

Health Communication & Social Marketing: Health Communication Campaigns That Include Mass Media and Health-Related Product Distribution

Summary Evidence Tables - Economic Review

Child Car Seats (Boosters)

Lead Author, Year Product Study Design Economic Method	Study Location Sample Size Population Characteristics Time Horizon	Intervention Description	Effect Size	Program Costs	Direct Medical Costs Averted Productivity Losses Averted	Economic Summary Measure																		
<p>St. Louis 2008</p> <p>Car Seats and Booster Seats</p> <p>Intervention funded by CDC & MI Dept Community Health</p> <p>Pre-post with comparison groups</p> <p>Cost analysis – minimal program grant amount</p>	<p>Two inner city communities in Michigan, one with low income and the other with majority Hispanic. Note MI did not have a booster seat law.</p> <p>Target area is low income with population 197,846 with 20.4% Black, 67% White, 13% Hispanic</p> <p>Hispanic community population was 11,355</p> <p>Baseline measures performed June 20–July 1, 2005 and post measure October 13–22, 2006. Appears to be 15 month program.</p>	<p>Booster seat promotion intervention with different components tailored to the two communities.</p> <p>Following provides activities and effort in the 2 communities:</p> <table border="1"> <thead> <tr> <th></th> <th>Low Income</th> <th>Hispanic</th> </tr> </thead> <tbody> <tr> <td>Media events</td> <td>201</td> <td>637</td> </tr> <tr> <td>Fitting station events</td> <td>35</td> <td>58</td> </tr> <tr> <td>Workshops</td> <td>8</td> <td>8</td> </tr> <tr> <td>Labor hours</td> <td>300</td> <td>900</td> </tr> <tr> <td>Seats distributed</td> <td>216</td> <td>358</td> </tr> </tbody> </table> <p>Note that vouchers were for free and low-cost seats, including booster and other types. Major component was fitting station with 3 to 17 volunteers at any time. The fitting stations distributed 183 seats and checked 646. Educational workshops along with seat distribution held at churches, county fair, and through elementary school</p>		Low Income	Hispanic	Media events	201	637	Fitting station events	35	58	Workshops	8	8	Labor hours	300	900	Seats distributed	216	358	<p>Evaluation conducted by U of MI Transportation Research Institute. Performed direct observations of booster use before and after intervention, with comparison communities matched by income, race. Observation sites chosen for those typically visited by 4-8 year olds.</p> <p>Low Income Community Booster Use</p> <p>Intervention: Before - 19.0±5.3%; After - 16.9±3.6% implying no difference</p> <p>Comparison: Before - 9.7±5.7%; After - 16.8±2.1% implying no difference</p> <p>Hispanic Community Booster Use</p> <p>Intervention: Before - 9.7±2.5%; After - 14.9±2.1% implying a significant increase</p> <p>Comparison: Before - 18.2±2.7%; After - 14.8±1.7% implying no</p>	<p>Two communities were awarded \$50,000 each.</p> <p>Staff included 3 child passenger safety (CPS) technicians (about 10 hrs/week), 1 health educator, and a supervisor. See labor hours in Table which includes staff and volunteer time.</p>	<p>No productivity losses estimated or reported.</p> <p>No health care costs averted estimated or reported in monetized form.</p> <p>No base year provided. Use end year of intervention (=2006) and CPI – 1.06.</p>	<p>No summary economic measures reported beyond grant amount.</p> <p>The intervention in the Hispanic community produced significantly positive results for booster seat use. There was no difference in restraint use in either community and no difference in booster use in the low income community. The authors note based on the Table that the process in the Hispanic community was probably more intense and had better reach, with program staff rather than volunteers.</p> <p>Calculated by Reviewers Effect size for Hispanic Community:</p>
	Low Income	Hispanic																						
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		kids. Ads were run 3 times, articles 6 times, and photographs 2 times in local newspapers. Radio spots ran a total of 600 times in the 4 th and 14 th months.	difference In the case of child restraints in general, there was no difference observed for either communities in pre post measures.			Inter: 5.2% Comparison: -3.4 Difference: 8.6%

Pedometers

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Brown 2006 Eakin 2007 Intervention funded by state of Queensland Pedometer Pre and post with comparison. Cost analysis	Rockhampton, Australia. (pop 60K) Comparison MacKay (pop 75K) both in Queensland Focus on adult population. Survey included over 2478 individuals (Interv – 1242; Control – 1236). Baseline measure Aug-Sep 01 and follow-up Aug-Sep 03. Program length 2	Whole community intervention to increase physical activity. Informed by social-ecological framework where physical activity is determined at multiple levels. <ul style="list-style-type: none"> • Advice to individuals by health professional • Media campaign at population level • Environmental changes at policy level <p>1. 2500 pedometers and logbooks available for purchase through project office and pharmacies, and 500 on loan from the library. 5 large employers made 2000 available. Also available from sports stores and Heart Foundation.</p> <p>2. Print, radio, TV campaign first 3 months, followed by paid and unpaid marketing efforts: mailing</p>	Measurement for effectiveness based Australian PA guidelines. Percent active in 2001: Interv –41.9% Control - 48.3% Percent active in 2003: Interv –42.8% Control – 41.9% After adjustment for relevant sociodemographic variables, there was no significant difference in activity levels between Rockhampton and Mackay in 2003. Exposure-Heard of Intervention: Interv – 95%	Authors note difficulty in calculating program cost due to significant in-kind contributions. Grant from State – A\$800,000 Approximate 70% allocatable to intervention cost – A\$560,000 (A\$14 per adult resident) Paid advertising and event marketing - AUD\$20,000, with a further AUD\$50,000 “in-kind”. Total grant plus in-kind marketing – A\$610K (\$15.25 per	No health care utilization or workplace productivity effects considered. No base year provided. Use end year of program (=2003) and CPI – 1.17, PPP – 1.35.	Authors quote national study: 1% increase in PA - >averted 122 deaths from CVD, Diabetes, Colon Cancer ->Save 1,764 years of life and A\$3.6 Mil However, reviewers didn’t attempt to translate this to the intervention’s effect in Rockhampton since intervention was not significantly effective. Even though there was no significant effect due to intervention for the

