

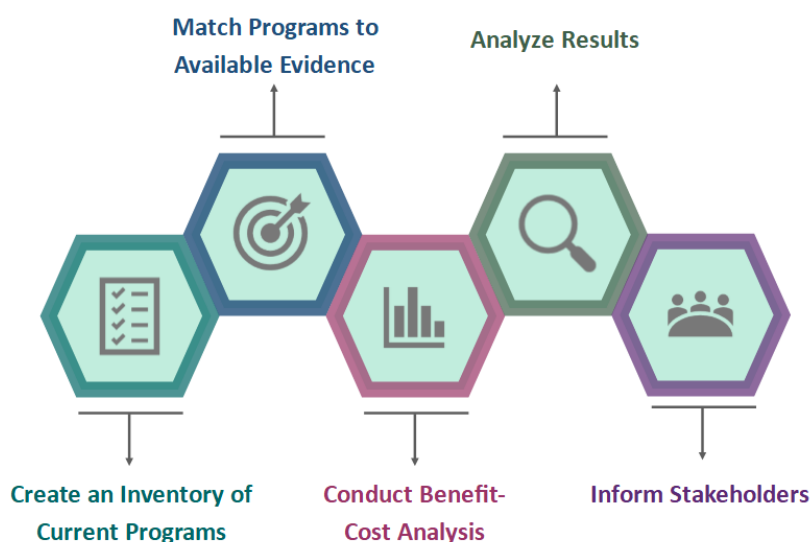
# North Carolina Results First

## Child and Family Health Issue Brief

May 2019

### Results First Overview

North Carolina Results First is part of the Pew-MacArthur Results First Initiative. Results First is an initiative that helps states use evidence to inform budget and policy decisions to improve societal outcomes and maximize the value of taxpayer dollars. The approach relies on rigorous program evaluations and benefit-cost analysis to identify high-return program “investments.” Through Results First, state agencies collaborate with the Office of State Budget and Management (OSBM) to inventory programs, assess value of the outcomes they produce, and estimate their costs.



### Program Inventory Findings

The Department of Health and Human Services’ Division of Public Health (DPH) delivers a range of services to promote and protect child and family health. Thirty-one programs directly impact the specific outcomes listed in the description above. Many of these programs

### CHILD & FAMILY HEALTH OUTCOMES

The analysis of program costs and benefits allows decisionmakers to compare programs that target similar outcomes. This first phase of the Results First initiative focuses on programs that are intended to support child and family health by improving the following specific outcomes:

- Chronic disease outcomes, including obesity and type 2 diabetes
- Birth outcomes such as reducing unnecessary cesarean sections, infant mortality, low birthweight, preterm birth, small for gestational age, very low birthweight, and Neonatal Intensive Care Unit (NICU) admissions.

are available across the state while others are unique services targeting the specific needs participating communities. Several programs are tailored to reach especially high-risk or under-resourced populations.



Some of the Child and Family Health programs have been rigorously evaluated to determine their effectiveness, while some program have very limited research. Seventeen of DPH’s programs targeting these outcomes are highest rated, meaning that multiple program evaluations found strong evidence that program participation improves outcomes. The strength of the evidence of effectiveness for four of the programs achieved the second-highest rating, while strong evaluation research is not available for eight programs.

## Benefit Cost Analysis Findings

Program benefits can only be monetized when rigorous program evaluations are available to measure the outcomes attributable to program participation. Of the 31 programs in the inventory, it was possible to monetize the costs and benefits for six programs with birth outcomes and two programs with chronic disease outcomes. The inability to monetize outcomes at this time does not indicate that the programs are not cost-effective; more research is needed to determine the extent to which these programs produce positive outcomes.

The estimated program benefits exceed the cost of implementation for seven programs. In many cases, program benefits may accumulate over many years. The estimated lifetime benefits of the programs, minus the cost of investing in the program, ranged from \$940 per participant for Eat Smart, Move More, Weigh Less to \$15,030 per participant for Healthy Beginnings. Most benefits accrue to participants through avoided out-of-pocket healthcare expenditures, increased earnings, and reduced risk of infant mortality. Taxpayers benefit from publicly-funded healthcare cost savings and reduced risk of infant mortality. State, federal, and local governments share the avoided costs. Private insurers and society as a whole benefit from reduced healthcare utilization and reduced risk of premature mortality.

Program Name	Lifetime Program Benefits	Net Program Cost	Benefit to Cost Ratio	Lifetime Benefits Minus Cost
<b>Chronic Disease Outcomes</b>				
Diabetes Prevention Program (DPP)	\$12,095	(\$471)	\$25.68	\$11,624
Eat Smart, Move More, Weigh Less (ESMMWL)	\$1,153	(\$215)	\$5.36	\$938
<b>Birth Outcomes</b>				
Adolescent Parenting Program	\$4,628	(\$7,254)	N/A	N/A
Baby Love Plus	\$18,523	(\$5,701)	\$3.25	\$12,822
Centering Pregnancy	\$4,682	(\$75)	\$62.43	\$4,607
Healthy Beginnings	\$18,646	(\$3,616)	\$5.16	\$15,030
Pregnancy Care Management (OBCM)	\$9,709	(\$822)	\$11.81	\$8,887
QuitlineNC for Pregnant Women	\$4,833	(\$120)	\$40.28	\$4,713

## Conclusion & Next Steps

OSBM worked with DHHS to identify the following steps based on the findings from Results First:

1. Seek opportunities to expand programs that are proven effective and have positive benefit-cost analysis findings.
2. Prioritize and evaluate programs where research is limited or outdated.
3. Use Results First to help complement current strategic planning efforts.
4. Incorporate Results First into DHHS's performance management framework.