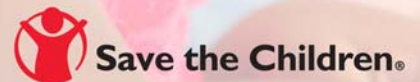


# Raising Smart, Healthy Kids in Every State

Expanding Early Education Initiatives  
with Funding from the Federal Tobacco Tax



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September 25, 2013

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# **Raising Smart, Healthy Kids in Every State**

## **Expanding Early Education Initiatives with Funding from the Federal Tobacco Tax**

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# **Raising Smart, Healthy Kids in Every State**

## **Expanding Early Education Initiatives with Funding from the Federal Tobacco Tax**

### **Introduction**

The first years of a child's life are critical for healthy development. Providing high-quality preschool experiences for children increases the chances for success in many aspects of their lives, including education, employment, health, and quality of life. Similarly, preventing children and teens from using tobacco will have a long-term impact – dramatically reducing the likelihood that they will ever become smokers or other tobacco users and thus preventing illness and premature death from tobacco, as well as reducing related health care costs for individuals and government.

Unfortunately, many children – particularly lower-income children who stand to benefit the most – lack access to early education that can give them a strong start. Despite some federal and state support for preschool programs, there is not sufficient funding to provide access to high-quality early education programs for all children.

Tobacco tax increases prevent smoking among youth and also reliably produce new revenue despite the declines they bring about in tobacco use. This is based on more than 100 studies and experience in almost every state. Virtually every expert who has studied the issue has concluded that raising tobacco taxes is one of the most effective measures we can take to reduce smoking and other tobacco use, especially among children and adolescents.

To address both of these issues, President Obama proposed in his fiscal year 2014 budget to expand federal funding for early education programs over ten years, which would be paid for with an increase in federal excise tax rates on cigarettes and other tobacco products. Taken together, these two measures would help ensure a future of smart, healthy kids nationwide and in every state. Nationwide under this proposal:

- Two million children in low- and moderate-income families would have access to high-quality preschool programs in the tenth year. In the first year alone, nearly 335,000 additional children would have access to high-quality preschool programs, and
- 1.74 million kids alive today would be prevented from becoming adult smokers.

In addition to their individual impacts, these two interventions have a natural synergy, as higher educational achievement leads to better health behaviors and outcomes, including lower rates of tobacco use.

This report provides estimates of the public health, educational, social, and financial benefits of the President's proposal for each state, as well as the United States as a whole. It also describes the importance of early education, the harms of tobacco use, and how the proposal addresses these issues.

High-quality early education is one of the best investments we can make in the future of our children and the country. The President's proposal represents a significant step forward in addressing the critical shortage of affordable, high-quality early learning opportunities for

children from birth to age five. Increasing the federal excise taxes on tobacco products will not only finance this vital investment, but also dramatically improve public health by reducing tobacco use, particularly among kids.

<b>The President's Proposal</b>	
<b>Early Education Initiatives</b>	<b>Federal Tobacco Excise Tax Increase as a Revenue Source</b>
<p><b>Proposal:</b></p> <ul style="list-style-type: none"> <li>• Invest \$75.00 billion over ten years, including \$2.74 billion in the first year, to expand access to and improve early education programs for preschool children in low- and moderate-income families</li> <li>• Invest \$15.00 billion over ten years, including \$433.40 million in the first year, to extend and expand evidence-based, voluntary home visiting programs for parent education and support</li> </ul> <p><b>Nationwide Benefits:</b></p> <ul style="list-style-type: none"> <li>• 1.96 million children in low- and moderate-income families would receive access to preschool in the tenth year. In the first year, 334,805 additional children in low- and moderate-income families would receive access to preschool</li> <li>• 1.13 million low-income women and their children would potentially be eligible to benefit from voluntary home visiting in the first year</li> </ul>	<p><b>Proposal:</b></p> <ul style="list-style-type: none"> <li>• Increase the federal cigarette excise tax by 94¢ per pack</li> <li>• Increase the federal excise tax on other tobacco products</li> <li>• Index the federal tobacco tax rates to inflation</li> </ul> <p><b>Nationwide Benefits:</b></p> <ul style="list-style-type: none"> <li>• Prevent 1.74 million kids alive today from becoming addicted adult smokers over the next 18 years</li> <li>• Save 989,800 Americans from premature death from smoking</li> <li>• Save \$63.39 billion in long-term health care costs from adult and youth smoking declines</li> </ul>

## **The Importance of Early Education**

Currently, less than half of four-year-olds (42.0 percent of those not yet in kindergarten) are enrolled in public preschool programs,<sup>1</sup> and many of these programs are not high quality.<sup>2</sup> Children do not receive a “do-over” when it comes to their early childhood, and investing in their education at a young age will go a long way to improving their future.

Numerous studies show that children who have a high-quality preschool experience go on to perform better on cognitive tests in elementary and secondary school, are more likely to graduate from high school, go to college, be employed, and be in good health, and are less likely to become involved with crime or turn to welfare.<sup>3</sup> Even with this evidence at hand, many children – particularly the low-income children who stand to benefit the most – lack access to early education. Without the strong start that a high-quality early education provides, hundreds of thousands of children enter kindergarten already lagging behind.

The President is proposing to address this unmet need with a groundbreaking state-federal partnership to support high-quality early learning opportunities for children from birth to age five. Significant new investments would expand access to and improve the quality of child care and early education programs that help children enter school ready to succeed and help parents work.

It would guarantee access to high-quality preschool for children in low- and moderate income families (families with incomes at or below 200 percent of the federal poverty level). Under the proposal, preschool would be expanded through state-federal partnerships that enable states already funding preschool programs to serve more children and strengthen the quality of their programs and enable states not yet investing in preschool to launch programs. Allocations to states would be based on states' relative share of four-year-olds from families at or below 200 percent of poverty. The allocations would also take into account a set of factors, such as the level of program participation and the estimated cost of the activities specified in the state plan. States that already provide universal high-quality preschool for four-year-old children from families with incomes at or below 200 percent of poverty would be able to use program funds to provide high-quality, full-day kindergarten for children from families with incomes at or below 200 percent of poverty or, if this is already provided, to provide high-quality preschool programs for three-year-olds from families at or below 200 percent of poverty. In order to receive federal funds, state would have to contribute a required match.

This plan, recognizing that a significant portion of brain development occurs in a child's earliest years<sup>4</sup> and that ensuring children enter school ready to succeed requires a comprehensive approach, would increase support for families with infants and toddlers as well. It begins with an expansion of evidence-based, voluntary home visiting programs that offer parent education and support for vulnerable families, because parents are children's first teachers and central to young children's development.

Both the preschool and home visiting portions of the plan would be funded by an increase in the federal tobacco excise tax.

In addition, the plan addresses the need to expand high-quality options for infants and toddlers – which are in short supply in communities across the country – through partnerships between Early Head Start and child care that would provide high-quality, full-day, full-year early learning opportunities. It also provides states with increased funding for child care and other existing programs related to early care and education.

## **The Importance of Reducing Tobacco Use**

Tobacco use takes a huge health and economic toll on the United States. Each year, more than 400,000 Americans die from tobacco use, making it the leading preventable cause of death in the country. Every day, more than 3,500 youth try their first cigarette and more than 900 additional youth become regular smokers. Smoking-caused disease results in \$96.00 billion in health care costs each year, much of which is paid by the public through higher insurance premiums and government-funded health programs such as Medicaid.<sup>5</sup>

Significant tobacco tax increases are the most effective way to sharply reduce smoking and other tobacco use and tobacco-caused disease, death, and costs. The U.S. Surgeon General, the National Cancer Institute, the U.S. Centers for Disease Control and Prevention (CDC), the World Bank, Wall Street tobacco analysts, and health economists agree that raising tobacco prices reduces tobacco use.<sup>6</sup> Even the tobacco companies recognize that tax increases reduce tobacco use, especially among youth, which is why they have spent hundreds of millions of dollars over the years opposing tobacco tax increases.

Cigarette tax increases are one of the most effective ways to sharply reduce smoking, especially among youth, pregnant women, and low-income smokers, all of whom are more price

sensitive than smokers in general. Studies have shown that for every ten percent increase in the price of cigarettes, youth smoking declines by approximately 6.5 percent; smoking among pregnant women falls at a similar rate; and overall cigarette consumption declines by three to five percent.<sup>7</sup> Similarly, increasing the tax rate on smokeless tobacco reduces its use, particularly among young males, and increasing cigar prices through tax increases reduces adult and youth cigar smoking.<sup>8</sup> Further, by reducing tobacco use, tobacco tax increases will reduce tobacco-related health care costs.