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	years. Elsewhere, states 18 months Jan 02- June 03.	<p>from City Council; Newsletter; email; special events.</p> <p>3. 21 of 23 GP's trained and given posters, brochures, pedometers. 62% used the posters, 70% pedometers, and 81% used brochures.</p> <p>4. Environmental change involved working with the city council to improve the local environment, by enhancing key footpaths, erecting "10,000 Steps" signs, and distributing maps.</p>	<p>Control – 33%</p> <p>Use pedometer: Interv-18% Control-5.6%.</p>	<p>adult resident)</p> <p>Note from Eakin 2007 that pedometers cost about A\$40</p>		<p>population, it appears women improved their PA somewhat more than men and were more adoptive of the PA suggestions.</p>

Condoms

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<p>Alstead 1999</p> <p>Condom</p> <p>Intervention funding from Washington State Department of Health.</p> <p>Pre-post.</p> <p>Average cost analysis –</p>	<p>Three King County, Washington urban communities. Focus on those 15-17 years old (54%).</p> <p>Intervention length appears to be about 7 months.</p> <p>Randomized 341 baseline</p>	<p>The Condom Campaign – 1995 HIV prevention program promoting condom use among adolescents. There are 3 major components:</p> <ol style="list-style-type: none"> 1. Mobilize all levels of target communities to obtain support 2. Mass media campaign targeting sexually active youth regarding correct and consistent condom use 3. Recruit public agencies, community organizations, businesses to distribute condoms in bins and vending machines 	<p>73% recognized some component of the campaign (51% radio; 35% campaign poster; 32% bus/billboard). Those sexually active showed high condom use throughout survey period. No statistically significant difference between those using condoms at last intercourse at baseline (75%) compared to those who had any exposure (69%) or compared to no exposure (68%). Similarly,</p>	<p>5 radio spots on 3 radio stations – 3 times a night, 5 times a week</p> <p>First wave – 90 exterior bus signs</p> <p>Second wave – 210 exterior and 600 interior signs</p> <p>One billboard in each community</p> <p>100 T-shirts distributed and 1000 campaign posters</p> <p>25 condom machines – 3000 vended over 6 months</p>	<p>No productivity losses estimated or reported.</p> <p>No health care costs averted estimated or reported in monetized form.</p> <p>No base year provided. Use year of</p>	<p>No summary economic measures reported beyond partial program cost.</p> <p>The authors note the insignificant intervention effect may be because of the short duration and the high baseline rates.</p> <p>Authors note that TV spots were not</p>

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partial intervention cost information.	interviews in March 1995. After start of campaign, 478 interviews in May 1995 and 606 in Oct 1995.	Conducted formative research based on literature review, focus groups, and interviews with youth service providers. Messages and materials developed with help of professional advertising agency on a pro bono basis. These processes took 6 months to complete. Campaign through 1.posters 2. Billboards/bus signs 3.radio spots. Included T-shirts and radio contests to develop campaign. Developed condom availability network – vending machines placed in restrooms and lockers and bins in local stores and community centers frequented by teens. Data collected from 3 waves of interviews collected by 10-15 hired and trained (10 hours) interviewers in each wave.	there was no difference in intentions to use condoms.	<p>22 free condom bins – 1000 condoms per week over 9 months Cost of condoms at \$0.25 ~\$10K</p> <p>Costs Media production and placement - \$140,000</p> <p>Agency services gratis - \$50,000</p> <p>Condom distribution for material and vendor services - \$6,500</p> <p>1 Coordinator over 1 year– no cost assigned</p>	intervention (= 1995) and CPI – 1.41.	used because they were too expensive.
<p>Kahn 2001 Condom</p> <p>Intervention funded by U.S. National Institute of Mental Health.</p> <p>Pre-post with comparison groups.</p> <p>Net cost analysis</p>	<p>Initially implemented over 8 month period in Eugene, OR with Santa Barbara, CA as control. Subsequently implemented also in Santa Barbara, CA.</p> <p>Targeted gay men age 18-27. Number of intervention participants=168 (1,100 estimated for area young gay population)</p> <p>Intervention</p>	<p>Based on the Mpowerment project mobilizing gay youth to consider HIV prevention. The original effectiveness paper is: Kegeles et al. Mobilizing young gay and bisexual men for HIV prevention: a two-community study. AIDS 1999, 13: 1753–1762.</p> <p>Program components designed by gay men from community under guidance. Peer outreach was an important activity, for education dissemination and for recruitment. Several social events created for gay men to attend and be targeted such as dances. Also held small group 3-hour meetings of 8-10 men to discuss, educate, and role-play. Small campaign used articles, ads, word of mouth, and outreach.</p>	<p>Pre and post intervention surveys of longitudinal cohorts recruited independent of intervention to assess sexual behaviors.</p> <p>The focus is on unprotected anal intercourse (UAI) from Kegeles 99. In particular, the change is calculated as change in intervention minus change in control with change defined as (Pre Prevalence-Post Prevalence)/Pre Prevalence. This effect is reduced by 10% to account for 90% protection by condoms and sensitivity analysis performed with</p>	<p>Cost data abstracted from project ledgers and staff interviews, retrospectively.</p> <p>Major cost items included personnel, consultation, computer equipment, supplies, outreach materials and publicity, travel, and space rental. Following are 8 month costs.</p> <p>Personnel - \$64,282 (Paid – 1 supervisor, 1 expert, 4 coordinators - \$38,131 Volunteers - \$26,151 Consultation - \$864 Computers - \$2,500 Supplies - \$5,997</p>	<p>No productivity losses estimated or reported but may be reflected in QALY.</p> <p>Estimated lifetime medical treatment costs for HIV/AIDS is drawn from literature- \$98,361- \$159,330 Based on literature, the QALY gained</p>	<p>Societal Cost per averted HIV in Steady State (Increasing State): 1 Year - \$46400 (\$39,300) 5 Years - \$18,300 (\$14,600) 20 Years – reduced by 80% from 1 Year</p> <p>Societal Net Savings Based on Averted Medical Costs in Steady State (Increasing State): 1 Year - \$212,000 (\$267,000) 5 Years - \$700,000 (\$902,000) 20 Years –</p>

