

# Comprehensive Laboratory Services Survey, 2012 Results

## INTRODUCTION

As a result of the efforts of the Association of Public Health Laboratories (APHL) and others, Healthy People 2010 included a section on Public Health Infrastructure (PHI). Within the PHI section, there is an objective that focuses on comprehensive laboratory services. In Healthy People 2010, the objective was 23-13, but then renamed PHI-11 in Healthy People 2020. PHI-11 is as follows: “Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services.”

To track progress toward PHI-11 and its related sub-objectives, the Comprehensive Laboratory Services Survey (CLSS) was created and has been used biennially since 2004 for all state agencies, including the District of Columbia. The CLSS is based on the activities related to the 11 Core Functions of State Public Health Laboratories<sup>1</sup> as representative of states’ providing or assuring comprehensive laboratory services in support of public health. A laboratory is determined to have met each sub-objective if it garners at least 70% of the available points. The CLSS is the sole data source for PHI-11. As for all Healthy People objectives, updated results are available through the Healthy People<sup>2</sup> and CDC DATA2010 websites.<sup>3</sup>

In early 2013, the CLSS 2012 was distributed to 50 state public health laboratories and the District of Columbia public health laboratory. There were 50 responses (98.0%), the highest response rate the survey has ever received.

## RESULTS

Because there were substantive changes in the CLSS between 2004 and 2006, the 2004 survey was considered a pilot. From the data collected biennially from 2006 through 2012, the collective progress towards the 2020 targets can be broadly categorized into three groupings:

- Target has been met in the Core Functions of: Data Management, Food Safety, Laboratory Improvement, Emergency Response, Public Health Research, and Training
- Progress towards target has been stable or slow: Disease Control and Surveillance, Policy Development
- Movement has been away from target: Reference Testing, Partnerships, Environmental Health.

In terms of data trends, the following observations can be made on the four sets of data:

- Between 2006 and 2012, Food Safety experienced the highest increase in the percentage of laboratories meeting the Healthy People objective, starting with 17% meeting the sub-objective in 2006 and increasing to 64% in 2012, which translates to a 276% improvement.

<sup>1</sup> Association of Public Health Laboratories. Core Functions of State Public Health Laboratories. Silver Spring, MD: Association of Public Health Laboratories, 2010. Available at: [http://www.aphl.org/aboutaphl/publications/documents/com\\_2010\\_corefunctionsphls.pdf](http://www.aphl.org/aboutaphl/publications/documents/com_2010_corefunctionsphls.pdf)

<sup>2</sup> U.S. Department of Health and Human Services. Healthy People. Washington, D.C.: U.S. Department of Health and Human Services. Available at: <http://healthypeople.gov>.

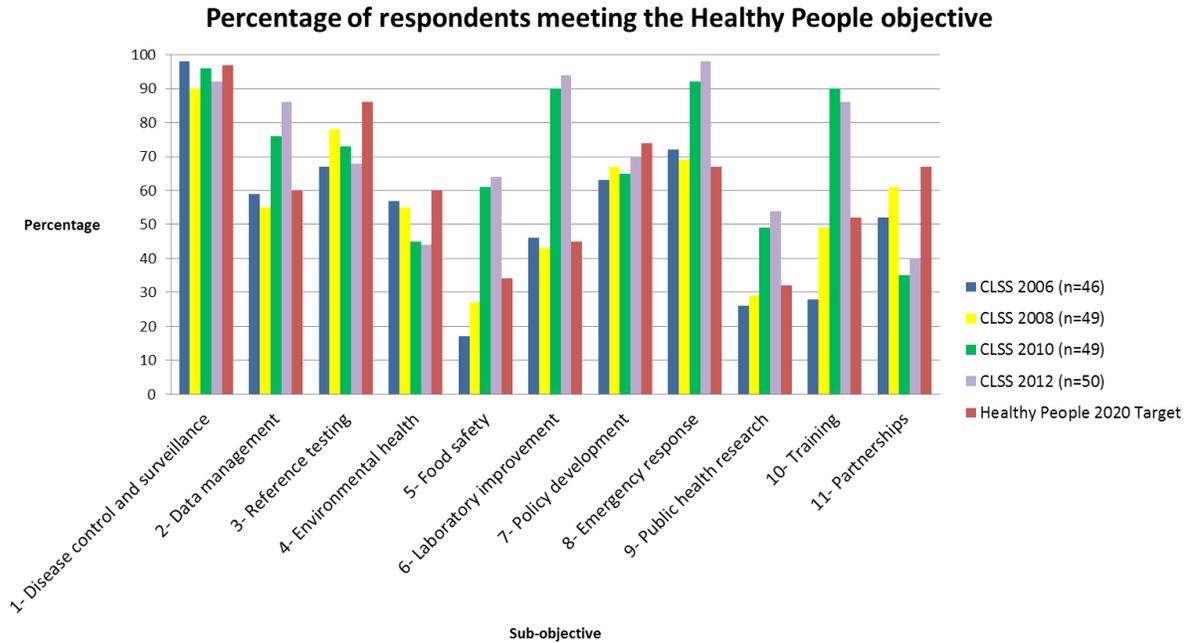
<sup>3</sup> Centers for Disease Control and Prevention. CDC Wonder. DATA2010, the Healthy People 2010 Database. Atlanta, GA: Centers for Disease Control and Prevention. Available at: <http://wonder.cdc.gov/data2010>.

- Between 2006 and 2012, Environmental Health and Partnerships both experienced a 23% decrease in the percentage of laboratories meeting the Healthy People sub-objective.

Overall, there was improvement seen in the average number of sub-objectives met by states over the course of the survey years:

- CLSS 2006: 5.85 sub-objectives met per state
- CLSS 2008: 6.12 sub-objectives met per state
- CLSS 2010: 7.71 sub-objectives met per state
- CLSS 2012: 7.96 sub-objectives met per state

The bar graph below depicts the percentage of respondents meeting the Healthy People 2020 PHI-11 sub-objectives for survey years 2006-2012.



## CONCLUSION

Where 2020 targets have already been met it may reflect, at least in part, the recent investments made in areas like data systems, foodborne disease surveillance, emergency preparedness and systems research. For some areas like disease control and surveillance, a target of less than 100% for all state health agencies is probably inadequate. The most problematic are areas like reference testing and partnerships where evidence indicates that state public health laboratories are moving away from the target. This may reflect an ever-changing reference role in the era of non-culture methods. There should likely be an increase in partnership activities as more states go through the Laboratory System Improvement Program assessment process.

The Laboratory Systems and Standards (LSS) committee, in collaboration with the Knowledge Management Committee (KMC), will continue to analyze the CLSS findings to date with the intent of suggesting strategies to further assure that comprehensive laboratory services in support of essential public health services are improving across all 11 sub-objectives.

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