Frontiers in Public Health Services and Systems Research

Volume 3 | Number 4 Article 5

October 2014

Editorial Comment: Understanding Cost Variation in STD Service Delivery as State and Federal Agencies Reduce Funding

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Recommended Citation

Preston MA, Greenfield WW, Smith SA. Editorial Comment: Understanding Cost Variation in STD Service Delivery as State and Federal Agencies Reduce Funding. Front Public Health Serv Syst Res 2014; 3(4). DOI: 10.13023/FPHSSR.0304.05

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Abstract

As health reform gains momentum, many changes have been seen in the way health services are delivered and financed. In an attempt to address the uncertainties and understand the costs of delivering STD prevention services, the authors examined the cost of STDs in a highly centralized public health agency system (PHAS). This commentary covers several implications that arise from this study.

Keywords

Health Service Delivery, Prevention, Public Health Spending, Sexually Transmitted Diseases (STD)

As health reform gains momentum, many changes have been seen in the way health services are delivered and financed.[1] A large and growing body of research on service delivery shows the need to understand variation in public health spending and health services delivery.[2-4] One example of changes in health care delivery, the Centers for Disease Control and Prevention launched Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS) as a framework for sexually transmitted diseases (STD) programs to leverage opportunities by the transformed health care environment. Such initiatives allow more flexibility for direct resources to support STD prevention activities that reflect their local situation.

The current study is very timely with the implementation of the Affordable Care Act (ACA) and addresses an important public health issue on resources supporting sexually transmitted diseases service delivery. In theory, the ACA should improve individuals' access to health care coverage and preventive services; however, there are many uncertainties in actual implementation of and adherence to ACA regulations across states and allocation of resources for public health activities. In addition, policymakers and practitioners have limited evidence to draw on in understanding cost variation in service delivery.

In an attempt to address the uncertainties and understand the costs of delivering STD prevention services, the authors examined the cost of STDs in a highly centralized public health agency system (PHAS). The authors found that many of the variables in county public health agencies and the populations they serve were not significantly correlated with cost of service. However, the authors did find that the availability of local tax funding for county health departments is marginally significantly associated to higher STD expenditure per case.

The findings imply that even in a highly centralized public health agency system, a wide variation exists in STD rates and cost for STD services. Although exploratory, due to the nature of the design being cross-sectional, the study cannot determine the existence, direction or magnitude of any causal relationship between variables in county public health agencies and the populations they service and unit costs of delivering STD prevention/control services. Several implications emerge from these findings and the larger body of literature. First, many opportunities for variation studies have been created by the Affordable Care Act. Second, provisions under the Affordable Care Act give states, local governments, and health care systems a wide range of discretionary power when it comes to how to do things. Therefore, it is important to understand how health care and public health delivery systems respond to policy initiatives and the impact of variations in expenditures on health service delivery. Such variation studies may provide promising strategies that improve the effectiveness of these services and how best to allocate limited resources. Finally, researchers and practitioners should continue to explore plausible explanations that provide clarity on bridging health care and public health delivery systems for major public health problems.

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