



A cost analysis of a smoke alarm installation and fire safety education program[☆]

John E. Parmer^a, Phaedra S. Corso^b, Michael F. Ballesteros^{a,*}

^a Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, NE, Mailstop K-63, Atlanta, GA 30341, USA

^b Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia, USA

Received 8 November 2005; received in revised form 24 March 2006; accepted 10 May 2006
Available online 29 September 2006

Abstract

Introduction: While smoke alarm installation programs can help prevent residential fire injuries, the costs of running these programs are not well understood. **Method:** We conducted a retrospective cost analysis of a smoke alarm installation program in 12 funded communities across four states. Costs included financial and economic resources needed for training, canvassing, installing, and following-up, within four cost categories: (a) personnel, (b) transportation, (c) facility, and (d) supplies. **Results:** Local cost per completed home visit averaged \$214.54, with an average local cost per alarm installed of \$115.02. Combined state and local cost per alarm installed across all four states averaged \$132.15. For every 1% increase in alarm installation, costs per alarm decrease by \$1.32. **Conclusions:** As more smoke alarms are installed, the average installation cost per alarm decreases. By demonstrating effective economies of scale, this study suggests that smoke alarm programs can be implemented efficiently and receive positive economic returns on investment.

© 2006 National Safety Council and Elsevier Ltd. All rights reserved.

Keywords: Fires/prevention; Smoke alarms; Cost analysis; Accident prevention; Accident/home

1. Introduction

Deaths from fires and burns are the sixth most common cause of unintentional injury-related deaths in the United States (Centers for Disease Control and Prevention [CDC], 2005). The U.S. death rate from fire ranks fourth among 25 developed countries (for which statistics are available) (International Association for the Study of Insurance Economics, 2004). The National Fire Protection Association (NFPA) reports that in 2004 approximately 410,500 residential fires occurred, causing approximately 3,190 deaths and 14,175 non-fatal injuries, resulting in over \$6 billion in property losses (Karter, 2005). Although these

numbers have generally declined in the past 10 years, residential fires remain a substantial public health burden in terms of mortality, disability, and decreases in quality of life.

Most fires and associated injuries are preventable. Smoke alarms have been shown to be an effective, reliable, and inexpensive method of providing early warning in residential fires (Ahrens, 2004). A working smoke alarm reduces the risk of death from residential fire by at least 50% (Ahrens, 2004). Despite this, and although over 90% of homes report having smoke alarms, only about three quarters of U.S. households report having a *functioning* smoke alarm (Harvey, Sacks, Ryan, & Bender, 1998; Neily, Smith, & Shapiro, 1994). Households below the poverty level and households in rural areas are even less likely to have installed smoke alarms (Harvey et al., 1998). A systematic review of controlled trials of interventions to promote smoke alarm use estimates that indirect methods such as counseling and educational interventions had non-significant effects on the

[☆] Note: the findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

* Corresponding author. Tel.: +1 770 488 1308; fax: +1 770 488 1317.

E-mail address: mballesteros@cdc.gov (M.F. Ballesteros).

likelihood of owning an alarm or having a functioning alarm (DiGuiseppi & Higgins, 2000).

The Centers for Disease Control and Prevention (CDC), U.S. Fire Administration (USFA), Consumer Product Safety Commission (CPSC), and other governmental and non-governmental organizations are collaborating to prevent residential fires in the United States with the goal of eliminating all residential fire-related deaths by 2020. In one of its efforts toward this goal, CDC's Injury Center (the National Center for Injury Prevention and Control) funds state health departments to deliver a smoke alarm installation and fire safety education program (SAIFE) in local communities at high-risk for residential fires.

This effort, which began in 1998, currently funds 16 states to participate and deliver the SAIFE program (Ballesteros, Jackson, & Martin, 2005). For each state, the program consists of intervening in a minimum of two communities, each with a high-risk population of 50,000 or less. High-risk is defined as having fire mortality and incident rates above the state and national averages, and a mean household income below the poverty line. The main activities of the program include staff driving into target neighborhoods, knocking on doors of each individual home on a street, and enrolling homes one-by-one (called "canvassing"); installing alarms; educating participants; and following up with evaluations on a proportion of program homes.

