

Vermont

Program Intervention Budgets	2014
Recommended Annual Investment	\$8.4 million
Deaths in State Caused by Smoking	
Annual average smoking-attributable deaths	1,000
Youth aged 0-17 projected to die from smoking	10,100
Annual Costs Incurred in State from Smoking	
Total medical	\$348 million
State Revenue from Tobacco Sales and Settlement	
FY 2012 tobacco tax revenue	\$80.1 million
FY 2012 tobacco settlement payment	\$34.5 million
Total state revenue from tobacco sales and settlement	\$114.6 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.	\$2.5	\$3.1	\$3.99	\$4.95
II. Mass-Reach Health Communication Interventions				
Media interventions work to prevent smoking initiation, promote cessation, and shape social norms.	\$1.1	\$1.6	\$1.76	\$2.56
III. Cessation Interventions				
Tobacco use treatment is effective and highly cost-effective.	\$1.7	\$2.6	\$2.72	\$4.15
IV. Surveillance and Evaluation				
Publicly funded programs should be accountable and demonstrate effectiveness.	\$0.5	\$0.7	\$0.85	\$1.17
V. Infrastructure, Administration, and Management				
Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	\$0.3	\$0.4	\$0.42	\$0.58
TOTAL	\$6.1	\$8.4	\$9.74	\$13.41

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.