

## Attachment 1: Public value account

SAMPLE ONLY: NATIONAL COT DEATH PREVENTION PROGRAM<sup>1</sup>

Use of public resources and associated costs	Achievement of economic, environmental or social outcomes
<p><b>Financial costs</b></p> <ul style="list-style-type: none"> <li>A budget of \$1.6million has been set aside for the program.</li> <li>Independent funding from the Medical Research Foundation has been provided to cover the cost of a project coordinator.</li> <li>1.0 FTE officers in the Department of Health.</li> <li>Resources will be leveraged from community organisations to deliver SIDS awareness material.</li> </ul>	<p><b>Intended outcome</b></p> <ul style="list-style-type: none"> <li>Reduce the total SIDS rate from 2.5 per 1,000 live births in 1991 to 1.0 per 1,000 by 2000.</li> <li>Reduce the Maori SIDS rate from 6.9 per 1,000 live births in 1991 to 2.5 per 1,000 by 2000.</li> </ul> <p>This will be achieved by tackling the three major risk factors identified by the New Zealand Cot Death Study. With an interim objective of:</p> <ul style="list-style-type: none"> <li>Reducing the number of pregnant mothers smoking from 33% in 1991 to 25% or less by 1997 and to less than 20% by 2000.</li> <li>Increasing exclusive breastfeeding rates at three months from 60% in 1995 to 70% by 1997 and 75% by 2000.</li> <li>Maintaining the side and back sleep positions for infants at six weeks at the 1991 prevalence rate of 95%</li> </ul>
<p><b>Unintended negative consequences</b></p> <ul style="list-style-type: none"> <li>Reduction in smoking may reduce tax revenue received from cigarette purchases. This will be mitigated by a reduction in costs to public health system as a result of lower rates of smoking.</li> <li>Increase in exclusive breastfeeding may have a negative effect on companies that produce and sell Formula food. No mitigating action required as the market will adjust should there be a significant decrease in demand for these products.</li> <li>Some clients may resent being told how to care for their children by government.</li> </ul>	<p><b>Unintended positive consequences</b></p> <ul style="list-style-type: none"> <li>Reduction in smoking will have broad benefits for public health.</li> <li>Reduced expenditure on smoking and formula food could decrease financial stress in low income families with a potential saving of up to \$50 per week per household.</li> <li>Exclusive breastfeeding is associated with increased attachment and infant thriving, and could reduce infant illnesses and costs of medical treatment.</li> </ul>
	<p><b>Client satisfaction</b></p> <ul style="list-style-type: none"> <li>A broad range of stakeholders support the design and delivery of the program, including the Department of Health, community organisations, Health practitioners and teachers.</li> <li>Satisfaction with the program will be demonstrated by parents engaging with the program and changing their behaviour resulting in a reduction in infant mortality.</li> </ul>
<p><b>Social costs and impacts of regulation</b></p> <ul style="list-style-type: none"> <li>The proposal is an education program and involves no regulation. Success relies on behavioural changes among parents.</li> </ul>	<p><b>Justice and fairness</b></p> <ul style="list-style-type: none"> <li>The program attempts to improve fairness by specifically targeting extra resources to activities with Maori families who are disproportionately affected by SIDS.</li> </ul>

<sup>1</sup> Information taken from: <https://www.centreforpublicimpact.org/case-study/national-sids-prevention-programme/> - PLEASE NOTE: Figures and target numbers for illustration purposes only and may not correlate to actual figures and targets.