

Frequently Asked Questions: Web-Based Return on Investment (ROI) Tool

In partnership with ASTHO, the Tobacco Control Network (TCN) developed a web-based ROI tool to help state and territorial tobacco control programs assess the potential return on a tobacco control intervention. The tool uses a general template that is customized to assess the ROI of a smoke-free housing program specifically, but can be adapted to assess other programs or interventions. Between May and September 2017, TCN regional representatives coordinated with ASTHO to offer live demonstrations of the tool to tobacco control program managers in their respective regions. Following these demonstrations, ASTHO compiled a list of frequently asked questions to support TCN members in continuing to learn about and use the tool to assess the ROI of their tobacco control programs. A recorded [demonstration video](#) of the ROI tool is also available.

Is it free to use the tool?

Yes.

How do I gain access to the tool?

To obtain a login for the ROI tool, contact Emily Peterman, ASTHO's research and evaluation analyst, via email at epeterman@astho.org.

How has the web-based ROI tool been used?

Several state health agencies have used the tool, including:

- **Connecticut** used the ROI tool to calculate the monetary gains of standardizing sociodemographic measures across several public health databases to more efficiently monitor health trends among target populations and improve health equity outcomes.
- **Maine** used the ROI tool prospectively to estimate the economic returns of investing in software to host web-based meetings to save on in-person meeting costs, such as travel.
- **Oklahoma** used the ROI tool to make the business case to payers to invest in community care coordination models to reduce the number of cardiovascular disease events and hospital re-admissions.
- **Utah** used the ROI tool to estimate the monetary value of testing prison populations for HIV, STDs, and Hepatitis C and linking positive patients to care within the community.

The ROI template can be adapted to other tobacco control interventions and initiatives.

Is there background information on the tool that can be shared with organizational senior leadership, local health departments, or other partners?

For general information about the web-based tool, visit the [ASTHO Evaluation](#) web page or download a [one-page summary](#) to share with colleagues who would assist in completing this assessment.

Is there a similar tool to analyze ROI on other tobacco control programs, such as a quitline? Could the tool be used to assess other chronic conditions (e.g., diabetes)?

This tool is customizable and users can input their own categories and operating costs. The tool can be adapted to analyze any program improvement. ASTHO is available to provide technical

assistance. Contact tcn@astho.org for more information.

Is this tool easy to edit?

Yes, most find it user-friendly and easy to manipulate. To receive technical support, email tcn@astho.org if you have questions about modifying the tool.

What is the timeframe for the return calculated? Would the figure grow or change over time?

Users can adjust the total time period and implementation periods. ASTHO recommends that implementation periods be consecutive and align in length (e.g., year-long periods over four years). Users should consider how long the intervention would have to be in place to achieve an outcome.

Does the tool account for inflation?

Yes, it will automatically take into account a three percent discount rate, and this can be edited.

Where can users find cost data? What are the citations for the data sources used in the tool?

Users are encouraged to use state- or territorial-level data available through their health department or other jurisdiction-specific data sources. For the health outcomes cost, the tool currently includes cost per capita based on the studies cited below. These estimates were selected based on rigor and on alignment with the tool for ease of input. However, generalizability may be limited and the tool should be updated as cost of illness research on tobacco-related illnesses continues to grow.

Estimated cases of smoking uptake: \$4,603

Max W, Sung H, Shi Y, et al. "The cost of smoking in California." *Nicotine Tob Res.* 2016. 18:1222–1229.

Estimated cases of smoking cessation: \$4,603

Max W, Sung H, Shi Y, et al. "The cost of smoking in California." *Nicotine Tob Res.* 2016. 18:1222–1229.

Estimated prevented cases of secondhand smoke exposure: \$5,247

Mason J, Wheeler W, Brown MJ. "The economic burden of exposure to secondhand smoke for child and adult never smokers residing in U.S. public housing." *Public Health Rep.* 2015. 130:230-244.

Do these ROI estimates pertain to specific groups or scenarios (e.g., cost to society, smokers, Medicaid, state and/or federal budgets, etc.)?

The tool's estimates are aggregate figures looking at society and potential stakeholders. The tool calculates the economic benefit of a prevented case of a potentially negative health outcome. It is not necessarily specific to a state or program, which should be considered when communicating or disseminating information about the results of the calculation.

How can ASTHO help states and territories with the tool?

ASTHO is available to provide technical assistance. While ASTHO does not provide a standard template for communicating results, ASTHO is available to support users with technical questions about the tool and review dissemination materials for accuracy. Contact tcn@astho.org for more information. TCN's [Online Tobacco Control Resources for ROIs](#) factsheet includes tips for communicating findings to stakeholders.