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	length is 8 months and occurred in 1991.	Condoms, lubricants, etc. were included in outreach materials.	<p>+/-50% band.</p> <p>The base estimate of risk reduction is estimated at 27% with linear return to pre levels within 3 years. Decay of effect is also subjected to sensitivity analysis.</p> <p>Without intervention, new infections in Eugene, OR would be:</p> <p>Steady-State 1Year- 7; 5 Years-32; 20 Years-99.</p> <p>Increasing prevalence 1Year- 8; 5 Years-40; 20 Years-137. This paper estimates HIV infections averted for 1, 5, and 20 years based on a dynamic epidemic model in steady-state and pre-steady-state.</p>	<p>Outreach/Publicity - \$9,071 (Condoms - \$1,440 Travel – \$3,911 Space - \$3,436 Communication - \$852 Total (Societal)- \$90,913 Total without Volunteer - \$64,762 Total for Community Organization (CBO)- \$58,865</p>	<p>per HIV averted for this age group is about 12.7.</p> <p>Base year is 2000 and CPI – 1.25.</p>	<p>\$1,371,000 (\$1,996,000)</p>
<p>Kennedy, 2000</p> <p>Condom</p> <p>Intervention and study funding from CDC</p> <p>Before-after time series showing trend in condom use. Economic model is cost-analysis</p>	<p>Sacramento, CA Adolescents 14-18 years who use condoms inconsistently. 2/3 drawn from various lists and referrals and 1/3 from random digit dialing (RDD). Target about 6-10K adolescents. Race/Ethnicity – Black-9%; Asian-9%; White-60%; Hispanic-22%</p>	<p>Prevention Marketing Initiative (PMI) as part of social marketing initiative composed of 1. Radio spots 2. Posters and promotion on public transport 3. Skills workshops – lectures, discussions, video, role-play 4. Peer outreach 5. Phone info line. Workshops co-facilitated by adolescents.</p> <p>Estimated exposures (persons): Radio spots (2,000 30 second spots) – 7K Phone line – 2,300 Workshops – 894 Promotions – 2.6-4K</p> <p>In round 5 survey, 70% exposed to</p>	<p>Data from CATI surveys. Survey response rates ranged from 64% to 70%.</p> <p>Effects measured as 1. Condom use at last intercourse 2. Condom carrying 3. Intent to use condom.</p> <p>Dosage variable defined as variable taking value between 0 and 6, with 1 point for each channel of exposure to marketing defined by the intervention.</p>	<p>Only provides total program cost of \$250,000 Authors note the cost reported include: Staff salaries Creative materials Operating expenses Air time</p>	<p>Not considered</p>	<p>Not considered.</p>

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<p>providing only total program cost.</p>	<p>Aver per cap income - \$20K Employment – Govt-29%; Agri-20% Total surveyed N=1,402 over 5 surveys with 248-303 per survey. 1-year intervention with baseline 6 months prior and 4 surveys between Dec 1996 to Oct 1998.</p>	<p>at least 1 channel. Other ongoing programs: 1. Sacramento schools providing HIV info only 2. Statewide social marketing on HIV risks but ended before PMI.</p>	<p>Logistic Regression with Sex, Age, Race, RDD, and Dosage: Odds of condom use with main partner at last intercourse (dosage) (n=441) – 1.26 CI-1.07, 1.49 Odds of condom carrying (dosage) (n=637) – 1.27 CI-1.15, 1.41 The effects measured by odds ratio was stronger with African Americans and with males.</p>			
<p>Rebchook 2006 Condom Study supported by NIMH. CBOs likely to be funded by CDC and state departments of health. Process evaluation. Cost analysis – important program budgets</p>	<p>Nationwide organizations with existing or implementing Mpowerment program. Target gay or bisexual men. Longitudinal dataset of all implementers of Mpowerment. Data collected through base plus 3 interviews at 6 month intervals over 18 months. 69 CBOs (91%) participated in project. Majority in operation 2 years or less.</p>	<p>This is an assessment of how CBOs have been implementing the Mpowerment intervention in practice. See Kegeles 99 and Kahn 01 for original intervention. Authors had developed a structural intervention called the ‘Mpowerment Project Technology Exchange System’ to assist the CBOs in implementing with fidelity. The following provides the ideal setup: Personnel: Core group is made up of 10-20 gay/bisexual youth meeting weekly, usually volunteers. Part of the core group are coordinators who are paid, and 1.5 FTEs are required. Also involved are elders from the community that form a Community Advisory Board. Project Space The project requires a dedicated physical space for meetings and</p>	<p>Not applicable. This is a process analysis of implementations.</p>	<p>The authors estimate it would cost \$70K to \$90K per year to fully implement the project. Most organizations had small budgets (>\$2 mil - 27%). Question about Mpower budget posed only later. Hence, only 26 organizations provided information: Annual operating budget: >\$150K-19%; \$70K-\$150K-19%; \$20K-\$70K– 15%; <=\$20K– 23%; Don’t Know – 23%. Average budget \$98,746 (median annual budget = was \$70,500; range = \$7,000–\$345,920.</p>		<p>Not applicable Unfortunately, the authors don’t provide the target population or the number of individuals served. Hence, per person cost can’t be computed. Authors note that a significant minority of organizations dropped significant and core components of the Mpowerment intervention. Authors note that any program with less than \$20K in budget would be</p>

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	Across all states with most in population >200K.. More than 1/3 target men of color. Data collected 2002-2005.	administration. Small Groups 3-hr small group meetings of 8-10 youth with condom and other distribution Informal Outreach Outreach by youth participants. Publicity Campaign Campaign through word of mouth and through flyers, other small media, articles and advertisements in gay newspapers, and the Internet				quite handicapped.

