

Insights

Lessons in Demonstrating Return on Investment from State-Based Health Campaigns



Public health initiatives have traditionally been able to claim success by showing positive health impacts through program evaluations. However, as public health funding grows scarcer there is a growing expectation for evidence of economic impacts from funders.

States like Oklahoma and Tennessee, among others, have seen the need for and benefit of generating double impact evidence—health and economic—of their maternal and child health initiatives. However, conducting return on investment (ROI) analysis is not something all states have familiarity with or capabilities to do.

[A new issue brief](#), co-authored by the Association of Maternal and Child Health Programs (AMCHP) and NICHQ, shares lessons learned by Oklahoma and Tennessee on the process of performing an ROI analysis of a maternal and child health program. The issue brief is a result of a commitment to spread learnings from the NICHQ-led Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([Infant Mortality CoIIN](#)).

An ROI analysis helped Oklahoma quantify the financial impact of its Every Week Counts program. It discovered that for every \$1 spent on the program, the state saved between \$4.49 and \$5.28 due to prevention of non-medically necessary cesarean sections and between \$51.09 and \$88.31 due to decreased healthcare costs related to early-term births.

Performing an ROI analysis of a maternal and child health program requires multiple sources of data, such as vital statistics and hospital discharge records. In Oklahoma and Tennessee, multidisciplinary teams were engaged including state and hospital representatives as well as stakeholder groups, such as state perinatal quality collaboratives, and those trained in economic analyses.

In Tennessee, skill at economic analysis was an easily tapped resource through the University of Tennessee Health Science Center. The state has a long history of collaboration between state health stakeholders and academic health economists. In contrast, Oklahoma identified economics expertise using a competitive bid process. The issue brief provides details about the process for arriving at a final ROI answer for each state.

“While initiative leaders might assume that their efforts, in addition to improving health, save money, an ROI analysis lets leaders bring hard evidence to their state legislature or other funders, which helps to make the case for additional funding in the future,” says NICHQ Project Director Zhandra Levesque, MPH.

It is anticipated that ROI analyses may play an even greater role as the U.S. healthcare delivery system continues its transition to paying healthcare providers based on the quality of care rather than the quantity of care delivered.

[Read the full issue brief.](#)