Some programs have attempted to accomplish something similar by distributing vouchers for free alarms or distributing actual free alarms, but these programs have not proven to be effective in getting working alarms into the home (DiGuiseppi et al., 2002; Douglas, Mallonee, & Istre, 1998; Mallonee et al., 1996). Harvey et al. (1998) found that compared to homes that were given vouchers for free alarms, homes that had alarms actually installed were almost five times more likely to have functioning alarms after 6 to 12 months. Additionally, they found that approximately 90% of installation homes had functioning smoke alarms at follow-up, indicating that direct installation of alarms can be an effective means of getting working alarms into homes. The SAIFE program performs direct installations, which is consistent with the evidence described above. However, installation programs are time-consuming and costly. The costs of running these programs have never been studied in detail.

The purpose of this study was to conduct a cost analysis of typical SAIFE programs to assess the economic resources involved in delivering smoke alarm protection and fire safety education to eligible homes in selected communities. Such an analysis can provide information on the cost per alarm installed and how these costs differ across programs of varying size. Ideally, a community interested in implementing a smoke alarm installation program could estimate the program costs based on how many alarms are to be installed.

2. Methods

For this study, we conducted a retrospective cost analysis of the SAIFE program based on the following state-level criteria: funded since 1998; regular reporting to the National Fire Incidence Reporting System (NFIRS; U.S. Fire Administration, 2005); and geographic dispersion. Of the four states included in the analysis, two worked with two communities each, and two worked with four communities each, for a total of 12 local sites.

Annual program cost data for October 2002 through September 2003 were collected for activities at both the state and local levels. State costs were obtained from budgets submitted for federal reimbursement in this time period and from telephone interviews with the state SAIFE coordinators. Local costs were obtained by telephone interviews with each local coordinator.

Program costs included direct financial expenditures for resources required to implement the program (e.g., salary and supplies), including the estimated economic value of donated resources (e.g., volunteer time and office space). The latter costs were included to capture the full array of resources required to implement the program. In this way, local communities can make judgments about their ability to replicate the program.

Costs were collected at the local level for four activities: training, canvassing, installation, and follow-ups. Personnel were trained to deliver the educational materials to smoke alarm recipients, to install smoke alarms, and to conduct follow-up evaluations. Canvassing activities involved targeting and enrolling homes and soliciting requests from the community for smoke alarms. Installation activities included installing smoke alarms in homes and delivering educational materials to participants. Follow-up activities included evaluating smoke alarm prevalence and functionality in participants' homes.

Programmatic costs collected at the state level included the state coordinator's salary, in-state travel costs associated with program activities, and costs for educational materials that were provided to each program participant. For each activity we included programmatic costs for four main categories of costs: personnel, transportation, facility, and supply. Personnel costs included the time and salary required for the local coordinator to implement the SAIFE program and for any part-time and full-time personnel that were involved in program activities. The costs for volunteer time were calculated by using the hourly wage the program would have paid someone to do the volunteer job.

Transportation costs included the mileage reimbursement cost (\$0.36/mile) for the use of personal vehicles to complete program activities, and the capital costs and mileage reimbursement costs associated with using fire engines or other non-personal vehicles for program activities. Capital costs for fire engines and fire rescue trucks were adjusted to an annual equivalent using a standard

equation for annuitizing capital costs.¹ The annual vehicle cost was then adjusted according to the percent of that vehicle’s use that was dedicated to program activities.

Facility costs included all office space that was involved in program activities. We estimated an economic value of that office space by considering the square footage and the percent of total use for program activities, as well as estimated costs for utilities for those facilities. Finally, supply costs included the cost of smoke alarms for each site.

From the state and local coordinators, we also collected information on several process outcomes of interest such as number of home visits attempted, number of completed visits, and the total number of alarms installed. Home visits were defined as an attempted visit. An attempted visit may or may not have resulted in an alarm installation. Completed visits were defined as only those visits that resulted in an alarm installation. Because some homes required more than one alarm, we also collected information on the average number of alarms installed per home and the total number of alarms installed per site.

3. Results

The resources required for implementing each local program and per unit cost data are presented in Tables 1 through 4. As shown in Table 1, the number of hours required to implement program activities by full-time personnel ranged from 170 hours (State B-site 1) to 3,760 hours (State D-site 1). One site had part-time employees involved in program activities for a total of 514 hours (State B-site 1). Volunteers were used in all but three sites, ranging from 812 (State C-site 3) hours to 3,850 hours (State C-site 1).