Recreational Helmets

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Bergman 1990 Rivara 1994 Study and intervention funded by CDC and WA State Dept of Soc and Hlth Services Recreational Helmet Pre post with control. No program	Seattle, WA Comparison City – Portland, OR Target elementary school children and parents (Pop 5-14 yrs=56179). 3 year campaign that appears to have started in 1987. Post measure taken 16 months after campaign start.	Multifaceted community-wide intervention to increase bicycle helmet use. Coalition formed from community private and public organizations that could contribute service or in-kind. Increase awareness through health care provider contacts, trade shows for parents, with fact sheets, brochures, coupons distributed. Also toll-free number for supplies and info for physicians. Newspaper, TV, and radio spots with victim stories. Two 30-second TV spots produced, 1 for materials only and the other for free.	Effectiveness measured as change in sales and use of helmets. Helmet Sales Of 109,450 coupons distributed, 5,155 (4.7%) were redeemed. Count sales from second helmet sponsor increased: 1986-1.5K; 1987-5K; 1988-22K; Part 1989-30K Helmet Use at 16 Months 9827 observations Seattle – 5% to 16% Portland – 1% to 3% Note baseline measure for Seattle was done 2 years into campaign.	No details regarding complete program cost. Bulk of school-based campaigns done by 1 paid staffer and volunteers from local bicycle club. Based on survey, the authors found the average cost of helmets was a barrier (\$40-\$60). Note local manufacturer and local retailer produced helmets for \$19.95 but subsequently went out of operation. Another manufacturer donated \$5K for publicity as long as posters included their	No health care costs considered. However, the number of head injuries are provided for 1992 and 1987. But, we can't attribute this entirely to the campaign. Further, the value is not monetized to reflect health care costs averted. No	No economic summary measure provided or calculated. Program cost is not provided. Only cost of helmets and the effective discount is available. It is significant to note the increase in sales of discounted helmets, whether due to

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<p>cost but product price and discount provided.</p>		<p>Local manufacturer and local retailer produced helmets for \$19.95. This business closed down. Another manufacturer donated \$5K for publicity under agreement that posters would show its helmets for \$25 with coupon. Used prominent sports figures to promote use of helmets to children.</p>	<p>As second observation (n=921) in Seattle in Sep 1989 indicated helmet use had risen to 23%. From the Rivara 1994 paper, it is observed that helmet use by school-age children increased from 5.5% in 1987 to 40.2% in 1992. Based on a particular HMO data, bicycle-related head injuries per 100K decreased 66.6% for 5-9 year olds (from 283 to 94.6) and by 67.6% for 10-14 year olds (from 188 to 60.9).</p>	<p>helmet at \$25 with coupon. Assuming a retail price of \$76, it may be approximately computed that the discount program cost these private sector sponsors about \$1,811,273 over 3 years. 2nd and 3rd years – full time health educator and part-time PR expert. There was substantial in-kind contributions.</p>	<p>productivity measured. No base year reported. Will use program start year 1987 as base (CPI – 1.89)</p>	<p>discount or due to the campaign.</p>
<p>Levy 2007 Recreational Helmet Intervention funded by local St. Anthony Health Foundation and several hospitals and neuro practices. Pre post with control. No program cost but usual helmet rental cost provided.</p>	<p>West of Denver, CO Target skiers and snowboarders. Campaign occurred during the 1998-99 ski season. Pilot helmet loans during 98-99 in 3 chain stores and then expanded to 24 stores statewide in next 3 seasons.</p>	<p>Social-marketing campaign and a helmet loaner program to increase helmet use among skiers and snowboarders. The main objective of the intervention was to prevent traumatic brain injury (TBI). Media messages disseminated through multiple medical and layperson formats, including newspapers, magazines, and television. Messages provided information about the risk of TBI from recreation accidents and the availability of helmets on loan from local sporting stores. The helmets were offered for free when equipment was rented from the stores. Store managers and technicians were trained and brochures were offered along</p>	<p>Effectiveness of free loaner program estimated by comparing helmet acceptance at participating and non-participating stores. Ski Helmet Acceptance Rate Among Renters Pre Post Interv 13.8 33.5 Control 1.38 4.48 Pre to Post Observed Helmet Use on Slopes: Front Range Ski Areas Snowboarders 24.2 to 34.0-44.2 Skiers 7.7 to 13.7-20.3 Note observed helmet use includes intervention and control groups. Note the acceptance among ski patrollers and instructors was disappointing.</p>	<p>No details regarding complete program cost. Helmets were offered for free when ski or snowboard equipment was rented from select sporting stores. Generally, stores charged \$3-\$10 per day for helmets. Based on average rental of \$8.10 and the helmet days from effect size, the discounts offered by stores totaled \$1434664 and annual average of \$358,666. Chain retailer provided advertisement and public campaign the first season. Substantial donations and in-kind support provided by physician groups, hospitals, foundations for</p>	<p>No health care costs considered. No productivity measured. No base year reported. Will use mid program year 2000 as base (CPI – 1.25)</p>	<p>No economic summary measure provided or calculated. Program cost is very incomplete. Only available information is the usual rental cost for helmets. Note the loaner program was not self-sustaining with donations continuing to be necessary and the retailer covering 50% of helmet cost.</p>

