



Frontiers in Public Health Services and Systems Research

Volume 5 | Number 2

Article 1

April 2016

The Cost of Public Health Services

F. Douglas Scutchfield MD
University of Kentucky, scutch@uky.edu

Follow this and additional works at: <https://uknowledge.uky.edu/frontiersinphssr>

 Part of the [Public Health Commons](#)

Recommended Citation

Scutchfield FD. The cost of public health services. *Front Public Health Serv Sys Res* 2016; 5(2):1–4. DOI: 10.13023/FPHSSR.0502.01.

This Commentary Introducing the Issue is brought to you for free and open access by the Center for Public Health Systems and Services Research at UKnowledge. It has been accepted for inclusion in *Frontiers in Public Health Services and Systems Research* by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.

The Cost of Public Health Services

Abstract

Paying for public health services is and remains a consistent concern among local health departments. The data on the impact of the 2008 recession on public health nationally demonstrated the problems with maintaining staff and services in the face of a declining resource base. This capacity to provide funding for provision of public health services has prompted a number of mechanisms to provide support for dealing with revenue shortfalls. The papers in this issue of *Frontiers in PHSSR* continue to echo that concern of how best to deal with loss of funding, measuring it and developing tools to ascertain the impact of service cost.

Keywords

public health care costs, financing public health care, information technology

Cover Page Footnote

No competing financial or editorial interests were reported by the author of this commentary.

Paying for public health services is and remains a consistent concern among local health departments. The data on the impact of the 2008 recession on public health nationally demonstrated the problems with maintaining staff and services in the face of a declining resource base. This capacity to provide funding for the provision of public health services has prompted a number of mechanisms to provide support for dealing with revenue shortfalls. The articles in this issue of *Frontiers in PHSSR* continue to echo that concern of how best to deal with loss of funding, measuring it, and developing tools to ascertain the impact of service cost.

The question of whether local health departments should bill for services remains an issue.¹ In as much as public health departments (as governmental entities) are supported by tax funds, there appears to be a reticence to bill for services provided. MuCullough² demonstrates that the impact of the 2008 recession was associated with an increase in billing for clinical services by health departments between 2008 and 2013. In fact, approximately two thirds of local health departments received funding through billing services in 2013, with an absolute increase in funding available from this source to absorb the impact of 2008. Thus, while health departments may be abandoning direct clinical preventive services, they are billing for those they do provide.

Another mechanism for coping with rising costs and declining revenue is to share services with neighboring jurisdictions, so-called “cross-jurisdictional” sharing. In Wisconsin, there is a substantial and increasing amount of shared services between jurisdictions. As we are all aware, it is particularly difficult for the small rural health department to have many of the services that are provided in larger jurisdictions. The study by Madamala and colleagues³ demonstrated that in Wisconsin, the majority of cross-jurisdictional sharing was in rural health departments, we infer to increase the range of services available to individuals in these rural sites. Clearly, this is a mechanism that provides for a broader range of public health services; one would hope that perhaps this sharing might well result in more efforts for these rural health departments to have the capacity to pursue and achieve Public Health Accreditation Board accreditation.

The role of the health department as the community “strategist” is in large measure dependent on its ability to serve as a data resource to the community and its components. For example, it is likely that one of the areas that could draw hospitals completing the IRS requirement for a Schedule H is the data available to it from the health department to provide quantitative information to set community health needs and programs to address those needs. We have pointed out in the past⁴ the key to community coalitions having firm metrics to ascertain their success and to calculate the impact of the programs they provide. The Public Health Information Technology Maturity Index⁵ is an effort to assist the local health department and its partners in the evaluation of the state of their technology. Again, technology and data collection, analysis, and dissemination are expensive, but are key to a successful local health department and those in the community that depend on it for data about their community.

Finally, a word to our authors and readers: We continue to be eager to publish suitable papers on public health services and systems research and are committed to a quick turn-around. We are working to ensure that the information from *Frontiers in PHSSR* reaches those who will use this information to improve the practice of public health. The success of the Journal will continue, as you, the researchers, authors, and readers of our articles, continue to submit good studies to us.

We encourage you to consider *Frontiers in PHSSR* as one of your go-to Journals as we work to steadily increase its success. You are key to our success in improving the practice of public health through the effective use of evidence.

REFERENCES

1. Yip MP, Bekemeier B. Tuberculosis and local health department expenditures on tuberculosis services. *Front Public Health Serv Sys Res* 2016; 5(2):5–11. DOI: 10.13023/FPHSSR.0502.02.
2. McCullough JM. Trends in clinical billing by local health departments. *Front Public Health Serv Sys Res* 2016;5(2):12–18. DOI: 10.13023/FPHSSR.0502.03.
3. Madamala K, Zahner S, Brown R. Sharing local public health services across jurisdictions: comparing practice in 2012 and 2014. *Front Public Health Serv Sys Res* 2016;5(2):19–25. DOI: 10.13023/FPHSSR.0502.04.
4. Scutchfield FD, Prybil L, Kelly AV, Mays GP. Public health and hospitals: lessons learned from partnerships in a changing health care environment. *Am J Public Health* 2016 Jan;106(1):45–8. DOI: 10.2105/AJPH.2015.302938. Epub 2015 Nov 12.
5. Crowley K, Gold RS, Bandi S, Agarwal R. The Public Health Information Technology Maturity Index: an approach to evaluating the adoption and use of public health information technology. *Front Public Health Serv Sys Res* 2016; 5(2):26–33. DOI: 10.13023/FPHSSR.0502.05.