

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:

- Variation in the differentiation, integration, and concentration (DIC) of STD prevention, screening and treatment services in local public health systems in CA and AL
- 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
- Barriers and facilitators through in-depth key informant interviews in “positive deviant” jurisdictions
- Cost variation in STD screening and partner notification programs across positive deviant jurisdictions

Methods

Phase I:

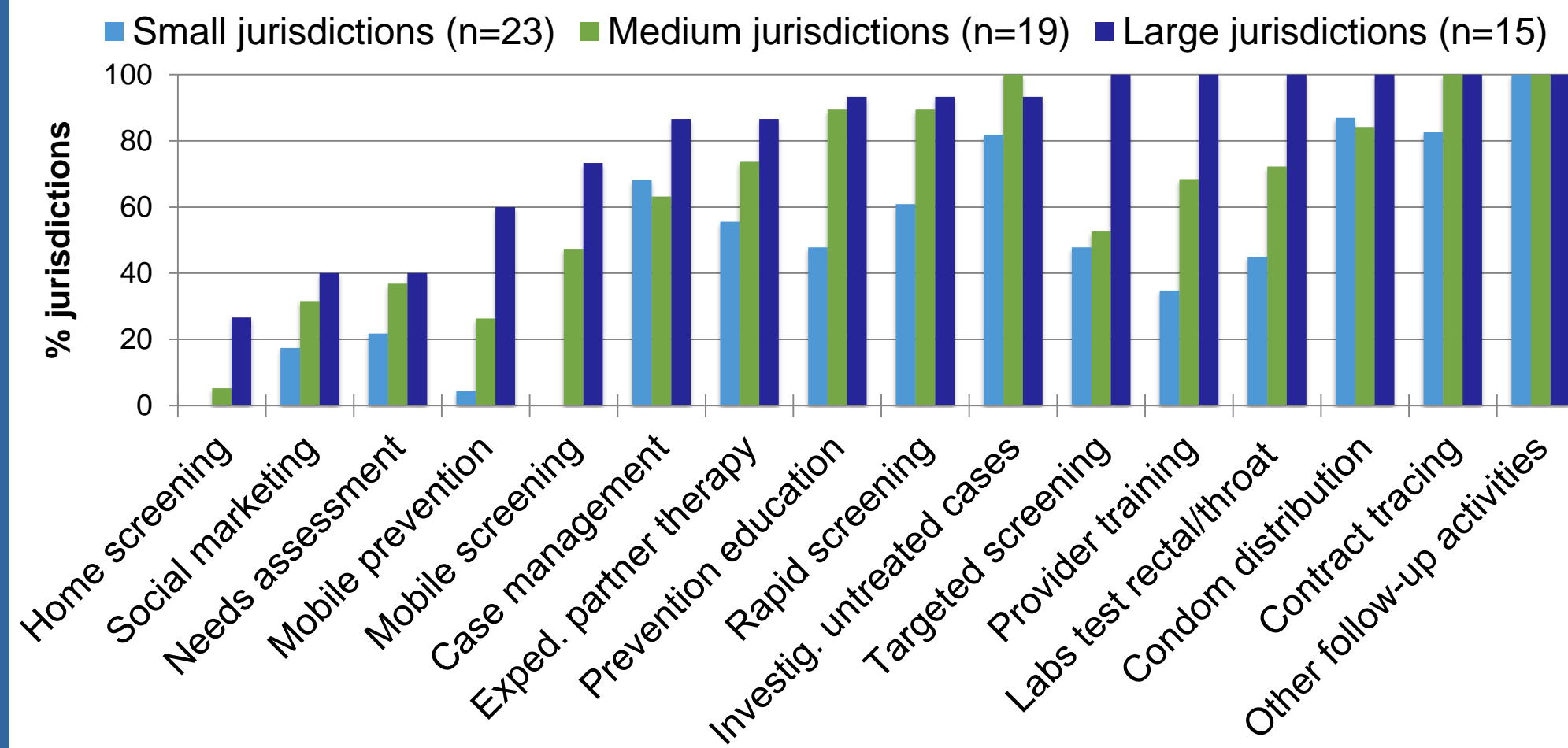
- Online survey of STD controllers and program managers assessing organizational structure and partnerships for evidence-based and promising interventions and policies (EBPs) in California and Alabama
- Analysis of existing surveillance data to clarify relationships between organizational partnerships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