In the transportation category shown in Table 2, 10 of the 12 sites used at least one fire-truck or rescue truck to conduct program activities. As shown in the sub-total column, after adjusting annual equivalent costs to the percent of the vehicle’s use involved in program activities, transportation costs for fire-trucks and rescue vehicles ranged from \$212 (State C-site 3) to \$3,143 (State D-site 1). Personal vehicles were used for programmatic activities in 7 of the 12 sites. The cost per mile (\$0.36), as defined by the Federal Travel Regulation, was used for all vehicles. The total mileage costs for personal vehicles, fire-trucks, and rescue trucks ranged from \$115 (State D-site 1) to \$3,096 (State A-site 1).

In the facility category shown in Table 3, six of the 12 sites used only one office to carry out program related activities, with a maximum of seven offices used for program activities (State A-site 1).

In the supplies category (Table 4), the number of smoke alarms (long-lasting, lithium-powered alarms, with hush-

Table 1
Local personnel costs per site for the smoke alarm installation and fire education program, 2002

| | | Type of Worker | Total hours | Hourly Rate | Total (\$) | |
|---------|--------|----------------|-------------|-------------|-----------------|-----------------|
| State A | Site 1 | Full-time | 300 | \$13.00 | \$3,900 | |
| | | Volunteer | 3,334 | \$17.19 | \$57,311 | |
| | | | | | | \$61,211 |
| | Site 2 | Full-time | 513 | \$13.00 | \$6,669 | |
| | | Volunteer | 3,237 | \$17.19 | \$55,644 | |
| | | | | | | \$62,313 |
| State B | Site 1 | Full-time | 170 | \$32.00 | \$5,440 | |
| | | Part-time | 514 | \$19.00 | \$9,766 | |
| | | Volunteer | 2,980 | \$17.19 | \$51,226 | |
| | | | | | | \$66,432 |
| | Site 2 | Full-time | 219 | \$32.00 | \$7,008 | |
| | | Volunteer | 2,952 | \$17.19 | \$50,745 | |
| | | | | | \$57,753 | |
| State C | Site 1 | Full-time | 1,895 | \$15.00 | \$28,425 | |
| | | Volunteer | 3,850 | \$17.19 | \$66,182 | |
| | | | | | | \$94,607 |
| | Site 2 | Volunteer | 1,358 | \$17.19 | \$23,344 | |
| | Site 3 | Volunteer | 812 | \$17.19 | \$13,958 | |
| | Site 4 | Volunteer | 2,648 | \$17.19 | \$45,519 | |
| State D | Site 1 | Full-time | 3,760 | \$18.00 | \$67,680 | |
| | Site 2 | Volunteer | 975 | \$17.19 | \$16,760 | |
| | Site 3 | Full-time | 2,840 | \$18.00 | \$51,120 | |
| | Site 3 | Full-time | 1,216 | \$18.00 | \$21,888 | |

button features) installed in each site ranged from 95 (State D-site 2) to 1,260 alarms (State C-site 1), with cost per alarm ranging from \$9.30 to \$13.00.

Personnel, the largest category of costs for all sites, varied in percent allocated to the program activities for training, canvassing, installation, and follow-up. Based on data across all sites, 73.9% of total personnel costs (range 47.6% to 92.1%) involved installation. Additionally, a mean of 11.1% of personnel costs (range 0% to 33.2%), 8.0% (range 0% to 22.5%), and 7.0% (range 1.1% to 20.7%) involved canvassing, follow-up, and training, respectively.

The outcomes of interest and total costs per local site are summarized in Table 5. The number of completed visits per site ranged from 56 (State D-site 2) to 604 (State D-site 1), with a mean across all sites of 296. The average number of alarms installed per home ranged from 1.0 (State D-site 4) to 2.8 (State C-site 1), with a mean for all sites of 2.0 alarms per home. In the local costs category, the total local program costs per site ranged from \$17,597 (State C-site 3) to a high of \$113,648 (State C-site 1). The average local cost per completed visit ranged from \$141.80 (State D-site 1) to \$371.38 (State D-site 2), with a mean across all 12 sites of \$214.54 per completed visit, and a median of \$188.78 per completed visit. The average local cost per alarm installed ranged from \$60.44 (State C-site 2) to \$218.92 (State D-site 2), with a mean across all sites of \$115.02 per alarm installed, and a median of \$96.16 per alarm installed.

Total costs from the state perspective are summarized in Table 6, as well as average state and local costs per process

¹ Annual Present Value = $[P - S] \left[\frac{1}{1 + r} \right]^n (AF_{r,n})^{-1}$ P = Capital cost; S = Scrap value after n years of useful life; r = 3% discount rate; n=20 Scrap Value = 10% of vehicle purchase cost $AF = [1 - (1/(1 + r))^n] r^{-1}$.

