Appendix A: Funding Recommendation Formulations

The funding recommendations in this publication are based on the funding formulas presented in *Best Practices for Comprehensive Tobacco Control Programs—2007.* However, *Best Practices for Comprehensive Tobacco Control Programs—2014* updates the guidance provided in 2007, reflecting additional state experiences in implementing comprehensive tobacco control programs, new scientific literature, and changes in state populations, inflation, and the national tobacco control landscape since its previous release. The *recommended* levels of investment (per capita and total) are presented in 2013 dollars using 2012 population estimates. To account for inflation and changes in the U.S. population over time, these estimates can be updated using data from the U.S. Department of Labor Consumer Price Index and U.S. Census Bureau.

Best Practices for Comprehensive Tobacco Control Programs—2014 provides a streamlined two-tier funding-level framework for each state: *minimum* and *recommended.* These *minimum* and *recommended* funding levels reflect the annual investment that each state should make in order to fund and sustain a comprehensive tobacco control program. However, it is important to note that additional investments are also required at the societal level in order to most effectively reduce tobacco use.

State and Community Interventions

The budget formula and state-by-state calculations for the state and community interventions component of the report were generally based on the *Best Practices—2007* funding formulas, adjusted for population changes and inflation. However, for the 2014 update of *Best Practices,* the state and community interventions formula includes only two major components: state interventions and community interventions. The 2014 formula does not specifically include chronic disease programs to reduce the burden of tobacco-related diseases, school programs, and enforcement as major components. However, activities in these three areas may still be undertaken within the framework of state and community interventions.

Minimum and *recommended* funding levels were established for each state on the basis of the following budget items, which in turn are based on the experiences of comprehensive tobacco control programs with robust state and community programs, as previously outlined in *Best Practices—2007.*

Minimum level: The *minimum* funding level was equal to the sum of minimum statewide and community intervention costs. The minimum statewide intervention cost was equal to the total population in each state, multiplied by a variable statewide cost per person (state range: $0.58 to $1.46) that was adjusted for six state-specific factors and inflation. The minimum community intervention cost was equal to the total population in each state, multiplied by a variable community cost per person (state range: $1.02 to $1.61), adjusted for six state-specific factors and inflation, and added to a community base (state range in millions: $1.24 to $1.75).

Recommended level: The *recommended* funding level was equal to the sum of recommended statewide and community intervention costs. The recommended statewide intervention cost was equal to the minimum statewide intervention cost (which was adjusted for six state-specific factors and inflation) multiplied by a ratio of 1.25. The recommended community intervention cost was equal to the minimum community intervention cost (which was adjusted for six state-specific factors and inflation) multiplied by a ratio of 1.25.

The six state-specific factors that were used for adjustment included:

- Prevalence of smoking among adults
- Average wage rates for implementing public health programs
- The proportion of individuals within the state living at or below 200% of the poverty level

- The proportion of the population that is a racial/ethnic minority (i.e., race/ethnicity other than non-Hispanic White)
- The state's geographic size
- The state's infrastructure as reflected by the number of local governmental health units

Mass-Reach Health Communication Interventions

The budget formula and state-by-state calculations for the mass-reach health communication interventions component of the report were obtained using SQAD® 2014 cost projections for three campaign types: 1) motivating smokers to quit; 2) protecting people from the harms of secondhand smoke exposure; and 3) transforming social norms to prevent tobacco use initiation. Television media exposure was chosen because television is the primary mass-reach health communication vehicle used by most states.

Minimum level: The *minimum* level comprises delivery of an average of 1,200 GRPs per quarter for four quarters for an introductory campaign addressing either motivating smokers to quit (media buying target: adults 25–54 years of age) or protecting people from the harms of secondhand smoke exposure (media buying target: adults 25–54 years of age); and delivery of an average of 800 GRPs per quarter for four quarters for each of two ongoing campaigns: one to address transforming social norms to prevent tobacco use initiation (media buying target: youth and young adults 12–24 years of age) and one to address the campaign type not addressed in the introductory campaign (i.e. motivating smokers to quit or protecting people from the harms of secondhand smoke exposure).