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		with helmets during rental. Ski patrollers provided educational training and free helmets to promote use.		campaign and purchase of helmets. Helmet manufacturers also offered discounts below wholesale. However, no monetary values are provided.																		
<p>Rouzier 1995</p> <p>Recreational Helmet</p> <p>Intervention funding and in-kind contribution from local hospitals, HMOs, providers, pharma, and others organizations.</p> <p>Pre post.</p> <p>No program cost but product price, discount, and # sold provided.</p>	<p>Grand Junction, CO</p> <p>Population 76K</p> <p>Target 8600 elementary school children and parents.</p> <p>Intervention began in 1992 and evaluated after 2 years. Length of program not provided. Helmet use observed July of 1992, 1993, and 1994.</p>	<p>Multifaceted community-wide intervention to increase bicycle helmet use.</p> <p>Main component of program is discounted helmets, where average going price is \$25 to \$75. Discounts provided through coupons distributed to children. Coupons contained helmet education materials.</p> <p>Media coverage in local TV and newspaper. Posters in every primary care and in elementary schools. Police provide free milkshake coupons to kids wearing helmets.</p>	<p>Percent helmet use observed during 3 years</p> <table border="1" data-bbox="842 586 1194 727"> <thead> <tr> <th>Age</th> <th>1992</th> <th>1993</th> <th>1994</th> </tr> </thead> <tbody> <tr> <td>5-13</td> <td>5.6</td> <td>12.5</td> <td>30.0</td> </tr> <tr> <td>14-21</td> <td>3.2</td> <td>0.0</td> <td>25.0</td> </tr> <tr> <td>>21</td> <td>28.9</td> <td>41.2</td> <td>47.1</td> </tr> </tbody> </table> <p>Note that age 5-13 years was the targeted group.</p>	Age	1992	1993	1994	5-13	5.6	12.5	30.0	14-21	3.2	0.0	25.0	>21	28.9	41.2	47.1	<p>Phase 1 (1992 to 1993): Helmets purchased wholesale for \$12 -\$17 and sold to: 2400 helmets sold Low Income - 45% (1080) for \$5 Mid to Upper Income - 45% (1080) for \$15 to children 10% (240) for \$17 to parents</p> <p>Phase 2 (1993 to 1994) Local retailer agreed to sell helmets at \$12.99</p> <p>Sold 4000 helmets to children and then general public A total of 6400 helmets were sold to children and parents of elementary school children in an elementary population of about 8600. Informal studies had shown 15-35% previous helmet ownership. Note there is no program cost information for: Media costs for TV and posters The loss to retailer in Phase 2 In kind donations, volunteers, milkshakes hamburgers incentives</p>	<p>No health care costs considered.</p> <p>No productivity measured.</p> <p>No base year reported. Will use program start year 1992 as base (CPI – 1.53)</p>	<p>No economic summary measure provided or calculated.</p> <p>Sustainability of the program may be questionable given the dependence on volunteer, in-kind contributions, and donations.</p>
Age	1992	1993	1994																			
5-13	5.6	12.5	30.0																			
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>21	28.9	41.2	47.1																			

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<p>Smith 1991</p> <p>Recreational Helmet</p> <p>Intervention funded by CDC and MI Dept of Public Health</p> <p>Pre post.</p> <p>Limited program cost.</p>	<p>Oakland County, MI (Pop 1,052,475)</p> <p>3100 middle and junior high students and parents from 6 schools.</p> <p>Planning and preparation took 15 months. Intervention itself was over 1 or 2 days in each school, other than media activity.</p> <p>30-second PSAs in late '89 and early '90 over 5 months 1 week pre and 3 week post phone survey of parents.</p>	<p>School-based pilot intervention to increase helmet use.</p> <p>High Intensity (3 schools) 200 Helmet giveaway All-school assembly with professional athletes Theme was positive aspects of wearing helmets</p> <p>Low Intensity (3 schools) 63 Helmet giveaway Theme was to promote helmets for injury prevention</p> <p>High and Low Parent and student brochures Posters Discount helmets PSAs – Detroit TV and local school CTV Curriculum guide 1-800 Number</p>	<p>159 (38%) in post survey recalled receiving brochure in mail Parents who recall brochure more likely to talk to child about helmets (60-78%)</p> <p>Authors note that only 2% of children ages 5-14 in Michigan use helmets. Households sampled – Pre-427, Post-414</p> <p>Due to giveaway, helmet ownership went up from 5% to 18.5%.</p> <p>Parent report of helmet wearing 50% of the time Pre and Post. Low Intensity - ~2% to ~4% High Intensity - ~2% to ~11%</p> <p>Informal Observations by principal and County Health Educator Zero students observed with helmets</p> <p>No information from manufacturers regarding coupon redemption 2 local stores stated 3-4 Bell helmet coupons were redeemed</p>	<p>Total grant from MI Dept of Health and CDC - \$119,750+\$98,759 = \$218,509 (as stated on cover page of report)</p> <p>PSAs Talent and location - \$5K, Video - \$5380, Tapes - @\$15 each, Note broadcasts are free</p> <p>Posters and Brochures Posters - @\$0.96, (50 to each of 6 schools and 1 to each bicycle shop), Student brochures - @\$0.92 to each student, Parent brochures - @\$0.78 mailed to each parent</p> <p>School Assembly Production & Appearance - \$3500</p> <p>Helmet Coupons Masterlite-\$25; Troxel-40% off; Bell-\$10 off.</p> <p>Helmet Giveaway 200 helmets given away at each of 3 HI schools @\$14.92 for total \$8952 63 helmets giveaway at each of 3 LI school @\$14.92 for total \$2820</p> <p>Data Collection \$10,000 No cost info for the curriculum, FT project director, teachers, health educator, coordinator.</p>	<p>No health care costs considered.</p> <p>No productivity measured.</p> <p>No base year reported. Will use program end year 1990 as base (CPI – 1.64)</p>	<p>No economic summary measure provided or calculated.</p> <p>Note that the hired project director fell seriously ill and could not contribute expertise.</p> <p>The grant amount may be usable as program cost if we can subtract the evaluation component.</p>

