**Author's response to reviews**

**Title:** Measuring the costs of outreach motivational interviewing for smoking cessation and relapse-prevention among low-income pregnant women

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**Author's response to reviews:** see over
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The BioMed Central Editorial Team
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Dear BioMed Central Editorial Team,

Thank you for the opportunity to publish our manuscript (MS 1188259889258996) entitled, “Measuring the Costs of Outreach Motivational Interviewing for Smoking-Cessation and Relapse-Prevention Among Low-Income Pregnant Women,” and improve it further before publication. As requested, herewith we submit our revised manuscript and this cover letter with point-by-point responses to the reviewers’ comments and details on changes made to satisfy each comment or rebuttals. Please do not hesitate to contact us if you require further information.

Sincerely,

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Response to Reviewers’ Comments:
MS 1188259889258996, “Measuring the Costs of Outreach Motivational Interviewing for Smoking-Cessation and Relapse-Prevention Among Low-Income Pregnant Women”

Reviewer #1

1. There is substantial redundancy between introduction and methods concerning description of the RCT and the intervention.

Thank you for this comment. The RCT is described in detail in the methods section. The following sentences describing the RCT were deleted from the Background section on p.7 to reduce redundancy:

“The sessions: (1) educated participants about the impact of smoking on mothers, fetuses, and newborns; (2) helped participants evaluate their smoking behavior; (3) helped increase self-efficacy for smoking cessation and abstinence; (4) provided information on reducing exposure to environmental goals; and (5) provided feedback about household nicotine levels.”

“Participants also received self-help smoking-cessation manuals.”

2. Description of potential future savings is important in the introduction to round out the broader picture of analyzing costs incurred and potentially averted (paragraph on p 8). The details about cost savings associated with smoking cessation in the methods section (p 17) seems misplaced however. A briefer version of the latter might be better placed in the relevant part of the introduction.

Thank you for this comment. Potential future costs savings would help round out the discussion about costs incurred and potentially averted. The following information about smoking-related savings was added to the paragraph about cost savings on p. 8 in the background section:

“Published estimates of net lifetime additional medical costs for smokers and net smoking-attributable medical costs for neonatal intensive care, chronic medical conditions, and acute conditions during the first year of life provide evidence for the significance of these costs.”

3. The new Figure 1 could be helpful but as it stands needs to be either revised or eliminated. The overall picture of a ratio seems lost in the flurry of arrows. Part of the picture off the page because the total figure does not fit on an upright (portrait orientation) page. Check spelling of "denominator”.

Thank you for this comment. Figure 1 has been revised so it is easier to read and was formatted to fit onto one page. In addition, the spelling mistake has been corrected. Please see the revised Figure 1 attached.

4. Run-on sentences in the added material of the introduction should be re-written.
Thank you for this comment. We have reviewed and revised the run-on sentence.

Reviewer #2

1. On page 5 of the revised manuscript, the author states that “we cannot rely on prices to value resources in the economic evaluation of medical and public health interventions”. Even when markets are not perfectly competitive, we still can use prices to evaluate resources. Indeed, this paper uses prices to value resources when the authors multiply price of labor unit (hourly wage rate) and staff time.

Thank you for this comment. The sentence has been rephrased in the paper to be more accurate. It now reads as follows:

“…we cannot always rely solely on prices to value all resources in the economic evaluation of medical and public health interventions, although prices are almost always used for cost estimates.”

2. The first two sentences on page 6. Too many key factors are needed for “the most efficient and equitable resource allocation to reduce smoking”. The sentence “This article aims to address these gaps in the literature” should be rephrased to emphasize that it is only a contribution toward that goal.

Thank you for this comment. These sentences have been rephrased in the paper to be more accurate. They have been changed to the following:

“The lack of standardized or uniform methods in estimating costs is problematic because it limits our ability to determine which resources allocated to smoking cessation programs are used more equitably and efficiently. This article aims to address these gaps in the literature.”

3. The last two sentences in the discussion section (page 22) must also be rephrased as they seem to suggest that micro-costing can provide information on costs and benefits of the programs discussed.

Thank you for this comment. The last sentence has been rephrased to be more accurate. It has been changed to the following:

“Effective policy analysis and implementation of medical and public health programs relies on valid and reliable estimates of the costs and benefits of such programs. Micro-costing can help in providing these cost estimates.”