

HEALTHY TOMORROWS PARTNERSHIP FOR CHILDREN TECHNICAL ASSISTANCE INITIATIVE

Project Purpose

In October 2015, American Academy of Pediatrics (AAP) engaged Altarum Institute to provide Technical Assistance (TA) to the Healthy Tomorrows Partnership for Children Program (HTPCP) grantees on conducting Return on Investment analyses. Altarum provided TA to the HTPCP grantees from 2015-16 on how to use their evaluation data to conduct economic analysis that may be appropriate for their programs, including Return on Investment (ROI) analysis, cost effectiveness analysis, or cost benefit analysis. The overarching goal of the project was to assist grantees in quantifying their program's value as part of ongoing program sustainability efforts.

The Healthy Tomorrows Partnership for Children Programs (HTPCP) are 5-year grants funded by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) for innovative, community-based projects to improve access to health care and promote preventive health services. Through an agreement with HRSA, the AAP provides technical assistance (TA) to HTPCP grantees related to program implementation, data collection and evaluation.

TA Process

Altarum designed a short-term, collaborative TA process to engage interested grantees (from the list of 39 active grantees) while working in partnership with AAP and HRSA. Information calls were held with interested grantees to determine which grantees were ready to proceed with the project. Factors considered included evaluation capacity, available data, and staff resources to complete the data analysis. The following figure describes the role of the TA and the grantees' responsibilities.

Review Program Evaluation Plan to...	TA Provided to Help...	Grantees are Responsible for...
<ul style="list-style-type: none"> Define the problem (intervention, audience, perspective, etc.) Identify effects of the intervention (costs and outcomes) 	<ul style="list-style-type: none"> Search the literature to assign monetary values to the program effects Develop spreadsheet templates for the summary measure to be used (CEA, CBA, ROI) Interpret results of calculations 	<ul style="list-style-type: none"> Gathering and analyzing program and cost data Entering data into the spreadsheets to conduct calculations and analysis Preparing the results for presentation to stakeholders

Results

Sixteen HTPCP grantees initially expressed interest in participating in this TA project. Of these, the eight grantees listed below participated at varying levels in the project.

Grantee Name	Location	Project Topic or Project Intervention
Child Advocacy Today	Kentucky	Legal support
East Tennessee State University	Tennessee	Childhood obesity prevention, breastfeeding, childhood active play/sports injury prevention, and early childhood literacy
Erie Family Health Center	Illinois	Integrated medical/dental practice for children and pregnant women
Kids First Health Care	Colorado	Obesity screening & intervention
Miller Children's Hospital	California	Transition to adult care for youth with chronic conditions
Ohio Chapter AAP	Ohio	Injury prevention
Wake Forest School of Medicine/ Brenner Children's Hospital	North Carolina	Care coordination for children with medically complex conditions
Whatcom County Health Department ARC Program	Washington	Screening for early intervention

Lessons Learned

The Altarum, AAP and MCHB project management team selected grantees with a range of evaluation capacity, funding history, and interventions. Although not all grantees completed an economic analysis, even those that found they were not quite ready to complete a full analysis indicated they benefited from the TA. Many noted that the TA helped to improve their evaluation capacity and ensure robust data collection in the future, which will facilitate conducting economic analysis later on.

The following are highlights of lessons learned from the project:

- Grantees with a more robust evaluation capacity and plan, and more years of available data, were better positioned to fully participate in the project and complete the ROI analysis.
- Although grantees were generally enthusiastic about the opportunity to participate in this project, some had limited time and resources to invest in the data collection and analysis required.
- Newer grantees found it helpful to initiate ROI discussions at an early stage of program implementation in order to fully consider data needed for such analysis as they finalized their evaluation approach and plan.
- Programs with broad goals and outcomes needed to define 1-2 specific outcomes for the ROI analysis with the understanding that the process can be repeated for other outcomes.
- Using the literature to guide the ROI process was very helpful with those grantees that had identified outcomes and associated cost savings that were well documented in the literature but was less helpful when the intervention or potential cost savings were not well substantiated in the literature.
- The TA process was more iterative and labor intensive than expected due to the diversity of the grantee interventions and tailoring necessary to the ROI approach for each grantee. More robust and ongoing assistance is needed to keep grantees accountable and engaged in the process.
- It is important for grantees to understand the primary audience for the ROI analysis and potential implications of the results for that audience.

GRANTEE ROI RESULTS:

Ohio Chapter AAP. Project outcomes that could be directly associated with cost savings were parental behavior change related to safe sleep practices and correct car seat use. Statistics about infant sleep-related deaths and incapacitating injuries to infants as a result of motor vehicle accidents were used along with the grantee's evaluation data. The results demonstrated that the Ohio Chapter AAP's project saves an average of one infant sleep-related death per year as well as one incapacitating motor vehicle accident injury every two years. The avoided deaths and injuries save approximately \$11 million per year after accounting for operational costs. The resultant cumulative ROI is 31.01—for every \$1 spent by the program over three years, \$31.01 will be returned.

East Tennessee State University.

Two program outcomes that could be directly associated with cost savings were increased incidence and duration of breastfeeding and decreased consumption of sugar-sweetened beverages (SSBs) by children. Data on breastfeeding rates, SSB consumption, and health conditions such as obesity, lower respiratory tract infections, and dental caries were used with preliminary outcome data in the ROI analysis. Results demonstrated that the program may help avoid health conditions in young children such as obesity (189 cases saved), dental caries (134 cases saved), asthma (13 cases saved), and gastroenteritis (48 ambulatory hospital visits saved). The avoided conditions would save approximately \$500,000 per year after accounting for operational costs. The resultant cumulative ROI is 3.39—for every \$1 spent by the program over three years, \$3.39 will be returned.



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