Lead Author, Year Product Study Design Economic Method	Study Location Sample Size Population Characteristics Time Horizon	Intervention Description	Effect Size	Program Costs	Direct Medical Costs Averted Productivity Losses Averted	Economic Summary Measure						
<p>Wood 1988</p> <p>Recreational Helmet</p> <p>Substantial funding for intervention from State of Victoria and contributions from public and private sources.</p> <p>Pre post.</p> <p>Limited program cost.</p>	<p>Victoria, Australia</p> <p>Study focuses on the campaign starting in 1984 and rebate programs that extended into early 1985.</p>	<p>See last column for pre-1984 activities</p> <p>1984 TV and radio helmet campaign and rebate program.</p> <p>Components Formative research performed Several agencies competed and 2 campaigns were chosen Discount on approved helmet Formed helmet promotion Task Force Promotional materials to retailers, cycling clubs, school principals Article series in newspapers Posters to all 7K physicians in State By 1984 end – 6 helmets met standard TV and radio spots in pre-Christmas Organized and assisted bulk purchases – over 20K sold at A\$10 savings Rebate Scheme First scheme offering A\$10 government rebate – 38K rebates received (Dec 1984) Second scheme offering A\$5 rebate – 5K rebates received (Feb 1985)</p>	<p>Percent Observed with Helmets in Metro Melbourne [Total # (%Helmeted)] from 1983 to 1984-85 Primary Kids - 681 (4.6) to 687 (13.3)-536 (38.6) Primary Kids - 1774 (1.6) to 681 (5.1)-741 (14.0) Adult Commuters - 502 (26.1) to 360 (33.6)-421 (42.0)</p> <p>1985 Percent Observed with Helmets in 10 Non-Metro Towns [Total # (%Helmeted)]</p> <table border="0"> <tr> <td>Primary Kids</td> <td>1836 (30.5)</td> </tr> <tr> <td>Secondary Kids</td> <td>2205 (5.4)</td> </tr> <tr> <td>Adults</td> <td>457 (9.4)</td> </tr> </table> <p>The rate of head injuries for cyclists in collision with motor vehicles in Victoria in 1982 & 1983 combined compared to 1984, shows a 20% decline. The following are 12 month moving sum from Figure 2 in paper. 1983– ~178 1984 – ~126 In early 1986, helmet use had increased for primary children to 58% in metro and 46% in rural areas. For secondary age children the metro area usage was 18% and rural was 14%. Metro commuter cyclists usage had risen to 44%.</p>	Primary Kids	1836 (30.5)	Secondary Kids	2205 (5.4)	Adults	457 (9.4)	<p>Note retail cost of standard approved helmet was about A\$45. The radio and TV campaigns cost A\$160K There is no information regarding the program costs of the campaign.</p> <p>The approximate cost of the rebate program to government was about: A\$380K+A\$25K=A\$405K</p>	<p>No health care costs considered.</p> <p>No productivity measured.</p> <p>No base year reported. Will use campaign begin year 1984 as base (PPP- 1.12 CPI – 2.06)</p>	<p>No economic summary measure provided or calculated.</p> <p>Pre 1984 Activities Since 1980, school-based Bike Ed program. 1981 – first helmet manufacturer standards approved 1982 – trial bulk purchase in 1 school district (over 1000 sold at 1/3 retail) 1982 – second manufacturer standard approved 1983 – Posters distributed to all schools. Required helmet at all school bicycling events.</p>
Primary Kids	1836 (30.5)											
Secondary Kids	2205 (5.4)											
Adults	457 (9.4)											

Nicotine Replacement Therapy

Lead Author, Year Product Study Design Economic Method	Study Location Sample Size Population Characteristics Time Horizon	Intervention Description	Effect Size	Program Costs	Direct Medical Costs Averted Productivity Losses Averted	Economic Summary Measure
<p>Bauer 2006</p> <p>NRT</p> <p>Intervention funded by New York State Tobacco Control Program?</p> <p>Pre post with control.</p> <p>Limited program cost. and Cost Effectiveness</p>	<p>Erie and Niagara Counties in Western New York State (Buffalo?)</p> <p>Interv 1 Open to smokers =>18 and smoke =>20 cigs/day Total receiving NRT-2461 Selected Survey – 1100 Final completed sample - 732 Comparison group prior to free NRT – 515 Interv 1 promotion for 4 weeks from Jul 10– Aug 6 '03.</p> <p>Interv 2 No details regarding response and survey sample for Interv 2.</p> <p>Interv 2 ad ran May 3 '04 and May 24 '04</p>	<p>2 interventions with the New York State Smokers' Quitline.</p> <p>Telephone quitline for smoking cessation along with population-based promotions for free cessation products.</p> <p>Intervention 1 Press announcement in broadcast, newspaper (300K coverage), and magazine (100K) to call the quitline to obtain voucher for free 2-week supply of patch or gum (Nicotine Replacement Therapy - NRT). Voucher redeemable at Eckerd. Coincident with NY's clean air act and campaign banning all indoor smoking.</p> <p>Follow-up with those receiving NRT in Dec 03-Feb 04. Note half of these had received NRT+ Cigarette Lookalike (BQ)</p> <p>Intervention 2 Two newspaper ads, to call quitline to obtain a guide to stop smoking on May 3 2004 and the other to call for a guide plus plastic cigarette lookalike (BQ) on May 24, 2004.</p>	<p>Effectiveness of promotion measured by monitoring calls to the quitline. Final effectiveness estimated by self-reported quits (no smoking past 7 days).</p> <p>Intervention 1 Median daily calls to quitline from Erie and Niagara: 2 weeks prior – 6.0 During Interv – 148.0 2 weeks after – 26.5</p> <p>Quitrates: 732 surveyed; 79% attempted to quit; 22% of those who redeemed NRT did not smoke past 7 days (Quit rate among those who did not redeem was 6% and quitrate in pre-NRT survey was 12% indicating RR=1.77)</p> <p>Intervention 2 Median daily calls to quitline from Erie and Niagara:</p> <p>Control 1 week before – 7.0 2 days after interv – 14.0</p> <p>Treatment 2 weeks before – 7.0 During interv – 2 days after – 27.5</p> <p>Quitrates: 20% for those who received BQ compared to 24% for those who did not.</p>	<p>Intervention 1: NRT Program Cost of NRT voucher - @\$24 (Total – 2461*24=\$59064 Paid magazine ad - \$1100</p> <p>Authors state the total cost of this program was \$51304</p> <p>Intervention 2: BQ Cost of BQ - @\$1.50 Newspaper ad - \$3342</p>	<p>No health care costs considered.</p> <p>No productivity measured.</p> <p>No base year reported. Will use campaign begin year 2004 as base (CPI – 1.14)</p>	<p>Summary measure is cost of intervention per additional calls to quitline.</p> <p>Intervention 1 Total cost - \$51304 Incremental calls over 30 day promotion – 4724 Cost per incremental call - \$11</p> <p>Intervention 2 Newspaper Ad Only Ad cost - \$3342 Incremental calls over 2 days – 14 Cost per incremental call - \$239</p> <p>Newspaper Ad Plus BQ Cost per incremental call - \$82 (Not entirely clear how this is estimated)</p> <p>Authors claim the NRT program is favored over the newspaper ad. Authors claim that the \$210 per additional quit due to NRT program compares to \$3779 estimated for physician counseling and pharmacotherapy.</p>