Table 2
Local transportation costs per site for the smoke alarm installation and fire education program, 2002

| | | Vehicle Capital Costs | | | | Mileage Reimbursement | | Total for Site | |
|---------|--------|-----------------------------------|--|------------------|--------------|-------------------------|----------------------|--------------------------|----------------|
| | | Vehicle Type (# used) | Annual Equivalent Cost | Months Used | Percent Used | Capital Cost Subtotal | Miles driven | Mileage cost * | |
| State A | Site 1 | Personal (21) | | | | \$0 | 8,600 | \$3,096 | \$3,096 |
| | Site 2 | Firetruck (1) Personal (1) | \$12,698 | 5 | 10% | \$529 \$0 | 100 1,250 | \$36 \$450 | |
| State B | Site 1 | Firetruck (3) Personal (3) | \$33,336 | 4 | 20% | \$529 \$2,222 \$0 | 252 3,100 | \$486 \$91 \$1,116 | \$3,429 |
| | | Site 2 | Personal (9) | | | \$0 | 6,165 | \$2,219 | |
| State C | Site 1 | Firetruck (1) Rescue (2) | \$8,572 \$5,334 | 10 10 | 15% 15% | \$1,072 \$667 | 450 900 | \$162 \$324 | \$2,224 |
| | | Site 2 | Rescue (1) Command (1) Personal (10) | \$2,857 \$889 | 3 3 | 30% 30% | \$214 \$67 \$0 | 150 150 1,500 | |
| | Site 3 | Rescue (1) Personal (9) | \$3,175 | 4 | 20% | \$212 \$0 | 100 270 | \$36 \$97 | \$345 |
| | | Site 4 | Rescue (1) Personal (7) | \$2,857 | 3 | 30% | \$214 \$0 | 150 560 | |
| State D | Site 1 | Firetruck (6) Rescue (2) | \$57,144 \$5,714 | 3 3 | 20% 20% | \$2,857 \$286 | 240 80 | \$86 \$29 | \$3,258 |
| | | Site 2 | Firetruck (4) | \$38,096 | 8 | 5% | \$1,270 | 480 | |
| | Site 3 | Firetruck (4) Ladder Truck (1) | \$50,792 \$3,175 | 10 10 | 3% 3% | \$1,270 \$79 | 1,600 790 | \$576 \$284 | \$2,210 |
| | | Site 4 | Firetruck (5) | \$47,620 | 10 | 3% | \$1,349 \$1,191 | 700 | |

* \$0.36 per mile.

outcome of interest. Total state costs ranged from \$33,750 (State C) to \$60,105 (State D). Total state and local costs ranged from \$199,618 (State A) to \$255,425 (State D). The average state and local cost per completed visit ranged from

\$246.79 (State D) to \$277.56 (State B), with a mean of \$258.87 per completed visit. Average state and local cost per alarm installed ranged from \$97.75 (State C) to \$170.61 (State A), with a mean for all 4 states of \$131.56 per alarm.

Table 3
Local facility costs per site for the smoke alarm installation and fire education program, 2002

| | | Number of Offices | Monthly Rent | Monthly Utilities | Number of Months Used | Percent Use | Sub-Total | Total for Site |
|---------|---------|-------------------|--------------|-------------------|-----------------------|-------------|-----------|----------------|
| State A | Site 1 | 7 | \$150 | \$40 | 12 | 10% | \$1,596 | \$1,596 |
| | Site 2 | 1 | \$200 | \$25 | 12 | 100% | \$2,700 | \$2,700 |
| State B | Site 1 | 1 | \$150 | \$30 | 12 | 100% | \$2,160 | \$2,160 |
| | Site 2 | 1 | \$200 | \$50 | 12 | 75% | \$2,250 | \$2,250 |
| State C | Site 1 | 1 | \$300 | \$100 | 12 | 50% | \$2,400 | \$5,100 |
| | | 1 | \$200 | \$100 | 12 | 75% | \$2,700 | |
| | Site 2 | 1 | \$500 | \$100 | 3 | 75% | \$1,350 | \$1,350 |
| | Site 3 | 1 | \$600 | \$200 | 12 | 10% | \$960 | \$960 |
| | Site 4 | 1 | \$200 | \$30 | 4 | 100% | \$920 | \$920 |
| | State D | Site 1 | 2 | \$300 | \$100 | 12 | 20% | \$1,920 |
| 1 | | 1 | \$150 | \$50 | 12 | 100% | \$2,400 | |
| | Site 2 | 3 | \$600 | \$105 | 8 | 10% | \$1,692 | \$1,692 |
| | Site 3 | 4 | \$800 | \$120 | 12 | 10% | \$4,416 | \$5,736 |
| | Site 4 | 1 | \$100 | \$10 | 12 | 100% | \$1,320 | \$1,330 |
| | | 1 | \$150 | \$40 | 10 | 20% | \$380 | |
| | | 1 | \$75 | \$20 | 10 | 100% | \$950 | |

