

## Wisconsin

Program Intervention Budgets	2014		
Recommended Annual Investment	\$57.5 million		
Deaths in State Caused by Smoking			
Annual average smoking-attributable deaths	7,900		
Youth aged 0-17 projected to die from smoking	106,200		
Annual Costs Incurred in State from Smoking			
Total medical	\$2,663 million		
State Revenue from Tobacco Sales and Settlement			
FY 2012 tobacco tax revenue	\$653.3 million		
FY 2012 tobacco settlement payment	\$131.1 million		
Total state revenue from tobacco sales and settlement	\$784.4 million		
Percent Tobacco Revenue to Fund at Recommended Level	7%		

	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.	\$14.7	\$18.4	\$2.57	\$3.21
<b>II. Mass-Reach Health Communication Interventions</b> Media interventions work to prevent smoking initiation, promote cessation, and shape social norms.	\$4.4	\$6.4	\$0.77	\$1.12
<b>III. Cessation Interventions</b> Tobacco use treatment is effective and highly cost-effective.	\$15.7	\$25.2	\$2.74	\$4.40
IV. Surveillance and Evaluation Publicly funded programs should be accountable and demonstrate effectiveness.	\$3.5	\$5.0	\$0.61	\$0.87
<b>V. Infrastructure, Administration, and Management</b> Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	\$1.7	\$2.5	\$0.30	\$0.44
TOTAL	\$40.0	\$57.5	\$6.99	\$10.04

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.