Lead Author, Year Product Study Design Economic Method	Study Location Sample Size Population Characteristics Time Horizon	Intervention Description	Effect Size	Program Costs	Direct Medical Costs Averted Productivity Losses Averted	Economic Summary Measure																																																																											
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<p>Cumming 2006a</p> <p>NRT</p> <p>Intervention funded by New York State Department of Health</p> <p>Pre post.</p> <p>Cost Effectiveness .</p>	<p>State of New York</p> <p>4 regions of New York used different programs promoting tobacco quitline plus NRT supply, tagged here as I, II, III, and IV.</p> <p>See dates, location, enrollment in next column.</p> <p>Followup at 4 months Pre-NRT – 2001 survey</p>	<p>State of New York tobacco quitlines.</p> <table border="0"> <tr> <td></td> <td>I</td> <td>II</td> </tr> <tr> <td>Interv</td> <td>2 week NRT Voucher</td> <td>1 week NRT</td> </tr> <tr> <td>NRT Avail Dates</td> <td>2 weeks 2004</td> <td>3 progs ~2 months In 2004</td> </tr> <tr> <td>Geog</td> <td>Buffalo area</td> <td>8 counties</td> </tr> <tr> <td>Campaign</td> <td>Press release, posters, competition</td> <td>Press release & conference, paid radio</td> </tr> <tr> <td>No. Enroll (Surveyed)</td> <td>1099 (500)</td> <td>1334 (500)</td> </tr> <tr> <td></td> <td>III</td> <td>IV</td> </tr> <tr> <td>Interv</td> <td>2 week NRT Voucher</td> <td>6 weeks patches</td> </tr> <tr> <td>NRT Avail Dates months</td> <td>6 progs 2 days to 4 weeks in 2004</td> <td>~5 weeks in 2003</td> </tr> </table>		I	II	Interv	2 week NRT Voucher	1 week NRT	NRT Avail Dates	2 weeks 2004	3 progs ~2 months In 2004	Geog	Buffalo area	8 counties	Campaign	Press release, posters, competition	Press release & conference, paid radio	No. Enroll (Surveyed)	1099 (500)	1334 (500)		III	IV	Interv	2 week NRT Voucher	6 weeks patches	NRT Avail Dates months	6 progs 2 days to 4 weeks in 2004	~5 weeks in 2003	<p>Ratio of call volume during intervention to before</p> <table border="0"> <tr> <td></td> <td>During/Before</td> </tr> <tr> <td>I</td> <td>5.0</td> </tr> <tr> <td>II</td> <td>4.97</td> </tr> <tr> <td>III</td> <td>15.5</td> </tr> <tr> <td>IV</td> <td>13.1</td> </tr> </table> <p>%Quits (Surveyed)</p> <table border="0"> <tr> <td></td> <td>NRT Use</td> <td>RR</td> </tr> <tr> <td>Pre NRT</td> <td></td> <td></td> </tr> <tr> <td>I</td> <td>27</td> <td>2.9</td> </tr> <tr> <td>II</td> <td>21</td> <td>2.0</td> </tr> <tr> <td>III</td> <td>24</td> <td>2.4</td> </tr> <tr> <td>IV</td> <td>33</td> <td>3.8</td> </tr> </table> <p>Quits defined as none at all or no smoke past week.</p>		During/Before	I	5.0	II	4.97	III	15.5	IV	13.1		NRT Use	RR	Pre NRT			I	27	2.9	II	21	2.0	III	24	2.4	IV	33	3.8	<p>Program costs includes marketing, purchasing, mailing NRT, registering and counseling callers</p> <p>Program Cost</p> <table border="0"> <tr> <td></td> <td>Cost per enrollee</td> </tr> <tr> <td>I</td> <td>42</td> </tr> <tr> <td>II</td> <td>29</td> </tr> <tr> <td>III</td> <td>42</td> </tr> <tr> <td>IV</td> <td>76</td> </tr> </table>		Cost per enrollee	I	42	II	29	III	42	IV	76	<p>No health care costs considered.</p> <p>No productivity measured.</p> <p>No base year reported. Will use 2004 as base (CPI – 1.14)</p>	<p>Cost per quit provided. Unclear how NRT attributable quits computed. The numerator is the cost of quitline plus NRT.</p> <p>Cost per Quit</p> <table border="0"> <tr> <td></td> <td>Cost per enrollee</td> </tr> <tr> <td>I</td> <td>274</td> </tr> <tr> <td>II</td> <td>306</td> </tr> <tr> <td>III</td> <td>347</td> </tr> <tr> <td>IV</td> <td>347</td> </tr> </table> <p>Authors note that more NRT went to waste in the 6-week supply than the programs with smaller supplies, though the former had highest quit rates.</p> <p>Authors also point out that the responses were from individuals who agreed to be surveyed and followed up.</p>		Cost per enrollee	I	274	II	306	III	347	IV	347
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		<p>Geog 15 NY City counties</p> <p>Campaign Press release, 2 news-Paper ads Press release & conference,</p> <p>No. 2323 35,334 Enroll (500) (884)</p>				
<p>Fellows 2007</p> <p>NRT</p> <p>Intervention funded by Oregon Department of Human Services</p> <p>Pre post.</p>	<p>State of Oregon</p> <p>In Oct 04- reduce radio/TV ads and increase quitline calls with 'free patch'. Survey of callers six months after first call from</p>	<p>Oregon Tobacco Prevention and Education program (TPEP).</p> <p>TV and radio ads used in pre Free Patch period.</p> <p>Free nicotine patch program added to a state tobacco quitline. Free patch initiative promoted through free media kits distributed to counties. Used "earned media". Kits had fact sheets, cost of</p>	<p>Increase in calls to Quitlines</p> <p>Per month – 602 Projected annual - 7218</p> <p>%Quits (Surveyed)</p> <p>Quits based on survey of individuals 6 months after first call in pre and post period. Quit defined as 30 days abstinence at 6 months.</p>	<p>In pre patch period, cost of TV and radio ads included air time, talent fees, tagging and duplication. Production costs to CDC not included here. Annual Promotion and Media Costs</p>	<p>No health care costs considered.</p> <p>No productivity measured.</p> <p>No base year reported. Will use 2004 as base (CPI – 1.14)</p>	<p>Reference Case</p> <p><u>Pre Period</u></p> <p>Callers 6428 Quits (%) 527 (8.2) LYS 1246 Total Cost 1970085 Promo. Cost 1385137 Interv. Cost 584948 Cost/Quit 3738</p> <p><u>Patch Period</u></p> <p>Callers 13646 Quits (%) 2142 (15.7)</p>