Studies have repeatedly documented the positive impact of tobacco taxes. A study published by the National Bureau of Economic Research by researchers at the University of Illinois at Chicago, using surveys of teens before and after the 2009 federal tobacco tax increase, found declines in both cigarette and smokeless tobacco use that translated into at least 200,000 fewer youth smoking and 135,000 fewer youth using smokeless tobacco in the months immediately after the tax increase went into effect.<sup>9</sup>

The President's proposal calls for increasing the federal excise tax on cigarettes by 94 cents per pack, from today's \$1.01 per pack to about \$1.95 per pack, with a proportional increase in the federal excise tax rates on all other tobacco products. The proposal also would index federal tobacco tax rates for inflation after 2014. Evidence from past experiences clearly demonstrates that federal tobacco tax increases generate substantial additional revenue over time<sup>10</sup> as well as help more Americans live longer, healthier lives.

The Office of Management and Budget (OMB) estimated that the proposed tobacco tax increases would generate \$43.75 billion in new revenue over five years and \$78.09 billion over ten years.<sup>11</sup> The Congressional Budget Office (CBO) estimated that the proposed tobacco tax increases will generate \$39.00 billion over five years and \$83.00 billion over ten years.<sup>12</sup>

In June 2012, the CBO examined the effect of a hypothetical 50-cent increase in the federal excise tax on a pack of cigarettes, analyzing not only the direct effect of the tax on revenues, but also how the policy change would affect people's health, life expectancy, health care spending, and earnings. The CBO determined that the tax increase would reduce the number of smokers, save lives, reduce future deficits, and generate savings for Medicaid and the Affordable Care Act's subsidies for purchasing private health insurance. The report also stated that these benefits could be doubled if a \$1.00-per-pack federal excise tax increase was being considered.<sup>13</sup>

## **Synergies between Education and Health**

The proposal to expand preschool initiatives with funding from a tobacco tax is an excellent example of the whole being greater than the sum of the parts. While each intervention will have a dramatic impact alone, the evidence is also clear that by increasing educational attainment, we will not only raise more successful children, but healthier ones as well, going beyond the significant public health impact of the tobacco tax alone.

High-quality preschool programs can help promote children's healthy development by identifying health needs early and ensuring those needs are addressed. The programs also help children develop the decision-making skills and self-control needed to make healthy choices in the future. In addition, early education gives children a strong start on the path toward higher educational attainment, which is linked to better health.



According to the Robert Wood Johnson Foundation's Commission to Build a Healthier America, research shows a strong relationship exists between education and health, even controlling for other factors such as income.<sup>14</sup> One analysis of self-reported health data showed that while 77.2 percent of adults with less than a high school education describe their health as less than very good, only 29.8 percent of college graduates do (44.7 percent of those with some college and 54.4 percent of those with a high school degree describe their health as less than very good).<sup>15</sup>

The Commission explains the relationship by pointing to three factors. By increasing both knowledge and cognitive skills, education leads to more informed decisions regarding health, including those about tobacco use. It also leads to better jobs, which means better working conditions, work-related resources like health insurance, and higher income, which affects living environment and availability of health care options. Finally, educational attainment affects social and psychological factors like sense of control, social standing, and social support which all improve health. These benefits are passed through generations as parents' educational attainment influences their children's education and health.<sup>16</sup>

## National and State Benefits of the President's Early Education and Tobacco Tax Increase Proposal

This report details, nationwide and for each state, the benefits from the proposed increase in federal funding for early education, along with the public health and economic benefits from the proposed 94-cent-per-pack increase in the federal cigarette excise tax. Additional benefits would accrue from the proposed increase in the federal excise tax rates on other tobacco products, such as smokeless tobacco and cigars.

The benefits to any particular state depend on the population and other state-specific factors, but in **every state**, the benefits from the President's proposal are substantial and far-reaching over time.

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<sup>1</sup> In addition, only 15.0 percent of three-year-olds are enrolled in public preschool programs. Public preschool programs include state preschool, preschool special education, and Head Start. Barnett, WS, et al., *The State of Preschool 2012: State Preschool Yearbook*, National Institute for Early Education Research (NIEER), 2012, p. 17, <http://nieer.org/publications/state-preschool-2012>.

<sup>2</sup> NIEER has 10 Quality Standards for preschool programs, detailed on p. 7 in Barnett, WS, et al., *The State of Preschool 2012: State Preschool Yearbook*, NIEER, 2012, <http://nieer.org/publications/state-preschool-2012>. Just five states had preschool programs that met all 10 of NIEER's Quality Standards in the 2011-2012 school year.

<sup>3</sup> See Schweinhart, LJ, et al., *The High/Scope Perry Preschool Study Through Age 40: Summary, Conclusions, and Frequently Asked Questions*, 2005, [http://www.highscope.org/file/Research/PerryProject/specialsummary\\_rev2011\\_02\\_2.pdf](http://www.highscope.org/file/Research/PerryProject/specialsummary_rev2011_02_2.pdf). Campbell, FA, et al., "Adult Outcomes as a Function of an Early Childhood Educational Program: An Abecedarian Project Follow-up," *Developmental Psychology* 48 (4):1033-1043, July 2012. Reynolds, AJ, et al., *Age 21 Cost-Benefit Analysis of the Title I Chicago Child-Parent Center Program: Executive Summary*, 2001, <http://www.waisman.wisc.edu/cls/cbaexecsum4.html>. Frede, E, et al., *The APPLES Blossom: Abbott Preschool Program Longitudinal Effects Study (APPLES) Preliminary Results through 2nd Grade Interim Report*, NIEER, 2009, [http://nieer.org/pdf/apples\\_second\\_grade\\_results.pdf](http://nieer.org/pdf/apples_second_grade_results.pdf).

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<sup>5</sup> U.S. Centers for Disease Control and Prevention (CDC), "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States 2000-2004," *Morbidity and Mortality Weekly Report (MMWR)*

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<sup>6</sup> HHS, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 2012, [http://www.cdc.gov/tobacco/data\\_statistics/sgr/2012/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/2012/index.htm). HHS, *Reducing Tobacco Use: A Report of the Surgeon General*, 2000, [http://profiles.nlm.nih.gov/NN/B/B/L/Q/\\_/nnbblq.pdf](http://profiles.nlm.nih.gov/NN/B/B/L/Q/_/nnbblq.pdf). Flach, J, NCI Expert Panel Issues Summary Report on Excise Tax on Cigarettes, *Journal of the National Cancer Institute* 85(18):1451-1452, September 15, 1993. CDC, "State Cigarette Excise Taxes—United States, 2010-2011," *MMWR* 61(12):201-204, March 30, 2012. World Bank, *Curbing the Epidemic: Governments and the Economics of Tobacco Control*, 1999, <http://go.worldbank.org/20HVZ6A4J0>. See also, references in note 8.

<sup>7</sup> See, e.g., Chaloupka, F, "Macro-Social Influences: The Effects of Prices and Tobacco Control Policies on the Demand for Tobacco Products," *Nicotine and Tobacco Research* 1(Suppl 1):S105-109, 1999, and other price studies at <http://tigger.uic.edu/~fjc/>; Tauras, J, "Public Policy and Smoking Cessation Among Young Adults in the United States," *Health Policy* 68:321-32, 2004; Tauras, J, et al., "Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis," *Bridging the Gap Research*, ImpacTeen, April 24, 2001, and other price studies at <http://www.impactteen.org/researchproducts.htm>. Chaloupka, F & Pacula, R, *An Examination of Gender and Race Differences in Youth Smoking Responsiveness to Price and Tobacco Control Policies*, National Bureau of Economic Research, Working Paper 6541, April 1998, <http://tigger.uic.edu/~fjc>. Emery, S, et al., "Does Cigarette Price Influence Adolescent Experimentation?" *Journal of Health Economics* 20:261-270, 2001. Evans, W & Huang, L, *Cigarette Taxes and Teen Smoking: New Evidence from Panels of Repeated Cross-Sections*, Working Paper, April 15, 1998, [www.bsos.umd.edu/econ/evans/wrkpap.htm](http://www.bsos.umd.edu/econ/evans/wrkpap.htm). Harris, J & Chan, S, "The Continuum-of-Addiction: Cigarette Smoking in Relation to Price Among Americans Aged 15-29," *Health Economics Letters* 2(2):3-12, February 1998, [www.mit.edu/people/jeffrey](http://www.mit.edu/people/jeffrey).

