South Dakota

Program Intervention Budgets 2014

Recommended Annual Investment	**$11.7 million**
Deaths in State Caused by Smoking	
Annual average smoking-attributable deaths	1,300
Youth aged 0-17 projected to die from smoking	21,000
Annual Costs Incurred in State from Smoking	
Total medical	$373 million
State Revenue from Tobacco Sales and Settlement	
FY 2012 tobacco tax revenue	$60.1 million
FY 2012 tobacco settlement payment	$24.1 million
Total state revenue from tobacco sales and settlement	$84.2 million
Percent Tobacco Revenue to Fund at Recommended Level	**14%**

	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.	$3.5	$4.4	$4.20	$5.28
II. Mass-Reach Health Communication Interventions Media interventions work to prevent smoking initiation, promote cessation, and shape social norms.	$1.2	$1.7	$1.44	$2.04
III. Cessation Interventions Tobacco use treatment is effective and highly cost-effective.	$2.7	$4.1	$3.24	$4.92
IV. Surveillance and Evaluation Publicly funded programs should be accountable and demonstrate effectiveness.	$0.7	$1.0	$0.89	$1.22
V. Infrastructure, Administration, and Management Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.	$0.4	$0.5	$0.44	$0.61
TOTAL	$8.5	$11.7	$10.21	$14.07

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.