Table 4
Local supply costs per site for the smoke alarm installation and fire education program, 2002

| | | Number of Alarms | Cost per Alarm | Total |
|---------|--------|------------------|----------------|----------|
| State A | Site 1 | 542 | \$13.00 | \$7,046 |
| | Site 2 | 628 | \$13.00 | \$8,164 |
| State B | Site 1 | 878 | \$12.00 | \$10,536 |
| | Site 2 | 1,000 | \$12.00 | \$12,000 |
| State C | Site 1 | 1,260 | \$9.30 | \$11,718 |
| | Site 2 | 501 | \$9.30 | \$4,659 |
| | Site 3 | 251 | \$9.30 | \$2,334 |
| | Site 4 | 512 | \$9.30 | \$4,762 |
| State D | Site 1 | 1,094 | \$9.50 | \$10,393 |
| | Site 2 | 95 | \$9.50 | \$903 |
| | Site 3 | 403 | \$9.50 | \$3,829 |
| | Site 4 | 139 | \$9.50 | \$1,321 |

Fig. 1 shows the relationship between the number of alarms installed at a local site versus the average local cost per alarm. We fit a curvilinear model by regressing the log of average local cost per alarm (ALC) on the log of corresponding measure of output, alarms installed (Q), ($y = -46.122\ln(x) + 399.63$; $R^2 = 0.5623$).

This log-log specification allows one to assess the elasticity of observed average cost with respect to output. That is, roughly speaking, it is the percentage change in observed average cost (-1.32) caused by a 1% increase in output level. This suggests that on average, the local cost of installing an alarm decreases by \$1.32 for every 1% increase in alarms installed over the range of alarms installed for this sample (95 to 1,260). This significant negative relationship suggests that long-run minimum average cost does indeed fall across output levels, a situation generally referred to as “economies of scale.”

This model also allows another local fire department to assess the average costs of installing any pre-determined number of alarms. For example, if a local fire department were interested in the cost of installing 585 alarms (the average number of alarms installed in our analysis), we could estimate from the equation for the fitted line in Fig. 1 that the average local cost per alarm would be $-46.122\ln(585) + 399.63$, or \$105.76.

4. Discussion

The results of this analysis indicate that on average it costs a community \$59,351 to implement the SAIFE program. Adding in the average state costs, the cost to implement this program in a given community is \$76,314, resulting in 585 smoke alarms being installed. A comparison of average local costs per alarm installed shows that as more smoke alarms are installed, the average cost of installing each alarm falls. This finding suggests that the SAIFE program is benefiting from economies of scale.

We found that for the sites we examined, it would cost a typical program approximately \$100 to install one alarm. Another outcome may have been the cost per functioning

Table 5
Local outcomes and summary costs per site for the smoke alarm installation and fire education program, 2002

| Outcomes | State A | | | | State B | | | | State C | | | | State D | | | |
|---------------------------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Home visits | 386 | 393 | 360 | 411 | 411 | 534 | 240 | 240 | 110 | 110 | 225 | 241 | 895 | 895 | 241 | 149 |
| Complete visits | 386 | 393 | 360 | 411 | 411 | 457 | 207 | 207 | 109 | 109 | 195 | 236 | 604 | 604 | 236 | 139 |
| Alarms installed | 542 | 628 | 899 | 1,000 | 1,000 | 1,260 | 501 | 501 | 251 | 251 | 512 | 403 | 1,094 | 1,094 | 403 | 139 |
| Ave alarms installed/home | 1.4 | 1.6 | 2.5 | 2.4 | 2.4 | 2.8 | 2.4 | 2.4 | 2.3 | 2.3 | 2.6 | 1.7 | 1.8 | 1.8 | 1.7 | 1.0 |
| Total Local Costs | \$72,949 | \$74,192 | \$82,559 | \$74,222 | \$74,222 | \$113,648 | \$30,282 | \$30,282 | \$17,597 | \$17,597 | \$51,447 | \$62,893 | \$85,650 | \$85,650 | \$62,893 | \$25,980 |
| Ave Cost/Complete Visit | \$188.99 | \$188.78 | \$229.33 | \$180.59 | \$180.59 | \$248.68 | \$146.29 | \$146.29 | \$161.44 | \$161.44 | \$263.83 | \$266.50 | \$141.80 | \$141.80 | \$266.50 | \$186.91 |
| Ave Cost/Alarm | \$134.59 | \$118.14 | \$91.83 | \$74.22 | \$74.22 | \$90.20 | \$60.44 | \$60.44 | \$70.11 | \$70.11 | \$100.48 | \$156.06 | \$78.29 | \$78.29 | \$156.06 | \$186.91 |