<sup>8</sup> Chaloupka, F, Tauras, J & Grossman, M, "Public Policy and Youth Smokeless Tobacco Use," *Southern Economic Journal* 64(2):503-16, October 1997. Ringel, JS, Wasserman, J, & Andreyeva, T, "Effects of Public Policy on Adolescents' Cigar Use: Evidence From the National Youth Tobacco Survey," *American Journal of Public Health* 95:995-998, 2005.

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<sup>10</sup> U.S. Alcohol and Tobacco Tax and Trade Bureau (TTB), Tax Collections, [http://www.ttb.gov/tax\\_audit/tax\\_collections.shtml](http://www.ttb.gov/tax_audit/tax_collections.shtml). See also, discussion on revenues in Congressional Budget Office (CBO), *Raising the Excise Tax on Cigarettes: Effects on Health and the Federal Budget*, June 2012, p. 59.

<sup>11</sup> Office of Management and Budget (OMB), Federal Receipts section of *Fiscal Year 2013 Analytical Perspectives: Budget of the U.S. Government*, April 10, 2013, <http://www.whitehouse.gov/sites/default/files/omb/budget/fy2014/assets/receipts.pdf>.

<sup>12</sup> This projection relies on estimates from the Joint Committee on Taxation. CBO, *An Analysis of the President's 2014 Budget*, May 2013, [http://cbo.gov/sites/default/files/cbofiles/attachments/44173-APB\\_0.pdf](http://cbo.gov/sites/default/files/cbofiles/attachments/44173-APB_0.pdf).

<sup>13</sup> CBO, *Raising the Excise Tax on Cigarettes: Effects on Health and the Federal Budget*, June 2012. Baumgardner, JR, "Cigarette Taxes and the Federal Budget — Report from the CBO," *The New England Journal of Medicine* 367(22):2068-2070, November 29, 2012.

<sup>14</sup> Robert Wood Johnson Foundation (RWJF) Commission to Build a Healthier America, *Issue Brief 6: Education and Health*, September 2009, <http://www.commissiononhealth.org/PDF/c270deb3-ba42-4fbd-baeb-2cd65956f00e/Issue%20Brief%206%20Sept%2009%20-%20Education%20and%20Health.pdf>.

<sup>15</sup> Based on data prepared for RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco, in RWJF Commission to Build a Healthier America, *Reaching America's Health Potential: A State-by-State Look at Adult Health*, May 2009, <http://www.commissiononhealth.org/Documents/AdultHealthChartbookFullReport.pdf>.

<sup>16</sup> RWJF Commission to Build a Healthier America, *Issue Brief 6: Education and Health*, September 2009, <http://www.commissiononhealth.org/PDF/c270deb3-ba42-4fbd-baeb-2cd65956f00e/Issue%20Brief%206%20Sept%2009%20-%20Education%20and%20Health.pdf>.

## Raising Smart, Healthy Kids in the United States

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following nationwide benefits.

### **Projected Benefits in the U.S. from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many U.S. children who currently lack the opportunity to participate in high-quality preschool. Currently, 15% of the country's three-year-olds and 42% of the country's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. Nationally, 11.57 million children under age six (48.6%) live in households with incomes below 200% of the federal poverty level, including 1.96 million four-year-olds. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting nationwide:

<b><i>Additional funds provided to the states for preschool over 10 years:</i></b>	<b>\$75.00 billion</b>
<b><i>Additional funds provided to the states for preschool in the first year:</i></b>	<b>\$2.74 billion</b>
<b><i>Children from low- and moderate-income families able to participate in preschool in the 10<sup>th</sup> year:</i></b>	<b>1.96 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool in the first year:</i></b>	<b>334,805</b>
<b><i>Additional funds provided to the states for expanded voluntary home visiting programs over 10 years:</i></b>	<b>\$15.00 billion</b>
<b><i>Additional funds provided to the states for expanded voluntary home visiting programs in the first year:</i></b>	<b>\$433.40 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>1,134,073</b>

### **Projected Benefits in the U.S. from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills more than 400,000 U.S. residents and costs the nation \$96.00 billion in health care expenditures. In addition, about 1.33 million youth in the U.S. try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco nationwide, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>1,742,700</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>1,569,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>465,600</b>
<b><i>Americans saved from future premature smoking-caused death:</i></b>	<b>989,800</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$3.25 billion</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$63.39 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Alabama

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Alabama.

### **Projected Benefits in Alabama from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Alabama children who currently lack the opportunity to participate in high-quality preschool. Currently, 11% of the state’s three-year-olds and 24% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Alabama, 198,773 children under age six (56.2%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Alabama in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$43.00 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>5,257</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.10 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>22,515</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Alabama from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 7,500 Alabama residents and costs the state \$1.49 billion in health care expenditures. In addition, 35,600 of Alabama youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Alabama, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>42,200</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>34,600</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>8,400</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>23,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$67.02 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.49 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Alaska

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Alaska.

### **Projected Benefits in Alaska from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Alaska children who currently lack the opportunity to participate in high-quality preschool. Currently, 13% of the state’s three-year-olds and 21% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Alaska, 26,132 children under age six (41.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Alaska in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$6.20 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>751</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>2,713</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Alaska from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 490 Alaska residents and costs the state \$169 million in health care expenditures. In addition, 3,600 of Alaska youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Alaska, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>2,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>2,400</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>1,000</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>1,300</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$5.64 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$92.92 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Arizona

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Arizona.

### **Projected Benefits in Arizona from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Arizona children who currently lack the opportunity to participate in high-quality preschool. Currently, 8% of the state's three-year-olds and 20% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Arizona, 294,830 children under age six (55.5%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Arizona in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$78.20 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>9,551</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$9.10 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>28,074</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Arizona from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 6,800 Arizona residents and costs the state \$1.3 billion in health care expenditures. In addition, 21,500 of Arizona youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Arizona, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>31,300</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>27,100</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>7,200</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>17,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$55.56 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.12 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Arkansas

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Arkansas.

### **Projected Benefits in Arkansas from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Arkansas children who currently lack the opportunity to participate in high-quality preschool. Currently, 27% of the state’s three-year-olds and 54% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Arkansas, 137,157 children under age six (59.6%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Arkansas in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$35.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>4,333</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.40 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>13,019</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Arkansas from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 4,900 Arkansas residents and costs the state \$812 million in health care expenditures. In addition, 13,100 of Arkansas youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Arkansas, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>21,000</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>20,400</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>7,000</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>12,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$44.48 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$783.71 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in California

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in California.

### **Projected Benefits in California from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many California children who currently lack the opportunity to participate in high-quality preschool. Currently, 16% of the state’s three-year-olds and 31% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In California, 1,462,331 children under age six (48.6%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in California in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$334.30 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>40,857</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$20.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>138,337</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in California from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 36,600 California residents and costs the state \$9.14 billion in health care expenditures. In addition, 122,200 of California youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in California, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>143,300</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>138,500</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>44,500</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>84,000</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$293.62 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$5.33 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).



## Raising Smart, Healthy Kids in Colorado

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Colorado.

### **Projected Benefits in Colorado from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Colorado children who currently lack the opportunity to participate in high-quality preschool. Currently, 16% of the state's three-year-olds and 34% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Colorado, 182,969 children under age six (45.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Colorado in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$41.80 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>5,109</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.60 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>18,510</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Colorado from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 4,300 Colorado residents and costs the state \$1.31 billion in health care expenditures. In addition, 18,900 of Colorado youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Colorado, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>30,700</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>25,600</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>7,600</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>17,000</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$50.58 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.08 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Connecticut

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Connecticut.

## **Projected Benefits in Connecticut from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Connecticut children who currently lack the opportunity to participate in high-quality preschool. Currently, 19% of the state’s three-year-olds and 27% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Connecticut, 82,744 children under age six (35.2%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Connecticut in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$21.90 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>2,675</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>8,286</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Connecticut from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 4,700 Connecticut residents and costs the state \$1.63 billion in health care expenditures. In addition, 15,500 of Connecticut youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Connecticut, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>11,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>11,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>2,200</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>6,600</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$20.06 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$426.90 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Delaware

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Delaware.