Also, a 20% discount in each state's costs was made on the basis of assumed efficiencies gained from media negotiation and message synergies when three campaigns are run simultaneously. Some states receive the majority of their television exposure from stations in out-of-state markets. In these cases, a statistical approach was used to cap per capita funding at $2.16 with the assumption that media plans would be developed on the basis of cost-efficient media, such as digital.

Recommended level: The *recommended* level comprises delivery of an average of 1,600 GRPs per quarter for four quarters for an introductory campaign addressing either motivating smokers to quit (media buying target: adults 25–54 years of age) or protecting people from the harms of secondhand smoke exposure (media buying target: adults 25–54 years of age); and delivery of an average of 1,200 GRPs per quarter for four quarters for each of two ongoing campaigns: one to address transforming social norms to prevent tobacco use initiation (media buying target: youth and young adults 12–24 years of age) and one to address the campaign type not addressed in the introductory campaign (i.e. motivating smokers to quit or protecting people from the harms of secondhand smoke exposure).

Also, a 20% discount in each state's costs was made on the basis of assumed efficiencies gained from media negotiation and message synergies when three campaigns are run simultaneously. Some states receive the majority of their television exposure from stations in out-of-state markets. In these cases, a statistical approach was used to cap per capita funding at $3.10 with the assumption that media plans would be developed on the basis of cost-efficient media, such as digital.

Cessation Interventions

The budget formula and state-by-state calculations for the cessations interventions component of the report were based on four primary components: (1) promoting health systems changes; (2) providing quitline counseling; (3) providing nicotine replacement therapy through quitlines; and (4) providing cessation services via other technologies.

Minimum level: The *minimum* funding level was equal to the sum of costs associated with promoting health systems changes, providing quitline counseling, providing nicotine replacement therapy through quitlines, and providing cessation services via other technologies.

The costs of promoting health systems changes were determined using a fixed cost per state ($150,000) added to a variable cost allocated in proportion to a state's total population ($17,850,000 total). The costs of providing quitline counseling were determined using the number of quitline counseling sessions received by adult smokers per state (assumed percent of adult smokers calling

quitline for assistance = 8% and percent who receive quitline counseling = 90%) multiplied by cost per call ($45.60). The costs of providing nicotine replacement therapy through quitlines were determined using the number of quitline nicotine replacement therapy treatments received by adult smokers per state (assumed percent of adult smokers calling quitline for assistance = 8%) multiplied by the estimated cost of providing 2 weeks of quitline nicotine replacement therapy ($38.00). The costs of providing cessation services via other technologies were set at a fixed value of $135,000 per state.

Recommended level: The *recommended* funding level was equal to the sum of costs associated with promoting health systems changes, providing quitline counseling, providing nicotine replacement therapy through quitlines, and providing cessation services via other technologies.

The costs of promoting health systems changes were determined using a fixed cost per state ($150,000) added to a variable cost allocated in proportion to a state's total population ($17,850,000 total). The costs of providing quitline counseling were determined using the number of quitline counseling sessions received by adult smokers per state (assumed percent of adult smokers calling quitline for assistance = 13% and percent who receive quitline counseling = 90%) multiplied by cost per call ($45.60). The costs of providing nicotine replacement therapy through quitlines were determined using the number of quitline nicotine replacement therapy treatments received by adult smokers per state (assumed percent of adult smokers calling quitline for assistance = 13%) multiplied by the estimated cost of providing 2 weeks of quitline nicotine replacement therapy ($38.00). The costs of providing cessation services via other technologies were set at a fixed value of $135,000 per state.

Surveillance and Evaluation

The budget formula and state-by-state calculations for the surveillance and evaluation component of the report were obtained by calculating 10% of the combined funding recommendation for state and community interventions, mass-reach health communication interventions, and cessation interventions in each state.

Infrastructure, Administration, and Management

The budget formula and state-by-state calculations for the infrastructure, administration and management component of the report were obtained by calculating 5% of the combined funding recommendation for state and community interventions, mass-reach health communication interventions, and cessation interventions in each state.