Lead Author, Year Product Study Design Economic Method	Study Location Sample Size Population Characteristics Time Horizon	Intervention Description	Effect Size	Program Costs	Direct Medical Costs Averted Productivity Losses Averted	Economic Summary Measure
Cost Effective.	pre (n=1018; 320 completed survey) and post patch period (n=1574; 639 completed survey).	<p>smoking charts, sample news releases and advisories. Also e-mails and letters to state agencies, newsletters to public and private sectors, and free patch card to targeted groups and quitline callers.</p> <p>Note that initially free patches were offered to all and was later not offered to those whose insurance would cover NRT.</p>	With intent to treat analysis, quits were 15.7% (CI: 13.7,17.8) in the free patch period and 8.2% (CI: 6.1,10.3) in the pre period.	<p>TV and Radio cost in pre-patch period - \$1,385,537</p> <p>Patch costs include \$37000 for contractor time, about \$3600 for additional staff time for programme planning and implementation and \$8000 for supplies and postage. One 30-minute telephone counseling session - \$91. Two weeks of NRT - \$42.82 (Incl S/H)</p> <p>Costs calculated as 1 year of promotion and counseling during pre and post free patch, with 2 months of paid ads assumed for free patch period.</p>		<p>LYS 4502 Total Cost 2250484 Promo. Cost 424376 Interv. Cost 1826108 Cost/Quit 1050</p> <p>Incr. Cost/Quit 174 Incr. Cost/LYS 86</p> <p>Worst Case: Lower CI for quits, higher discount, and higher paid ads cost Incremental cost per quit and per LYS are \$525 and \$353</p> <p>Best Case: Upper CI for quits, lower discount, and lower paid ads cost Incremental cost per quit and per LYS are \$70, \$22</p> <p>Lower promotion costs in the free patch period because the paid ads were reduced and the higher intervention cost due to free NRT</p>

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<p>Tinkelman 2007</p> <p>NRT</p> <p>Intervention funded by Ohio Tobacco Cessation Foundation?</p> <p>Pre post with control.</p> <p>Limited program cost.</p>	<p>State of Ohio</p> <p>Callers to quitline who receive NRT compared to those that don't receive NRTs.</p> <p>Since July '05, state made free NRT available to participating insured callers to quitline who agree to counseling.</p> <p>Sampled followup at base, 3, 6, and 12 months with 2 groups: Pre-NRT - Entry and exit 11 July 2004 and 30 April 2005 Post-NRT - Entry and exit 11 July 2005 and 30 April 2006</p>	<p>Ohio tobacco quitline.</p> <p>Important info that 18 state quitlines provide free treatment aids and 5 provided some discounts.</p> <p>5 proactive calls with experienced counselors after initial contact. Those not ready to quit provided educational resources and info about local resources. Callers ready to quit asked to set a quit date.</p> <p>Starting July 05, callers offered 4-week supply of NRT. If they remain in program they become eligible for another 4-week supply.</p>	<p>Call Volume 78 calls/day Oct 04-June 05. 188 calls/day Jul 05-Apr06</p> <p>7-day point prevalence of abstinence at 6 month followup:</p> <p>All Callers 10.3% in pre to 14.9% post NRT.</p> <p>Post_NRT Callers Counseling Only - 11.2% Counseling + NRT - 20.2%</p> <p>Logistic regression odds of 7-day point prevalence abstinence at six months for post-NRT versus pre-NRT.</p> <p>Note the difference between pre and post NRT groups: % from participating insurance or employer groups: PreNRT-66.8%; PostNRT-87.9%. However, the regression controlled for this difference.</p>	<p>Authors state the statewide NRT program and campaign Sep 05-Apr 06 cost \$3 million</p> <p>No further details regarding component costs provided.</p>	<p>No health care costs considered.</p> <p>No productivity measured.</p> <p>No base year reported. Will use 2005 as base for PreNRT cost and 2006 as base for PostNRT cost (CPI – '05-1.10; '06-1.06)</p>	<p>No summary measure provided.</p> <p>Authors note the statewide promotional cost of quitline in pre-NRT (Jul 04-Apr 05) was \$4.2 million. The promotion cost during the NRT period (Sep 05-Apr 06) was only \$3 million. The lower cost is partly because funds had to be shifted to operations to manage the large increase in call volume.</p> <p>It appears the program costs mentioned here are for promotion and the quitlines only. In particular, the NRT costs are not included.</p>