



Frontiers in Public Health Services and Systems Research

Volume 1 | Number 1

Article 3

April 2012

Editorial Comment: Local Health Department Provision of WIC Services Relative to Local Need – Examining 3 States and 5 Years

Paul C. Erwin

Department of Public Health, University of Tennessee, perwin@utk.edu

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

 Part of the [Public Health Commons](#)

Recommended Citation

Erwin PC. Editorial Comment: Local Health Department Provision of WIC Services Relative to Local Need – Examining 3 States and 5 Years. *Front Public Health Serv Syst Res* 2012; 1(1).
DOI: 10.13023/FPHSSR.0101.03

This Article 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.

Editorial Comment: Local Health Department Provision of WIC Services Relative to Local Need – Examining 3 States and 5 Years

Keywords

variation, local health department, service delivery

Editorial Comment

The article by Bekemeier et al attempts to address a long-standing question regarding variations in service delivery through local health departments (LHDs). That variation is present is a known fact¹; however, the critical aspect of the question is whether the variation is appropriate because of variation first and foremost in local needs, but also appropriate with respect to variation in inputs and demand. Using a database which includes common metrics across multiple states and LHD jurisdictions, the study identified at least three important elements regarding this question: 1) need (as measured by changes in Medicaid births) increased during the study time period; 2) as need increased, WIC service delivery increased; and, 3) differences in the extent of change in WIC services relative to need were identified across geographic categories. The authors found that LHDs serving metropolitan areas experienced greater increases in service delivery in relation to needs compared to LHDs in rural areas, and thus, as noted, economies of scale may be at play.

What is perhaps unexpected in these findings remains unmentioned, but implied: these changes were taking place during the most severe period of the national economic recession, during which time almost 50% of LHDs across the country experienced losses in staffing and reductions in core funding.²⁻³ This includes cuts in funding specifically for maternal and child health programs, where 25% of LHDs experienced reductions.³ Moreover, a greater percentage of larger LHDs experienced losses compared to medium-size and small LHDs. Although reductions specific to the LHDs in this study are not known, one implication of this study could be that even in the face of reductions in inputs (funding and staff) LHDs may still be capable of responding to increased needs by increasing service provision. If this is true, it does beg the question, at what "costs"? Does the quality of the services provided change? Do other services get scaled back? Or was there excess capacity in relation to need and demand at the outset?

Study designs such as the one described in this article, using databases across multiple LHD jurisdictions with variations in inputs and organizational structure, should provide opportunities to answer these and other questions about *appropriate* variation, *which* variations are modifiable, and *how* LHDs most efficiently adapt to changes in need relative to capacity and demand. That such studies are carried out through Practice-Based Research Networks, involving public health practitioners as well as academicians, increases the potential for meaningful translation of these findings into practice.

References

1. National Association of County and City Health Officials. The National Profile of Local Health Departments Study Series. [Internet] 2012. [Cited 2012, Apr 15]; available at: <http://naccho.org/topics/infrastructure/profile/index.cfm>
2. National Association of County and City Health Officials. LHD Budget Cuts and Job Losses. [Internet] 2012. [Cited 2012, Apr 15]; available at: <http://naccho.org/topics/infrastructure/lhdbudget/index.cfm>
3. Willard R, Shah GH, Leep C, Ku L. Impact of the 2008–2010 Economic Recession on Local Health Departments. *J Public Health Manag Pract* 2012;18(2):106-114