## **Projected Benefits in Delaware from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Delaware children who currently lack the opportunity to participate in high-quality preschool. Currently, 8% of the state’s three-year-olds and 21% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Delaware, 28,170 children under age six (43.4%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Delaware in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$7.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>923</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>2,171</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Delaware from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 1,100 Delaware residents and costs the state \$284 million in health care expenditures. In addition, 3,700 of Delaware youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Delaware, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>4,300</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>5,100</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>1,600</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>2,600</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$11.02 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$172.71 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## **Raising Smart, Healthy Kids in Washington, DC**

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Washington, DC.

### **Projected Benefits in Washington, DC from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many children in the District who currently lack the opportunity to participate in high-quality preschool. Currently, 76% of the District's three-year-olds and 100% of the District's four-year-olds are enrolled in publicly funded preschool (District preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Washington, DC, 18,217 children under age six (42.5%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in the District in the first year alone:

<b><i>Additional funds provided to the District for preschool:</i></b>	<b>\$3.90 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>473</b>
<b><i>Additional funds provided to the District for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>1,917</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Washington, DC from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 720 residents in the District and costs the District \$243 million in health care expenditures. In addition, 1,600 of youth in Washington, DC try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in the District, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>1,300</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>2,600</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>200</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>1,000</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$3.61 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$66.25 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Florida

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Florida.

### **Projected Benefits in Florida from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Florida children who currently lack the opportunity to participate in high-quality preschool. Currently, 9% of the state’s three-year-olds and 89% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Florida, 676,393 children under age six (52.8%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Florida in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$165.60 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>20,242</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$13.20 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>56,127</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Florida from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 28,600 Florida residents and costs the state \$6.32 billion in health care expenditures. In addition, 75,600 of Florida youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Florida, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>90,900</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>101,300</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>22,500</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>56,400</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$206.91 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$3.56 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Georgia

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Georgia.

## **Projected Benefits in Georgia from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Georgia children who currently lack the opportunity to participate in high-quality preschool. Currently, 10% of the state’s three-year-olds and 67% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Georgia, 436,464 children under age six (54.0%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Georgia in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$108.90 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>13,315</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$10.80 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>39,329</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Georgia from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 10,500 Georgia residents and costs the state \$2.25 billion in health care expenditures. In addition, 37,800 of Georgia youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Georgia, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>83,100</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>64,500</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>13,800</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>44,900</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$122.13 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$2.88 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Hawaii

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Hawaii.

## **Projected Benefits in Hawaii from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Hawaii children who currently lack the opportunity to participate in high-quality preschool. Currently, 8% of the state’s three-year-olds and 14% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Hawaii, 37,951 children under age six (37.7%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Hawaii in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$7.00 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>853</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>4,876</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Hawaii from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 1,100 Hawaii residents and costs the state \$336 million in health care expenditures. In addition, 5,600 of Hawaii youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Hawaii, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>4,700</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>3,700</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>700</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>2,400</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$6.44 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$163.91 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Idaho

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Idaho.

### **Projected Benefits in Idaho from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Idaho children who currently lack the opportunity to participate in high-quality preschool. Currently, 7% of the state’s three-year-olds and 13% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Idaho, 73,498 children under age six (52.7%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Idaho in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$19.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>2,381</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>8,117</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Idaho from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 1,500 Idaho residents and costs the state \$319 million in health care expenditures. In addition, 4,900 of Idaho youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Idaho, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>9,600</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>7,700</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>2,900</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>5,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$17.27 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$336.70 million</b>

*For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).*



## Raising Smart, Healthy Kids in Illinois

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Illinois.

### **Projected Benefits in Illinois from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Illinois children who currently lack the opportunity to participate in high-quality preschool. Currently, 30% of the state’s three-year-olds and 43% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Illinois, 448,257 children under age six (45.7%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Illinois in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$102.30 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>12,497</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$10.70 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>41,190</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Illinois from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 16,600 Illinois residents and costs the state \$4.10 billion in health care expenditures. In addition, 65,000 of Illinois youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Illinois, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>62,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>54,500</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>10,800</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>35,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$101.58 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$2.25 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Indiana

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Indiana.

### **Projected Benefits in Indiana from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Indiana children who currently lack the opportunity to participate in high-quality preschool. Currently, 10% of the state’s three-year-olds and 15% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Indiana, 256,888 children under age six (50.7%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Indiana in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$62.40 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>7,623</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.50 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>25,816</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Indiana from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 9,700 Indiana residents and costs the state \$2.08 billion in health care expenditures. In addition, 32,700 of Indiana youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Indiana, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>55,000</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>46,300</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>19,800</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>30,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$109.42 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.95 billion</b>

*For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).*

# Raising Smart, Healthy Kids in Iowa

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Iowa.

## Projected Benefits in Iowa from Increased Federal Funding for Early Education

The proposed early learning initiative would benefit many Iowa children who currently lack the opportunity to participate in high-quality preschool. Currently, 12% of the state’s three-year-olds and 64% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Iowa, 102,727 children under age six (43.7%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Iowa in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$27.00 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>3,295</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>8,321</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## Projected Benefits in Iowa from a 94¢ Federal Cigarette Excise Tax Increase

Each year, smoking kills 4,400 Iowa residents and costs the state \$1.01 billion in health care expenditures. In addition, 13,500 of Iowa youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Iowa, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>20,900</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>15,700</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>6,200</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>11,100</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$35.72 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$718.92 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Kansas

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Kansas.

### **Projected Benefits in Kansas from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Kansas children who currently lack the opportunity to participate in high-quality preschool. Currently, 13% of the state's three-year-olds and 37% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Kansas, 116,324 children under age six (48.8%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Kansas in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$31.30 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>3,820</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.00 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>9,985</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Kansas from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 3,800 Kansas residents and costs the state \$927 million in health care expenditures. In addition, 11,100 of Kansas youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Kansas, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>21,000</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>17,400</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>5,700</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>11,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$36.74 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$743.92 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Kentucky

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Kentucky.

### **Projected Benefits in Kentucky from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Kentucky children who currently lack the opportunity to participate in high-quality preschool. Currently, 16% of the state’s three-year-olds and 46% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Kentucky, 176,910 children under age six (53.7%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Kentucky in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$41.30 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>5,041</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>18,810</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Kentucky from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 7,800 Kentucky residents and costs the state \$1.50 billion in health care expenditures. In addition, 21,900 of Kentucky youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Kentucky, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>40,100</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>38,500</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>16,100</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>23,400</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$91.25 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.49 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Louisiana

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Louisiana.

## **Projected Benefits in Louisiana from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Louisiana children who currently lack the opportunity to participate in high-quality preschool. Currently, 19% of the state’s three-year-olds and 47% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Louisiana, 200,196 children under age six (54.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Louisiana in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$48.10 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>5,880</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.30 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>21,648</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Louisiana from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 6,500 Louisiana residents and costs the state \$1.47 billion in health care expenditures. In addition, 22,300 of Louisiana youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Louisiana, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>33,600</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>36,500</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>8,200</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>20,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$69.23 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.30 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Maine

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Maine.

### **Projected Benefits in Maine from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Maine children who currently lack the opportunity to participate in high-quality preschool. Currently, 12% of the state’s three-year-olds and 46% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Maine, 36,565 children under age six (46.8%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Maine in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$5.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>662</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>3,601</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Maine from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 2,200 Maine residents and costs the state \$602 million in health care expenditures. In addition, 5,500 of Maine youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Maine, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>7,400</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>7,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>1,800</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>4,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$14.13 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$273.66 million</b>

*For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).*

## Raising Smart, Healthy Kids in Maryland

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Maryland.

### **Projected Benefits in Maryland from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Maryland children who currently lack the opportunity to participate in high-quality preschool. Currently, 14% of the state’s three-year-olds and 46% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Maryland, 145,384 children under age six (33.8%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Maryland in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$42.40 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>5,175</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.20 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>15,658</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Maryland from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 6,800 Maryland residents and costs the state \$1.96 billion in health care expenditures. In addition, 22,100 of Maryland youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Maryland, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>30,300</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>25,700</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>5,400</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>16,800</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$48.20 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.08 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).



## Raising Smart, Healthy Kids in Massachusetts

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Massachusetts.