Table 6
State costs and combined state and local cost for the smoke alarm installation and fire education program, 2002

| | State A | State B | State C | State D |
|-------------------------------------|-----------|-----------|-----------|-----------|
| Coordinator Salary | \$47,332 | \$50,218 | \$21,210 | \$52,329 |
| In-state Travel | \$2,500 | \$1,000 | \$4,140 | \$5,896 |
| Educational Materials | \$2,645 | \$6,000 | \$8,400 | \$1,880 |
| Total State Costs | \$52,477 | \$57,218 | \$33,750 | \$60,105 |
| Total Local Costs | \$147,141 | \$156,781 | \$212,974 | \$195,320 |
| Total State and Local Costs | \$199,618 | \$213,999 | \$246,724 | \$255,425 |
| Total Completed Visits | 779 | 771 | 968 | 1,035 |
| Total Alarms Installed | 1,170 | 1,899 | 2,524 | 1,731 |
| Ave State and Local Costs per Visit | \$256.25 | \$277.56 | \$254.88 | \$246.79 |
| Ave State and Local Costs per Alarm | \$170.61 | \$112.69 | \$97.75 | \$147.56 |

alarm after a certain time period post-installation. Unfortunately, the SAIFE program does not follow-up for smoke alarm functionality with each home visited, so it is not possible to reliably calculate this outcome. Several studies have shown that the effects of smoke alarm installation programs may wane over time. One study found that 83% of the alarms installed in program homes were still functioning after six months, another observed that 87% of the alarms worked after one year, another found 63% after 15 months, and a fourth found 64% of the alarms were operational after about 3 years (Mickalide & Validzic, 1999; Roberts et al., 2004; Shults et al., 1998; Thompson, Jones, Davis, & Caplan, 2004). While it is widely accepted that functioning smoke alarms are effective in preventing residential fire-related injuries, these studies indicate that another challenge is to keep the alarms working. One of the most common reasons for a smoke alarm not working is that the battery is not working (Smith, 1994). To help alleviate this problem, the SAIFE program requires the installation of lithium-powered longer-lasting alarms compared to the regular 9-volt battery power alarms used in the studies cited above. Therefore, not only would we expect more SAIFE-installed alarms to be functioning after the same time periods, but this analysis also has demonstrated that on a program level, the cost of installation per alarm will decrease as more alarms are installed.

By including both economic and financial costs in our analysis, this study provides a real assessment of the resources required to implement the SAIFE program. This should help other communities who want to implement the SAIFE program to determine what is needed to efficiently run the program. However, a limitation of this analysis is that it only provides information on programmatic costs per alarm installed, sometimes referred to as a cost-outcome analysis or a cost-consequence analysis. Ultimately, one would want to

compare a program’s costs to a program’s benefits. This type of assessment can be done by economic evaluations, including cost-benefit analysis (CBA) or cost-effectiveness analysis (CEA; Haddix, Teutsch, Shaffer, & Dunet, 1996). In an effort to measure the impact of this program beyond the number of homes visited, smoke alarms installed, and estimated lives saved, a community trial is currently underway in a SAIFE state. We plan to use the effectiveness data from the community trial and the results of the current study to conduct a cost-benefit analysis of the SAIFE program. Together these projects will provide additional effectiveness measures, allow for the SAIFE program to be further refined, and quantify costs and cost savings from the SAIFE program to assist state and local planning.