STD practices available in CA jurisdictions, %, by size category : Treatment overshadows prevention

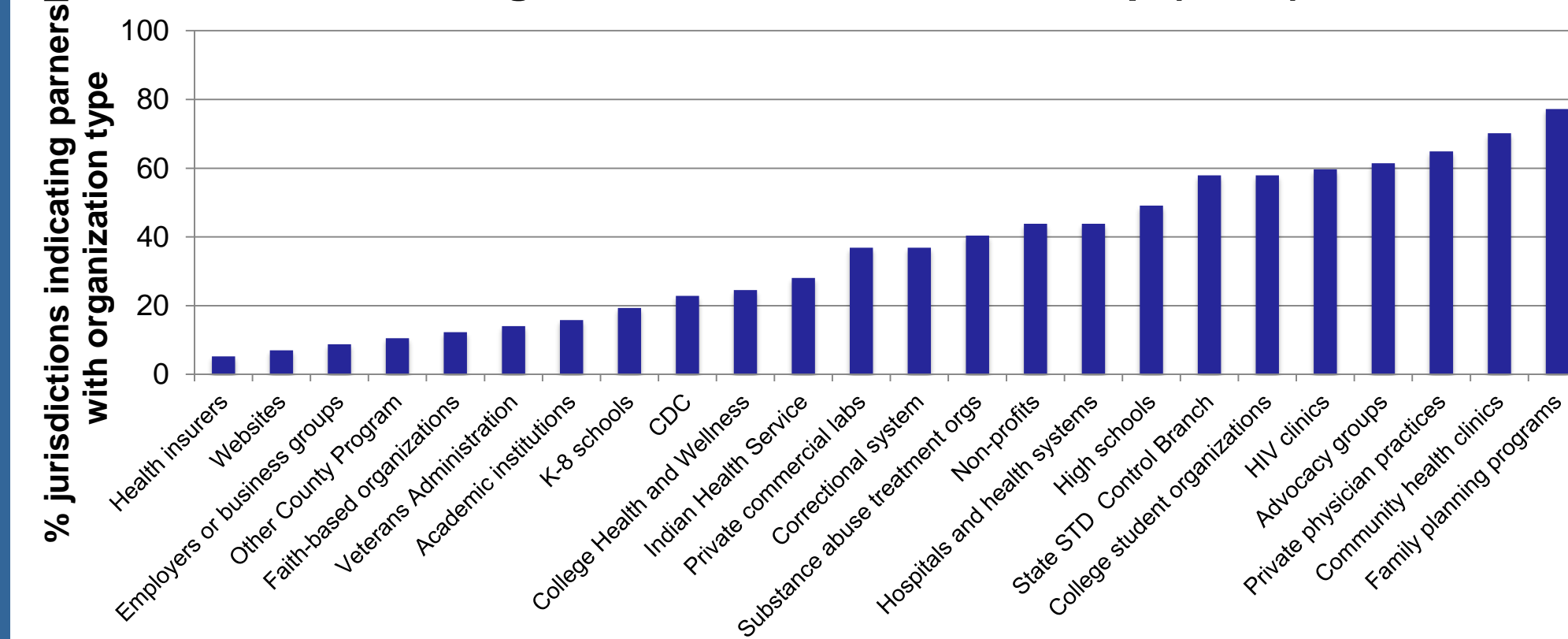


Survey response rate: 94%, 58 out of 62 LHDs

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 (49%), Sexually active young women (46%), MSM (40%), Geographic hotspots (25%), Sex workers (19%), Schools (14%)
 - Tendency towards **closure of STD clinics**
 - 17 clinic 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:**
 3 interviews completed (2 large & 1 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

STD program organizational partnerships for prevention, screening, treatment, and/or follow-up (n=57)



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, MSM, and geographic hotspots
- Few county run clinics** (in 13 counties overall), and only 3 accepted Medicaid and private insurance

Preliminary Implications

- Time and resource constraints may push local public health systems to **focus more efforts on treatment and follow-up**, rather than prevention
- Given low-resource settings in small jurisdictions, there is **opportunity to learn from smaller, positive deviant jurisdictions** that are showing effective STD control
- Further evaluation of innovative practices** being used in larger jurisdictions may provide necessary evidence to extend new STD control practices to other jurisdictions
- High levels of **partnering with other community providers may create potential to alleviate burden from shortage of primary care providers** in public clinic settings
- Cross-state analyses likely to reveal opportunities for further improvement

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)

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