### **Projected Benefits in Massachusetts from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Massachusetts children who currently lack the opportunity to participate in high-quality preschool. Currently, 13% of the state's three-year-olds and 26% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Massachusetts, 140,195 children under age six (32.5%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Massachusetts in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$27.20 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>3,317</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.40 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>15,200</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Massachusetts from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 9,000 Massachusetts residents and costs the state \$3.54 billion in health care expenditures. In addition, 24,000 of Massachusetts youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Massachusetts, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>21,800</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>20,500</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>4,500</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>12,600</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$37.99 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$804.59 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Michigan

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Michigan.

### **Projected Benefits in Michigan from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Michigan children who currently lack the opportunity to participate in high-quality preschool. Currently, 13% of the state’s three-year-olds and 34% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Michigan, 348,013 children under age six (50.4%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Michigan in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$67.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>8,239</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$10.00 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>37,852</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Michigan from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 14,500 Michigan residents and costs the state \$3.40 billion in health care expenditures. In addition, 61,000 of Michigan youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Michigan, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>52,800</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>52,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>16,800</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>31,100</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$113.89 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.97 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Minnesota

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Minnesota.

### **Projected Benefits in Minnesota from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Minnesota children who currently lack the opportunity to participate in high-quality preschool. Currently, 11% of the state's three-year-olds and 15% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Minnesota, 159,895 children under age six (38.3%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Minnesota in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$38.70 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>4,736</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.40 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>15,976</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Minnesota from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 5,500 Minnesota residents and costs the state \$2.06 billion in health care expenditures. In addition, 24,100 of Minnesota youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Minnesota, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>26,900</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>21,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>6,200</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>14,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$42.69 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$935.83 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Mississippi

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Mississippi.

### **Projected Benefits in Mississippi from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Mississippi children who currently lack the opportunity to participate in high-quality preschool. Currently, 26% of the state's three-year-olds and 39% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Mississippi, 151,242 children under age six (62.9%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Mississippi in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$21.40 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>2,608</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.70 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>12,107</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Mississippi from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 4,700 Mississippi residents and costs the state \$719 million in health care expenditures. In addition, 14,100 of Mississippi youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Mississippi, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>26,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>22,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>5,500</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>14,600</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$43.78 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$939.32 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Missouri

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Missouri.

### **Projected Benefits in Missouri from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Missouri children who currently lack the opportunity to participate in high-quality preschool. Currently, 12% of the state’s three-year-olds and 21% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Missouri, 229,569 children under age six (50.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Missouri in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$48.30 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>5,897</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.30 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>22,798</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Missouri from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 9,500 Missouri residents and costs the state \$2.13 billion in health care expenditures. In addition, 28,600 of Missouri youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Missouri, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>40,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>42,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>14,800</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>24,300</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$92.62 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.54 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Montana

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Montana.

### **Projected Benefits in Montana from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Montana children who currently lack the opportunity to participate in high-quality preschool. Currently, 15% of the state’s three-year-olds and 20% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Montana, 39,178 children under age six (52.8%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Montana in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$12.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>1,528</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>2,348</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Montana from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 1,400 Montana residents and costs the state \$277 million in health care expenditures. In addition, 3,700 of Montana youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Montana, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>5,300</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>5,200</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>2,000</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>3,100</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$12.09 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$198.47 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Nebraska

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Nebraska.

### **Projected Benefits in Nebraska from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Nebraska children who currently lack the opportunity to participate in high-quality preschool. Currently, 20% of the state’s three-year-olds and 32% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Nebraska, 71,307 children under age six (46.6%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Nebraska in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$16.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>2,022</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>4,706</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Nebraska from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 2,200 Nebraska residents and costs the state \$537 million in health care expenditures. In addition, 7,200 of Nebraska youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Nebraska, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>12,200</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>10,200</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>4,400</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>6,600</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$23.45 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$433.39 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Nevada

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Nevada.

### **Projected Benefits in Nevada from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Nevada children who currently lack the opportunity to participate in high-quality preschool. Currently, 8% of the state’s three-year-olds and 14% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Nevada, 116,346 children under age six (52.2%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Nevada in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$32.10 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>3,923</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>10,408</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Nevada from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 3,300 Nevada residents and costs the state \$565 million in health care expenditures. In addition, 9,500 of Nevada youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Nevada, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>12,900</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>16,600</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>5,400</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>8,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$38.28 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$535.39 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).



# Raising Smart, Healthy Kids in New Hampshire

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in New Hampshire.

## **Projected Benefits in New Hampshire from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many New Hampshire children who currently lack the opportunity to participate in high-quality preschool. Currently, 10% of the state’s three-year-olds and 13% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In New Hampshire, 25,922 children under age six (32.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in New Hampshire in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$5.80 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>708</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>736</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in New Hampshire from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 1,700 New Hampshire residents and costs the state \$564 million in health care expenditures. In addition, 6,300 of New Hampshire youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in New Hampshire, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>6,100</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>6,200</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>2,400</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>3,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$14.82 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$231.28 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in New Jersey

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in New Jersey.

### **Projected Benefits in New Jersey from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many New Jersey children who currently lack the opportunity to participate in high-quality preschool. Currently, 28% of the state’s three-year-olds and 40% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In New Jersey, 225,570 children under age six (35.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in New Jersey in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$50.60 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>6,186</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.10 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>20,819</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in New Jersey from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 11,200 New Jersey residents and costs the state \$3.17 billion in health care expenditures. In addition, 34,500 of New Jersey youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in New Jersey, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>33,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>28,800</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>7,500</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>18,700</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$58.13 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.20 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in New Mexico

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in New Mexico.

### **Projected Benefits in New Mexico from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many New Mexico children who currently lack the opportunity to participate in high-quality preschool. Currently, 15% of the state’s three-year-olds and 38% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In New Mexico, 108,569 children under age six (62.3%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in New Mexico in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$24.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>2,991</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.00 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>10,517</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in New Mexico from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 2,100 New Mexico residents and costs the state \$461 million in health care expenditures. In addition, 7,700 of New Mexico youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in New Mexico, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>10,900</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>10,200</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>2,000</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>6,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$18.46 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$401.63 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in New York

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in New York.

### **Projected Benefits in New York from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many New York children who currently lack the opportunity to participate in high-quality preschool. Currently, 15% of the state's three-year-olds and 58% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In New York, 614,945 children under age six (45.0%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in New York in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$134.60 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>16,453</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$12.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>66,984</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in New York from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 25,400 New York residents and costs the state \$8.17 billion in health care expenditures. In addition, 79,800 of New York youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in New York, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>55,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>51,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>11,200</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>31,800</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$96.10 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$2.03 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in North Carolina

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in North Carolina.

### **Projected Benefits in North Carolina from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many North Carolina children who currently lack the opportunity to participate in high-quality preschool. Currently, 8% of the state's three-year-olds and 30% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In North Carolina, 402,789 children under age six (54.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in North Carolina in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$102.20 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>12,488</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$10.40 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>43,322</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in North Carolina from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 12,200 North Carolina residents and costs the state \$2.46 billion in health care expenditures. In addition, 39,600 of North Carolina youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in North Carolina, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>73,700</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>66,700</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>19,900</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>42,000</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$140.94 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$2.68 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in North Dakota

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in North Dakota.

### **Projected Benefits in North Dakota from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many North Dakota children who currently lack the opportunity to participate in high-quality preschool. Currently, 16% of the state’s three-year-olds and 23% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In North Dakota, 21,369 children under age six (40.7%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in North Dakota in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$2.60 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>322</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>2,092</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in North Dakota from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 800 North Dakota residents and costs the state \$247 million in health care expenditures. In addition, 2,300 of North Dakota youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in North Dakota, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>5,900</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>4,900</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>1,600</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>3,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$9.95 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$209.15 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Ohio

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Ohio.

## **Projected Benefits in Ohio from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Ohio children who currently lack the opportunity to participate in high-quality preschool. Currently, 13% of the state’s three-year-olds and 20% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Ohio, 426,919 children under age six (50.5%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Ohio in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$103.40 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>12,628</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$10.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>45,741</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Ohio from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 18,500 Ohio residents and costs the state \$4.37 billion in health care expenditures. In addition, 59,900 of Ohio youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Ohio, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>88,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>74,400</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>28,700</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>49,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$167.24 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$3.14 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Oklahoma

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Oklahoma.

### **Projected Benefits in Oklahoma from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Oklahoma children who currently lack the opportunity to participate in high-quality preschool. Currently, 15% of the state's three-year-olds and 87% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Oklahoma, 171,295 children under age six (55.0%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Oklahoma in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$35.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>4,337</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.60 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>17,354</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Oklahoma from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 6,200 Oklahoma residents and costs the state \$1.16 billion in health care expenditures. In addition, 17,900 of Oklahoma youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Oklahoma, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>25,800</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>24,700</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>8,100</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>15,000</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$52.59 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$958.03 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).