Although we did not conduct an analysis that compared the costs to the benefits of the SAIFE program, Haddix, Mallonee, Waxweiler, and Douglas (2001) did this type of analysis when they conducted a CEA of a similar program in Oklahoma City that gave away 10,000 smoke alarms to a high-risk area in south Oklahoma City (Haddix et al., 2001). The authors found that compared with no program, the Oklahoma City program prevented 20 fatal and 24 non-fatal residential fire-related injuries during the five years post intervention, despite the fact that the smoke alarms were given away (compared to installed in the SAIFE program) and the batteries only had a one-year life expectancy (compared to longer-lasting lithium-powered batteries in the SAIFE program). If we consider the measures of effectiveness used in the Haddix et al. paper, acknowledging the potential for underestimating the effectiveness of installed smoke alarms with lithium batteries, this suggests that for every 10,000 alarms installed, 20 fatal and 24 non-fatal residential fire-related injuries could be prevented over a five year period. The proportional number of injuries that could be prevented by a program that installed 500 alarms, the typical size of the SAIFE program, would be one fatal and between one to two non-fatal injuries in five years. Our cost analysis shows that installing 500 alarms costs on average \$56,499 at the local level. If the costs of the program are less than the monetary benefits achieved by the program (that is, the monetary value of preventing the fatal and non-fatal

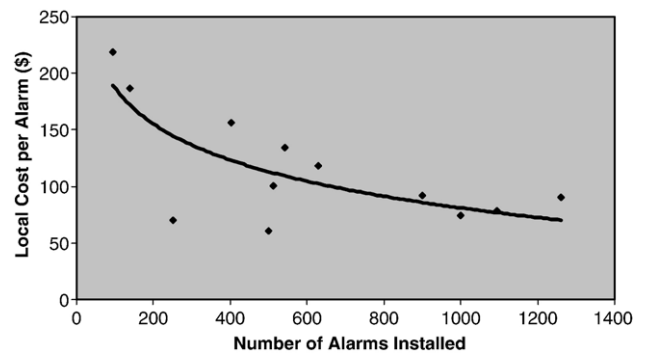


Fig. 1. Average local cost per alarm installed as a function of number of alarms installed by the smoke alarm installation and fire education program, 2002.

injuries), one might argue that there is economic justification for implementing the program. With values of statistical life (VSL) ranging from \$1.5 to \$5 million in the literature (Miller, 1990; Viscusi, 1993), the benefits of the SAIFE program could be seen as far outweighing the costs. Further assessment of the program's effectiveness and cost-effectiveness is warranted before drawing precise economic conclusions.

Many communities have programs designed to increase smoke alarm prevalence. However, only a handful have been evaluated for their effectiveness or for the cost of their implementation (Miller & Levy, 1997). This study takes a first step by assessing the economic costs required to implement the SAIFE program. Our results suggest that the SAIFE program is an efficient program that offers public health improvements benefiting from economies of scale, similar to other evidence of economies of scale in public health from cancer screening and polio immunization (Mansley, Dunet, May, Chattopadhyay, & McKenna, 2002; Zhang et al., 1998).

Acknowledgements

The authors extend their gratitude to the state and local program coordinators who donated their time and expertise. State coordinators include Steve Davidson, Robert McCool, Miriam McGaugh and Suzanne Syzdek. Local coordinators include Chief John Bays, Major Derrick Hall, Sue Patterson, Martina Pulliam, Chief J.D. Rice, Chief Roy Rice, Fred Rion, Chief James Switzer, Chief Jack Thompson, Chief Toni Tolbert, Randy White, and Chief Tim White. We sincerely thank them for all their help and dedication.

