Cost of Talking Parents, Healthy Teens: a worksite-based intervention to promote parent-adolescent sexual health communication


Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

CRD summary
This study evaluated the cost-effectiveness of a parent communication training programme designed to improve communication between parents and teenagers on sexual health. The authors concluded that the Talking Parents, Healthy Teens programme appeared to be feasible and cost-effective. The evaluation was limited and due to a lack of reporting, there was an unclear risk of bias. The study did not measure the outcomes relevant for decision makers, nor their associated costs.

Type of economic evaluation
Cost-effectiveness analysis

Study objective
This study evaluated the cost-effectiveness of a parent communication training programme, called Talking Parents, Healthy Teens, which was designed to improve communication between parents and their teenagers about sexual health.

Interventions
Parents in the intervention group participated in eight weekly one-hour sessions, at lunchtime, at their place of work. Sessions consisted of games, role play, and video-taped role play, designed to help parents communicate with their adolescents about sex and teach their children assertiveness and decision-making skills. Each group session was led by a trained health educator and an assistant, both with experience in adolescent health promotion. Each group included about 15 parents. The comparator was no intervention.

Location/setting
USA/public health.

Methods
Analytical approach:
This economic evaluation was part of a randomised controlled trial, conducted over nine months. The perspective was not explicitly stated.

Effectiveness data:
The effectiveness measures were from the trial, which was of 569 parents, who were recruited from 13 work sites (a mixture of medium-to-large, public and private sites), and 683 of their 710 eligible children aged about 11 to 16 years. All employees were in white-collar jobs. The measures were the number of new sexual topics discussed (reported by parents and adolescents), the number of repeat sexual topics discussed, whether parents taught their adolescents how to use a condom (reported by adolescents), ability to communicate about sex (rated by parents and adolescents on a four-point ordinal scale), and openness of communication (statements rated on a scale from strongly agree to strongly disagree). The outcomes were summed across families, with parents with more children able to report more topics. For the 535 parents and 627 adolescents who completed all four surveys, 1.1% of outcome data were missing; these missing data were imputed.

Monetary benefit and utility valuations:
Not relevant.
Measure of benefit:
A summary measure of benefit was not derived; the effectiveness outcome measures were presented.

Cost data:
The time spent by employees planning and implementing the programme was used to estimate the costs. Programme coordinators at each work site were responsible for collating data on the tasks performed, time spent, and wages, for employees in the programme. Time spent by the health educators and assistants was also recorded. Time was valued using normalised wages for occupation and industry from the US Bureau of Labor Statistics. The costs were divided into fixed costs and variable costs. Fixed costs were those that were the same irrespective of the number of participants, and variable costs depended on the number of participants. Pre-programme administration costs were included as fixed costs. It was assumed that an outside firm would be hired to create and administer the programme, so the costs of the curriculum were not included. All costs were reported in US $.

Analysis of uncertainty:
Ninety-five percent confidence intervals were generated for the cost-effectiveness ratios, using a 10,000 simulation, bias-corrected, bootstrapping method.

Results
The fixed cost of the programme was $543.03; with an additional variable cost of $28.05 per parent enrolled. The cost without the intervention was zero.

The incremental change, per intervention family, compared with control families, was 3.73 for parents and 3.01 for children, for new topics discussed; 6.75 for parents and 5.48 for children, for repeat topics discussed; and 0.10 for parents and 0.07 for children, for rating sex communication as very good or better. It was 0.11 for parents and 0.11 for children, who agreed or strongly agreed that communication openness was good; and 0.29 more children indicated that they received condom education.

The incremental cost-effectiveness ratios were presented, for each outcome, with 95% confidence intervals, which varied widely. For sex communication rating, ratios ranged from positive to dominated (more costly and less effective).

Authors' conclusions
The authors concluded that the Talking Parents, Healthy Teens programme appeared to be feasible and cost-effective.

CRD commentary
Interventions:
The intervention was described appropriately; it was compared with no intervention rather than an active alternative.

Effectiveness/benefits:
Initial data were not reported for the parents in each randomised group, and no details of randomisation were reported. This could have introduced bias as the groups may not have been comparable and the randomisation may not have been robust. It seems that all parents white-collar workers, so the results may not be generalisable to other families. Parent gender, child gender, and whether parents were single or married, and the primary caregiver or not, were not reported. All outcomes were intermediate, and appeared to be unique to this study, which may limit their generalisability.

Costs:
The costs were from a limited perspective; that of the programme. Limiting costs in this manner may underestimate (or overestimate) the savings, by excluding costs such as those of teenage parenthood and sexually transmitted infections. The price year was not reported, which limits comparability with other studies.

Analysis and results:
The analysis of the data was sufficient and the results were clearly presented. As highlighted by the authors, the outcomes were insufficient; all the other studies that were discussed in support of these findings measured sexually transmitted infections, HIV and AIDS, and teenage pregnancies. A graph of the bootstrap results on the cost-effectiveness plane, would have been useful.
Concluding remarks:
The evaluation was limited and due to a lack of reporting, there was an unclear risk of bias. The study did not measure the outcomes relevant for decision makers, nor their associated costs.

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