# Raising Smart, Healthy Kids in Oregon

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Oregon.

## **Projected Benefits in Oregon from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Oregon children who currently lack the opportunity to participate in high-quality preschool. Currently, 15% of the state’s three-year-olds and 23% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Oregon, 142,022 children under age six (51.4%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Oregon in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$30.70 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>3,757</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.30 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>14,581</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Oregon from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 4,900 Oregon residents and costs the state \$1.11 billion in health care expenditures. In addition, 15,200 of Oregon youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Oregon, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>21,400</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>20,200</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>7,200</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>12,300</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$43.85 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$790.83 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Pennsylvania

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Pennsylvania.

## **Projected Benefits in Pennsylvania from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Pennsylvania children who currently lack the opportunity to participate in high-quality preschool. Currently, 17% of the state’s three-year-olds and 30% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Pennsylvania, 371,955 children under age six (43.5%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Pennsylvania in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$82.90 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>10,129</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$9.80 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>39,064</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Pennsylvania from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 20,000 Pennsylvania residents and costs the state \$5.19 billion in health care expenditures. In addition, 61,400 of Pennsylvania youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Pennsylvania, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>80,400</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>72,800</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>23,800</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>46,000</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$155.30 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$2.93 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Rhode Island

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Rhode Island.

### **Projected Benefits in Rhode Island from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Rhode Island children who currently lack the opportunity to participate in high-quality preschool. Currently, 12% of the state's three-year-olds and 21% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Rhode Island, 31,732 children under age six (47.0%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Rhode Island in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$8.40 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>1,023</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>4,439</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Rhode Island from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 1,600 Rhode Island residents and costs the state \$506 million in health care expenditures. In addition, 4,700 of Rhode Island youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Rhode Island, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>3,000</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>3,900</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>1,000</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>1,900</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$7.89 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$125.03 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in South Carolina

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in South Carolina.

### **Projected Benefits in South Carolina from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many South Carolina children who currently lack the opportunity to participate in high-quality preschool. Currently, 16% of the state's three-year-olds and 52% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In South Carolina, 206,840 children under age six (57.9%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in South Carolina in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$60.80 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>7,428</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.10 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>23,035</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in South Carolina from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 6,100 South Carolina residents and costs the state \$1.09 billion in health care expenditures. In addition, 21,000 of South Carolina youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in South Carolina, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>36,400</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>32,300</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>10,600</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>20,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$68.41 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.31 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in South Dakota

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in South Dakota.

### **Projected Benefits in South Dakota from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many South Dakota children who currently lack the opportunity to participate in high-quality preschool. Currently, 16% of the state's three-year-olds and 23% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In South Dakota, 30,962 children under age six (45.8%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in South Dakota in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$6.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>796</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>3,545</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in South Dakota from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 1,000 South Dakota residents and costs the state \$274 million in health care expenditures. In addition, 3,700 of South Dakota youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in South Dakota, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>7,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>4,700</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>2,100</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>3,700</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$10.81 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$245.60 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Tennessee

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Tennessee.

### **Projected Benefits in Tennessee from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Tennessee children who currently lack the opportunity to participate in high-quality preschool. Currently, 10% of the state's three-year-olds and 36% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Tennessee, 259,477 children under age six (54.9%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Tennessee in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$64.30 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>7,861</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>28,540</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Tennessee from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 9,700 Tennessee residents and costs the state \$2.16 billion in health care expenditures. In addition, 27,000 of Tennessee youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Tennessee, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>48,400</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>43,100</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>18,000</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>27,500</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$104.07 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$1.75 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Texas

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Texas.

### **Projected Benefits in Texas from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Texas children who currently lack the opportunity to participate in high-quality preschool. Currently, 13% of the state’s three-year-olds and 61% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Texas, 1,282,342 children under age six (55.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Texas in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$308.00 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>37,644</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$20.00 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>126,521</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Texas from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 24,500 Texas residents and costs the state \$5.83 billion in health care expenditures. In addition, 103,200 of Texas youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Texas, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>152,800</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>118,200</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>29,600</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>82,600</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$226.43 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$5.30 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Utah

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Utah.

## Projected Benefits in Utah from Increased Federal Funding for Early Education

The proposed early learning initiative would benefit many Utah children who currently lack the opportunity to participate in high-quality preschool. Currently, 8% of the state’s three-year-olds and 12% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Utah, 140,466 children under age six (45.4%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Utah in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$33.80 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>4,135</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.00 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>10,270</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## Projected Benefits in Utah from a 94¢ Federal Cigarette Excise Tax Increase

Each year, smoking kills 1,100 Utah residents and costs the state \$345 million in health care expenditures. In addition, 5,300 of Utah youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Utah, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>9,900</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>7,100</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>2,400</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>5,100</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$14.68 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$336.07 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).



## Raising Smart, Healthy Kids in Vermont

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Vermont.

### **Projected Benefits in Vermont from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Vermont children who currently lack the opportunity to participate in high-quality preschool. Currently, 27% of the state’s three-year-olds and 74% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Vermont, 16,988 children under age six (46.3%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Vermont in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$4.50 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>556</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>956</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Vermont from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 800 Vermont residents and costs the state \$233 million in health care expenditures. In addition, 2,500 of Vermont youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Vermont, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>2,300</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>2,300</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>800</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>1,300</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$5.22 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$86.70 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Virginia

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Virginia.

## **Projected Benefits in Virginia from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Virginia children who currently lack the opportunity to participate in high-quality preschool. Currently, 8% of the state’s three-year-olds and 26% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Virginia, 214,771 children under age six (35.5%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Virginia in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$51.90 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>6,340</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.00 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>20,033</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Virginia from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 9,200 Virginia residents and costs the state \$2.08 billion in health care expenditures. In addition, 31,100 of Virginia youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Virginia, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>64,500</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>54,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>11,600</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>35,700</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$99.92 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$2.29 billion</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in Washington

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Washington.

## **Projected Benefits in Washington from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Washington children who currently lack the opportunity to participate in high-quality preschool. Currently, 9% of the state’s three-year-olds and 20% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Washington, 220,288 children under age six (43.1%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Washington in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$61.00 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>7,451</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$8.00 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>21,370</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in Washington from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 7,600 Washington residents and costs the state \$1.95 billion in health care expenditures. In addition, 25,300 of Washington youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Washington, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>20,100</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>22,500</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>6,600</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>12,400</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$45.62 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$789.58 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

# Raising Smart, Healthy Kids in West Virginia

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in West Virginia.

## **Projected Benefits in West Virginia from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many West Virginia children who currently lack the opportunity to participate in high-quality preschool. Currently, 19% of the state’s three-year-olds and 82% of the state’s four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In West Virginia, 62,318 children under age six (51.0%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in West Virginia in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$12.20 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>1,484</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>4,929</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

## **Projected Benefits in West Virginia from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 3,800 West Virginia residents and costs the state \$690 million in health care expenditures. In addition, 9,300 of West Virginia youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in West Virginia, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>19,900</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>17,500</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>6,900</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>11,200</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$39.99 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$718.37 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Wisconsin

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Wisconsin.

### **Projected Benefits in Wisconsin from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Wisconsin children who currently lack the opportunity to participate in high-quality preschool. Currently, 14% of the state's three-year-olds and 71% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Wisconsin, 181,915 children under age six (44.2%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Wisconsin in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$54.20 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>6,616</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$7.70 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>16,378</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Wisconsin from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 7,200 Wisconsin residents and costs the state \$2.02 billion in health care expenditures. In addition, 26,300 of Wisconsin youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Wisconsin, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>25,700</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>23,900</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>9,000</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>14,800</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$53.77 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$944.98 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Raising Smart, Healthy Kids in Wyoming

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in Wyoming.

### **Projected Benefits in Wyoming from Increased Federal Funding for Early Education**

The proposed early learning initiative would benefit many Wyoming children who currently lack the opportunity to participate in high-quality preschool. Currently, 18% of the state's three-year-olds and 25% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start). The initiative would initially focus on children in low- and moderate-income families. In Wyoming, 19,494 children under age six (42.5%) live in households with incomes below 200% of the federal poverty level. The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in Wyoming in the first year alone:

<b><i>Additional funds provided to the state for preschool:</i></b>	<b>\$4.00 million</b>
<b><i>Additional children from low- and moderate-income families able to participate in preschool:</i></b>	<b>489</b>
<b><i>Additional funds provided to the state for expanded voluntary home visiting program:</i></b>	<b>\$6.90 million</b>
<b><i>Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:</i></b>	<b>2,432</b>

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.