References

- Ahrens, M. (2004). *U.S. experience with smoke alarms and other fire detection/ alarm equipment*. Quincy, MA: National Fire Protection Association.
- Ballesteros, M. F., Jackson, M. L., & Martin, M. W. (2005). Working toward the elimination of residential fire deaths: The Centers for Disease Control and Prevention's Smoke Alarm Installation and Fire Safety Education (SAIFE) Program. *J Burn Care Rehabil*, 26(5), 434–439.
- Centers for Disease Control and Prevention [CDC]. (2005). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Accessed online 25 August 2005 at: <http://www.cdc.gov/ncipc/wisqars/>
- DiGuseppi, C., & Higgins, J. P. (2000). Systematic review of controlled trials of interventions to promote smoke alarms. *Arch Dis Child*, 82(5), 341–348.
- DiGuseppi, C., Roberts, I., Wade, A., Sculpher, M., Edwards, P., Godward, C., et al. (2002). Incidence of fires and related injuries after giving out free smoke alarms: Cluster randomised controlled trial. *BMJ*, 325(7371), 995.
- Douglas, M. R., Mallonee, S., & Istre, G. R. (1998). Comparison of community based smoke detector distribution methods in an urban community. *Inj Prev*, 4(1), 28–32.
- International Association for the Study of Insurance Economics. (2004). *World fire statistics*. Geneva, Switzerland: The Geneva Association.
- Haddix, A. C., Mallonee, S., Waxweiler, R., & Douglas, M. R. (2001). Cost effectiveness analysis of a smoke alarm giveaway program in Oklahoma City, Oklahoma. *Inj Prev*, 7(4), 276–281.
- Haddix, A. C., Teutsch, S. M., Shaffer, P. A., & Dunet, D. O. (1996). *Prevention effectiveness: A guide to decision analysis and economic evaluation*. New York, NY: Oxford University Press.
- Harvey, P. A., Sacks, J. J., Ryan, G. W., & Bender, P. F. (1998). Residential smoke alarms and fire escape plans. *Public Health Rep*, 113(5), 459–464.
- Karter, M. J. (2005). *Fire loss in the United States during 2004: Abridged report*. Quincy, MA: National Fire Protection Association.
- Mallonee, S., Istre, G. R., Rosenberg, M., Reddish-Douglas, M., Jordan, F., Silverstein, P., et al. (1996). Surveillance and prevention of residential-fire injuries. *N Engl J Med*, 335(1), 27–31.
- Mansley, E. C., Dunet, D. O., May, D. S., Chattopadhyay, S. K., & McKenna, M. T. (2002). Variation in average costs among federally sponsored state-organized cancer detection programs: economies of scale? *Med Decis Making*, 22(5 Suppl), S67–S79.
- Mickalide, A., & Validzic, A. (1999). Smoke alarm maintenance in low-income families. *Am J Public Health*, 89(10), 1584–1585.
- Miller, T. R. (1990). The plausible range for the value of life: Red herrings among the mackerel. *J Forensic Econ*, 3, 17–39.
- Miller, T. R., & Levy, D. T. (1997). Cost outcome analysis in injury prevention and control: A primer on methods. *Inj Prev*, 3(4), 288–293.
- Neily, M. L., Smith, C. L., & Shapiro, J. I. (1994). Residential smoke detector performance in the United States. *International Journal for Consumer Safety*, 1(1), 43–50.
- Roberts, H., Curtis, K., Liabo, K., Rowland, D., DiGuseppi, C., & Roberts, I. (2004). Putting public health evidence into practice: increasing the prevalence of working smoke alarms in disadvantaged inner city housing. *J Epidemiol Community Health*, 58(4), 280–285.
- Shults, R. A., Sacks, J. J., Briske, L. A., Dickey, P. H., Kinde, M. R., Mallonee, S., et al. (1998). Evaluation of three smoke detector promotion programs. *Am J Prev Med*, 15(3), 165–171.
- Smith, C. L. (1994). *Smoke detector operability survey: Report on findings*. Washington, DC: Consumer Product Safety Commission.
- Thompson, C. J., Jones, A. R., Davis, M. K., & Caplan, L. S. (2004). Do smoke alarms still function a year after installation? A follow-up of the get-alarmed campaign. *J Community Health*, 29(2), 171–181.
- U.S. Fire Administration. (2005). *National Fire Incident Reporting System (NFIRS)*. Accessed online in 25 August 2005 at <http://www.usfa.fema.gov/nfirs/>
- Viscusi, W. K. (1993). The value of risks to life and health. *Journal of Economic Literature*, 31, 1912–1946.
- Zhang, J., Yu, J. J., Zhang, R. Z., Zhang, X. L., Zhou, J., Wing, J. S., et al. (1998). Costs of polio immunization days in China: Implications for mass immunization campaign strategies. *Int J Health Plann Manage*, 13(1), 5–25.

John E. Parmer is a research assistant in the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). He received his master's degree in Public Policy from the Georgia Institute of Technology.

Phaedra S. Corso is the senior health economist in the National Center for Injury Prevention and Control at CDC. Dr. Corso has worked at CDC for over a decade in the areas of economic evaluation and decision analysis, publishing numerous articles on the cost-effectiveness of prevention interventions and co-editing a book on economic evaluation and decision analysis methods for use in public health. She holds a Master's degree in public finance from The University of Georgia and a Ph.D. in health policy, decision sciences, from Harvard University.

Michael F. Ballesteros is an epidemiologist in the National Center for Injury Prevention and Control at CDC. He has worked at CDC for five years conducting research on unintentional injuries. He holds a Master's degree in Preventive Medicine and a Ph.D. in epidemiology from the University of Maryland at Baltimore.