

## lowa

Program Intervention Budgets	2014 \$30.1 million	
Recommended Annual Investment		
Deaths in State Caused by Smoking		
Annual average smoking-attributable deaths	5,100	
Youth aged 0-17 projected to die from smoking	55,100	
Annual Costs Incurred in State from Smoking		
Total medical	\$1,285 million	
State Revenue from Tobacco Sales and Settlement		
FY 2012 tobacco tax revenue	\$225.4 million	
FY 2012 tobacco settlement payment	\$65.7 million	
Total state revenue from tobacco sales and settlement	\$291.1 million	
Percent Tobacco Revenue to Fund at Recommended Level	10%	

	Annual Total (Millions)		Annual Per Capita	
	Minimum	Recommended	Minimum	Recommended
I. State and Community Interventions  Multiple social resources working together will have the greatest long-term population impact.	\$8.4	\$10.5	\$2.73	\$3.42
II. Mass-Reach Health Communication Interventions Media Interventions work to prevent smoking Initiation, promote cessation, and shape social norms.	\$2.5	\$3.6	\$0.81	\$1.17
III. Cessation Interventions Tobacco use treatment is effective and highly cost-effective.	\$7.6	\$12.1	\$2.47	\$3.94
IV. Surveillance and Evaluation Publicly funded programs should be accountable and demonstrate effectiveness.	\$1.9	\$2.6	\$0.60	\$0.85
V. Infrastructure, Administration, and Management Complex, Integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	\$0.9	\$1.3	\$0.30	\$0.43
TOTAL	\$21.3	\$30.1	\$6.91	\$9.81

**Note:** A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and cost-of-living increases since Best Practices—2007 was published. The actual funding required for implementing programs will vary depending on state characteristics, such as prevalence of tobacco use, sociodemographic factors, and other factors. See Appendix E for data sources on deaths, costs, revenue, and state-specific factors.