### **Projected Benefits in Wyoming from a 94¢ Federal Cigarette Excise Tax Increase**

Each year, smoking kills 700 Wyoming residents and costs the state \$136 million in health care expenditures. In addition, 2,300 of Wyoming youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in Wyoming, including the following public health benefits:

<b><i>Kids alive today prevented from becoming addicted adult smokers:</i></b>	<b>4,400</b>
<b><i>Current adult smokers who would quit in the first year:</i></b>	<b>4,000</b>
<b><i>Reduction in births affected by smoking over the next 10 years:</i></b>	<b>1,400</b>
<b><i>Residents saved from future premature smoking-caused death:</i></b>	<b>2,400</b>
<b><i>10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks &amp; strokes, and smoking-affected pregnancies &amp; births:</i></b>	<b>\$8.67 million</b>
<b><i>Long-term health care cost savings from adult and youth smoking declines:</i></b>	<b>\$160.56 million</b>

For more information including explanations and sources for the projections, see Appendices A and B or visit [http://tfk.org/smarthealthykids\\_benefits\\_explanations](http://tfk.org/smarthealthykids_benefits_explanations).

## Appendix A.

### Explanation and Sources for Early Education Data and Projected Benefits from Increased Federal Funding in the National and State Fact Sheets

National and state data on the percentage of three- and four-year-olds in publicly-funded preschool in 2011-2012 are from the National Institute for Early Education Research's (NIEER) report, *The State of Preschool 2012: State Preschool Yearbook* (Barnett, WS, et al., *The State of Preschool 2012: State Preschool Yearbook*, NIEER, 2012, p. 17, <http://nieer.org/publications/state-preschool-2012>). The figures include state-funded preschool, preschool special education, and federally funded and state-funded Head Start.

NIEER collected data on state preschool enrollment through surveys of state preschool administrators. For federal Head Start enrollment, NIEER used data from the Administration for Children and Families (ACF) and the Head Start Bureau of the U.S. Department of Health and Human Services. For special education enrollment, NIEER used data from the U.S. Office of Special Education Programs on the Individuals with Disabilities Education Act Preschool Grants program (IDEA Section 619 of Part B) in the 2011-2012 program year. For the number of three- and four-year-olds in each state—used to calculate enrollment as a percentage of the population—NIEER used data from the U.S. Census Bureau from July 2011 (Population Estimates from State Population Datasets (State by Age, Sex, Race, and Hispanic Origin - 6 Race Groups), <http://www.census.gov/popest/data/state/asrh/2011/index.html>).

In some cases, NIEER calculated estimates to avoid duplicated counts. Alaska, California, Louisiana, Maine, New York, Pennsylvania, South Carolina, and Virginia serve special education children in their state preschool programs but were not able to provide an unduplicated count from at least one of their programs; estimations for these states were used based on the average percent of special education students in state preschool and enrollment numbers for each program. Delaware, Minnesota, Pennsylvania, and Wisconsin serve special education children in their state-funded Head Start preschool programs but were not able to provide an unduplicated count for the Head Start program; estimations were used based on the percent of children with Individualized Education Programs (IEPs) as reported by the Head Start Program Information Report (PIR). District of Columbia enrollment figures may reflect out-of-district enrollments and incomplete removal of duplicate counts; these figures should be regarded as estimates.

The national and state-specific data on the number and percentage of children under age six living in households with incomes below 200 percent of the federal poverty level were calculated by the National Women's Law Center, based on data from the U.S. Census Bureau's American Community Survey (U.S. Census Bureau, 2011 American Community Survey 1-Year Estimates, Table B17024: Age by Ratio of Income to Poverty Level in the Past 12 Months, [http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/11\\_1YR/B17024](http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/11_1YR/B17024)). Data are based on a sample and are subject to sampling variability.

The data on the number of children age four living in households with incomes below 200 percent of the federal poverty level were calculated by the National Women's Law Center, based on data from the U.S. Census Bureau's Current Population Survey, Annual Social and Economic Supplement, 2012, using CPS table creator: <http://www.census.gov/cps/data/cpstablecreator.html>. Data are based on a sample and are subject to sampling variability.

The projections of the impact of the preschool proposal are from White House documents available from the U.S. Department of Education (Early Learning Plan Figures by State (All States), <http://www2.ed.gov/about/inits/ed/earlylearning/increasing-access/index.html>). The amount of federal funding that states will receive and the number of children served in the first year in preschool are estimates. The estimates for funding for and children that would be served by the preschool program assume states participate and provide a state match (equal to 10 percent of the federal share). Actual funding and enrollment could vary depending on the scope of each state's preschool expansion and the cost of providing high-quality preschool services. The estimates assume that states will expand to 20 percent of their eligible four-year-olds in the first year at a per-child cost of \$9,000 a year. The estimates of federal funding that states will receive for an expanded home visiting program assume \$15 billion of

total funding over ten years and that the same proportion of total funding is allocated for statutory set-asides, formula and competitive grants as in FY 2012 and states received an equal amount of competitive funding. Funding and enrollment estimates for preschool and funding estimates for home visiting are designed to be illustrative only and do not represent actual first year awards.



## Appendix B.

### Explanation and Sources for Smoking-Related Data and Projected Benefits from the Federal Cigarette Tax Increase in the National and State Fact Sheets

The estimated number of deaths from smoking in each state is from U.S. Centers for Disease Control and Prevention's (CDC) STATE System (average annual deaths from 2000-2004), <http://apps.nccd.cdc.gov/StateSystem/systemIndex.aspx>. [U.S. Centers for Disease Control and Prevention (CDC), "State-Specific Smoking-Attributable Mortality and Years of Potential Life Lost—United States, 2000-2004," *Morbidity & Mortality Weekly Report (MMWR)* 58(2), January 22, 2009; U.S. General Accounting Office (GAO), "CDC's April 2002 Report on Smoking: Estimates of Selected Health Consequences of Cigarette Smoking Were Reasonable," letter to U.S. Rep. Richard Burr, <http://www.gao.gov/new.items/d03942r.pdf>, July 16, 2003.] The state health care costs are from the CDC's *State Data Highlights 2006* [and underlying CDC data/estimates], [http://www.cdc.gov/tobacco/data\\_statistics/state\\_data/data\\_highlights/2006/index.htm](http://www.cdc.gov/tobacco/data_statistics/state_data/data_highlights/2006/index.htm). The estimated number of youth who try smoking for the first time each year is calculated based on U.S. Department of Health & Human Services (HHS), "Summary Findings from the 2011 National Survey on Drug Use and Health," <http://www.samhsa.gov/data/NSDUH/2011SummNatFindDetTables/NSDUH-DetTabsPDFWHTML2011/2k11DetailedTabs/Web/HTML/NSDUH-DetTabsSect4peTabs1to16-2011.htm#Tab4.10A>, with the state share of the national number allocated through the formula in CDC, "Projected Smoking-Related Deaths Among Youth—United States," *MMWR* 45(44):971-74, November 8, 1996 [based on state young adult smoking rates, as updated in CDC, *Sustaining State Programs for Tobacco Control, Data Highlights, 2006*].

The projected public health and economic benefits from the proposed 94-cent increase in the federal cigarette excise tax rate were calculated by the Campaign for Tobacco-Free Kids and the American Cancer Society Action Network and are assumed to be equivalent to the projected benefits of each state increasing its own cigarette tax rate by 94¢ per pack. The projections are based, in part, on research findings that a ten percent cigarette price increase, if maintained against inflation, reduces youth smoking rates by 6.5 percent or more, adult rates by ten percent, and total consumption by four percent. [See, e.g., Chaloupka, FJ, "Macro-Social Influences: The Effects of Prices and Tobacco Control Policies on the Demand for Tobacco Products," *Nicotine & Tobacco Research*, 1999, and other price studies at <http://tigger.uic.edu/~fjc>; Tauras, J, et al., "Effects of Price and Access Laws on Teenage Smoking Initiation: A National Longitudinal Analysis," Bridging the Gap Research, ImpacTeen, April 24, 2001, and other price studies at <http://www.impactteen.org>. See also, Chaloupka, FJ & Pacula, R, "The Impact of Price on Youth Tobacco Use," Chapter 12 in National Cancer Institute, Smoking and Tobacco Control Monograph 14, *Changing Adolescent Smoking Prevalence*, November 2001; International Agency for Research on Cancer (IARC), *Effectiveness of Tax and Price Policies for Tobacco Control*, IARC Handbooks of Cancer Prevention in Tobacco Control, Volume 14, 2011.]

