

Resources for Assessment of Return on Investment of Health Promotion Programmes

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Introduction. Major resources manageable health risks in Europe resulting in considerable healthcare and social costs include smoking, alcohol abuse, lack of physical activity and unhealthy nutrition. Strategic Objective “Healthy and Fit for Work” of the National Development Plan of Latvia for 2014–2020 identifies that approximately 30% of all deaths in Latvia are premature, while still in the working age. The main causes of early mortality include various diseases (cardiovascular, oncological, mental, disorders of the motor system, etc.) and external causes (injuries, accidents, suicide, murder), which are also the causes of an early loss of the capacity to work. The role of preventive programmes increases worldwide, and investments in these programmes are estimated by the methods of economic analysis.

Aim, Materials and Methods. The return on investment (ROI) indicator is mostly used to estimate the vaccinations, screening programmes and smoking control activities, but much less often applied to estimate health promotion programmes. Consequently, this research is dedicated to the investigation of the resources available to use ROI for assessment of health promotion programmes by evaluation of the relevant data sources.

Results. The role of health promotion and disease prevention programmes has increased around the world, taking into account the significant impact of treatment expenses on private and public health care expenditure. In the European Union (EU) total (public and private) health care expenditure amounts to around EUR 1,300 billion per annum (including EUR 220 billion for pharmaceuticals and EUR 100 billion for medical devices). Health expenditure makes up a large share of GDP in EU Member States: the share of total (public and private) health expenditure as a percentage of GDP was close to 10%. In these circumstances health systems must be able to adapt effectively to changing environments, and tackle significant challenges with limited resources.

ROI is a commonly used economic term to indicate the benefits (profits/returns) payer gets back from investing a resource (time/money), as well as a way of measuring and communicating public health effectiveness in a manner that is particularly salient for policymakers, funders, administrators and the general public. The examples of ROI and cost calculators for physical inactivity, obesity, alcohol and smoking are available on various websites. These series of ROI calculators estimate the effect of well-designed wellness programs on health care costs; the cost of medical care, worker’s compensation, and lost productivity as a result of physical inactivity; medical care and lost productivity costs due to obesity, and can also estimate ROI for interventions to reduce obesity; the cost and utilization of smoking cessation interventions, the number of employees who will quit smoking as a result of the interventions, and the productivity savings and ROI achieved for the employees who will quit; the number of problem drinkers (both employees and dependents) and the medical and social costs due to problem drinking.

Conclusions. ROI is suitable to estimate health promotion programmes and show that preventive activities can be cost-effective, provide value for money and give returns on investment in both short and longer terms, but international collaboration needs to be supported for methodological issues and data transferability. In Latvia the resources available for assessment of ROI for health promotion programmes should be strengthened.