Improving the Reach and Effectiveness of STD Prevention, Screening, and Treatment Services in Local Public Health Systems

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Background

• Controlling spread of STDs is a core responsibility of public health systems
• However, STD service delivery varies widely across local health jurisdictions and little is known about how organization of services impacts effectiveness
• High STD incidence rates place a heavy burden on local public health systems
• Difficulty determining whether differences in STD incidence reflect variations in STD control or intensity of screening practices
• Shifts in distribution of responsibility for STD control among local public health systems and community partners under FQHC expansion and health care reform

Project Aims

To examine:
1. Variation in the differentiation, integration, and concentration (DIC) of STD prevention, screening and treatment services in local public health systems in CA and AL
2. Association of DIC of evidence-based STD with the quality of community and agency-level STD services and outcome measures, including STD incidence and racial disparities in STD incidence
3. Barriers and facilitators through in-depth key informant interviews in “positive deviant" jurisdictions
4. Cost variation in STD screening and partner notification programs across positive deviant jurisdictions

Methods

Phase I:
• Online survey of STD controllers and program managers assessing organizational structure and partnerships for evidence-based and promising interventions and policies (EBPs) in California and Alabama
• Analysis of existing surveillance data to clarify relationships between organizational partnerships and STD control

Phase II:
• Key informant interviews to understand organizational partnerships, perceptions on county trends, & STD screening costs in 5 “positive deviant" jurisdictions per state

California Findings

Survey response rate: 94%, 98 out of 62 LHDs
Survey findings:
• Treatment and follow-up practices available in more CA local health jurisdictions (LHDs) than prevention activities
• Larger and better-resourced LHDs more consistently provide a diverse set of STD services, including prevention activities and more innovative practices
• Routine targeted screening of recommended high-risk populations has limited adoption across jurisdictions: Individuals in jails/detention facilities (40%), Sexually active young women (46%), MSM (40%), Geographical hotspots (25%), Sex workers (19%), Schools (14%)
• Tendency towards closure of STD clinics, n = 17 clinics closures, 3 openings in past 10 years, half of counties have STD clinics
• More than half of reported LHD-run STD clinics do not accept Medi-Cal; most do not accept private insurance
• STD staffing configurations frequently rearranged at local level to “piece together” staffing needs

Preliminary Qualitative findings:
• Interviews comprised 2 large 4 small LHDs
• More STD patients in LHD-run clinics post-ACA
• Shortage of primary care physicians poses a challenge to providing efficient STD care delivery
• LHDs not tracking partner notification efforts
• Consensus that introduction of partner packs as part of routine treatment has been a big success

Alabama Preliminary Findings

Survey response rate: 91%, 11 out of 11 Public Health Areas representing 61 out of 67 counties

• Follow-up practices near-universal in Alabama counties, other practices offered in a lower percentage of counties than California LHDs
• All large Alabama counties offer targeted screening programs for individuals in jails or detention centers, sexually active young women, MISA, and geographic hotspots
• Few county run clinics (in 13 counties overall), and only 3 accepted Medicaid and private insurance

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Study Timeline

- California and Alabama STD controllers surveys completed (2015)
- California to complete key informant interviews (December 2015)
- Alabama to conduct key informant interviews (January 2016)
- Cross-state analysis of survey and interview data (2016)