These projections incorporate the impact of an annual background smoking decline of two percent on state smoking rates, pack sales, and pack prices. Smoking and pack sale declines in any particular state, however, will vary depending on its existing smoking rates, pack prices, and other tobacco prevention and cessation activities. To be even more conservative, the projected amounts have also been rounded down.

These projections assume that the cigarette tax increase remains in effect indefinitely, keeps up with inflation over time, and is fully passed on to consumers in higher product prices, which is consistent with economic research on the impact of cigarette taxes on cigarette prices (see the 2000 Surgeon General's report and Chaloupka, et al., 2000 for a discussion of this research). If a tax increase is not fully passed on in the form of higher prices, but is instead partially absorbed by the industry, then the reductions in smoking and its consequences in response to the tax increase will be smaller. Alternatively, if cigarette companies use the tax increase as an opportunity to raise net-of-tax prices and the tax increase is more than passed on, then the reductions in smoking and its consequences will be larger.

The starting price per pack (before the proposed cigarette tax increase) used in these projections includes all federal and state excise and sales taxes and where applicable, and local taxes (i.e., New York City's

\$1.50 per pack tax is factored into the overall New York State price per pack). The prices are based on data from *The Tax Burden on Tobacco*, 2011, reports of state cigarette tax increases, media reports on tobacco company price changes, USDA Economic Research Service's Tobacco Briefing Room, the U.S. Bureau of Labor Statistics (for inflation adjustments), and the U.S. Federal Trade Commission's *Cigarette Report for 2009 and 2010* (to adjust prices for retailer-based discounts, promotions, and coupons).

These projections assume that the new federal cigarette tax increase will apply to all previously tax-stamped or otherwise tax-paid cigarettes held in inventory by wholesalers or retailers on the effective date of the increase. Failing to tax such cigarettes held in inventory would open the door to massive pre-increase stockpiling by retailers and wholesalers to evade the increase, delaying and reducing impact on smokers who quit when the tax increase goes into effect.

The projected adult and youth smoking and smoking-harmed birth declines, and related mortality reductions are calculated by applying the above findings regarding the effects of tax and price increases to the number of current adult smokers in each state and to estimates of the number of children and teens (under 18 years old) alive today in each state who will become adult smokers and the number projected to die from smoking. Adults who quit in response to the tax increase usually do so within the first year of the increase. Kids alive today prevented from becoming adult smokers occurs through 18 years, when the youngest in that cohort reach 18 years old, but they continue to be non-smokers through adulthood. Future smoking-caused deaths prevented accumulate over the lifetimes of the kids who never start and adults who quit as a result of the tax increase. [CDC, *Behavioral Risk Factor Surveillance System* (BRFSS). CDC, "Smoking During Pregnancy—United States, 1990-2002," *MMWR* 53(39):911-915, October 8, 2004, <http://www.cdc.gov/mmwr/PDF/wk/mm5339.pdf>. CDC, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States 1995-1999," *MMWR* 51(14):300-03, April 11, 2002, [www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm). CDC, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States 2000-2004," *MMWR* 57(45):1226-1228, November 14, 2008, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>. See CDC, "Projected Smoking-Related Deaths Among Youth—United States," *MMWR* 45(44):971-974, November 11, 1996, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00044348.htm> for data on relative death risks of smokers, nonsmokers, former smokers, etc.]

The ten-year savings from fewer smoking-caused heart attacks and strokes, fewer smoking-affected pregnancies and related birth complications, and fewer lung cancer cases show just some of the many substantial savings from the smoking reductions prompted by a tax increase that begin to accrue immediately. The ten-year heart attack and stroke savings projections show the estimated reductions in smoking-caused health care expenditures from reduced smoking-caused heart attacks within the first ten years after the tax increase, based on Lightwood & Glantz, "Short-Term Economic and Health Benefits of Smoking Cessation – Myocardial Infarction and Stroke," *Circulation* 96(4), August 19, 1997. [See also Kabir, Z, et al., "Coronary Heart Disease Deaths and Decreased Smoking Prevalence in Massachusetts, 1993-2003," *American Journal of Public Health* 98(8):1468-69, August 2008.] The projected ten-year lung cancer cost savings as a result of adult smokers quitting due to the tax increase takes into account the relative risk of developing lung cancer among quitters and the number of lung cancer deaths attributable to smoking. [Chang, S, et al., "Estimating the cost of cancer: results on the basis of claims data analyses for cancer patients diagnosed with seven types of cancer during 1999 to 2000," *Journal of Clinical Oncology* 22(17):3524-30, September 2004. Khuder, SA & Mutgi, AB, "Effect of smoking cessation on major histologic types of lung cancer," *Chest* 120(5):1577-83, November 2001.] These savings will increase steadily in subsequent years. The projected ten-year smoking-affected pregnancy and birth savings accrue from declines in smoking among pregnant women and corresponding reductions in smoking-caused birth complications and related first-year health costs. [Miller, D, et al., "Birth and First-Year Costs for Mothers and Infants Attributable to Maternal Smoking," *Nicotine & Tobacco Research* 3:25-35, 2001; and state pregnancy-smoking and birth data.]

Because of research and data limitations, it is not yet possible to estimate total health care cost savings in each year following a cigarette tax increase, or even provide reasonable estimates of the total health care savings over the first five or ten years. Although smoking-caused health care cost savings from a cigarette tax increase will be relatively small in the first year after an increase, they grow quickly. The projected long-term total health care cost savings from reducing the number of future youth and current adult smokers accrue over the lifetimes of children and teens (under 18 years old) alive in the state today who

quit or don't start smoking because of the tax increase and over the lifetimes of current adult smokers who quit because of the tax increase. Smokers' lifetime health care costs average at least \$17,500 higher than nonsmokers (in 2004 dollars), despite shorter life spans; but the savings per adult quitter are less than that amount because adult smokers have already been significantly harmed by their smoking and have already incurred or locked-in extra smoking-caused health costs. [Hodgson, TA, "Cigarette Smoking and Lifetime Medical Expenditures," *The Milbank Quarterly* 70(1), 1992. See also, Nusselder, W, et al., "Smoking and the Compression of Morbidity," *Epidemiology & Community Health*, 2000; Warner, K, et al., "Medical Costs of Smoking in the United States: Estimates, Their Validity, and Their Implications," *Tobacco Control* 8(3):290-300, Autumn 1999, <http://tc.bmjournals.com/content/vol8/issue3/index.shtml>. CDC, "Projected Smoking-Related Deaths Among Youth—United States," *MMWR* 45(44):971-974, November 8, 1996, <http://www.cdc.gov/mmwr/preview/mmwrhtml/00044348.htm>. CDC, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States 2000-2004," *MMWR* 57(45):1226-1228, November 14, 2008, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a3.htm>.]

All projected savings have been adjusted to 2013 dollars, using the Consumer Price Index for Medical Care (MCPI). Forecasted costs are estimated by using the average annual medical inflation above average annual regular inflation that occurred between the years 2006-2011. These projections do not include a range of additional short and long-term savings from other declines in smoking-caused health problems and other smoking-caused costs. [See, e.g., U.S. Department of the Treasury, *The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation*, 1998.]

States will generate additional public health and economic benefits from the proposal to also increase the tax rates on other tobacco products. However, those benefits cannot be calculated at this time because the proposal did not include details about the increase amount. Econometric studies indicate that cigarettes and other tobacco products are substitutes for one another, implying that if cigarette taxes/prices are increased while other tobacco product taxes/prices remain unchanged, some of the reductions in cigarette smoking would be offset by increases in the use of other tobacco products (see, e.g., Chaloupka, FJ & Warner, KE, "The Economics of Smoking," in Culyer, AJ & Newhouse, JP, eds., *Handbook of Health Economics*, Amsterdam: North-Holland, 2000). Equalizing the tax rates on other tobacco product taxes would reduce this potential substitution (as well as reduce the use of other tobacco products) while at the same time generating additional revenues.