was $65 million ($10.60 per capita).

Per Capita Consumption

California Before the implementation of the program funded in FY 1989 by Proposition 99, per capita cigarette consumption was declining in California at rates approximately equal to those in the rest of the country (from 1983–1989, 0.4 packs/person decline per year in California and 0.36 packs/person decline in the rest of the United States).[4] From 1989 to 1993, the decline increased to 0.64 packs/person/year in California and 0.42 packs/person/year in the rest of the United States.[4] An econometric analysis further estimated the impact of the 1989 tax increase and the early effects of the State's media campaign from 1990 to 1992. Of the 1,051 million packs of reduction in sales between 1990 and 1992, an estimated 232 million (22%) were attributed to the media campaign and 819 million (78%) to the tax increase.[5] Until early 1992, the media program was the only part of the tobacco control program that was fully implemented. Between 1993 and 1996, per capita consumption declined 0.17 packs/person per year in California but only 0.04 packs/person per year in the rest of the country.[4] Results reported in 1996[1] confirmed the greater decline in California even though the California cigarette excise tax has changed only slightly since 1989 and program funding has recently been decreased. Between 1993 and 1996, expenditures for tobacco control declined by more than 50%. The tobacco industry's spending for advertising and promotions exceeded the State's tobacco control expenditures by a ratio of about 5 to 1 from 1989 to 1993; that ratio had increased to nearly 10 to 1 by 1996.[4,6]

Massachusetts Early results from Massachusetts also are positive. Before the implementation of tobacco control programs funded in 1993 by Question 1, per capita cigarette consumption was declining in Massachusetts at rates approximately equal to those in the rest of the country (6.4% in Massachusetts and 5.8% in the States other than California).[1] Between 1992 and 1997, per capita consumption declined by 31% (from 117 packs/adult to 81 packs/adult) in Massachusetts, while the decline in the remaining 48 States was only 8%.[7] Between 1993 and 1996, per capita consumption declined more consistently in Massachusetts than in California.[1] Although program funding declined about 15% in Massachusetts from FY 1995 to FY 1997,[7] this decline was less than that in California. The impact of the October 1996 excise tax increase on consumption patterns in Massachusetts is still being analyzed.

Smoking Prevalence Among Adults

California Between 1989 and 1995, cigarette smoking prevalence rates among adults declined in California almost twice as rapidly as in the rest of the country (from 26.7% in 1988 to 16.7% in 1995 in California and from 30.2% in 1988 to 24.7% in 1995 in the rest of the country).[1,6] However, the rate of decline in smoking prevalence in California slowed from 1995 to 1997, following a significant decline in tobacco control program spending, from almost $100 million in 1989–1990 to $53 million in FY 1994.[4,6]

Massachusetts Adult smoking prevalence rates in Massachusetts have continued to decline, from 23.5% (average of 1990–1992, before the tobacco control program started) to 20.6% in 1997.[1,7] In the rest of the country (excluding California), adult prevalence rates declined from 24.1% in 1990–1992 to 23.4% in 1993–1995.

Smoking and Smokeless Tobacco Prevalence Among Young People

A multivariate analysis of data from the school-based Monitoring the Future Study of 8th, 10th, and 12th-grade students showed that the nationwide increase in youth smoking rates from 1992 to 1994 was slowed significantly in both California and Massachusetts ($p<.001$, controlling for price, smoking policies, and other nonprogram effects) as a result of the combined effect of a tax increase and a strong tobacco control program.[8]

California Between 1991 and 1996, rates of smoking during the past 30 days among California 8th and 10th grade students in the Monitoring the Future Study increased, but the increase in California was less dramatic than in other States. Among 8th-graders in California, rates of smoking during the past month varied from 12% to 14% between 1993 and 1997, while steadily increasing from 17% to 22% in the rest of the country. Similarly, among 10th-graders, past-month smoking rates were about 18%–19% between 1992 and 1997 in California while increasing from 22% to 32% in the rest of the country.[9] Data from the telephone-based California Youth Tobacco Survey indicate that rates of smoking during the past 30 days among 12–17-year-olds increased from approximately 9% in the early 1990s to 11.9% in 1995. These rates declined to 10.9% in 1997, while rates increased in the rest of the country.[6]

Massachusetts The prevalence of smoking among Massachusetts high school students (9th–12th-graders) declined in the Massachusetts Youth Risk Behavior Survey (YRBS) from 35.7% in 1995 to 34.4% in 1997, while increasing from 34.4% to 36.4% nationwide during the same time period.[11] Between 1993 and 1996, rates of smoking during the past 30 days among 8th-graders in Massachusetts declined from 26.5% to 26.0% while increasing from 16.7% to 21.0% nationwide. Among 10th and 12th-grade students in Massachusetts, prevalence increased at rates similar to those in the rest of the country.[10] Between 1993 and 1996, lifetime use of smokeless tobacco among 9th–12th-graders decreased from 25% to 20%, and current use decreased from 9% to 6%.[10] In the Massachusetts YRBS, smokeless tobacco use among 9th–12th-graders decreased from 8.4% in 1995 to 6.0% in 1997; among males, the decline was from 15.1% to 10.3%.

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