Small State Syndrome (S^3)

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1.) Recruiting:

a.) Limited size of applicant pool
b.) Limited depth of applicant pool
c.) Challenges in salary (i.e., equity with private sector lab jobs)
d.) Unstable employee retention (e.g., recruited away for higher pay)
e.) Limited depth of employment opportunities both internally and externally (impacts spousal options for joint recruitments)

2.) Population-based testing issues:

a.) Small population = smaller overall test volumes
b.) Small test volumes = higher purchase costs for kits/regents/supplies (as volume purchase discounts not available from vendors)
c.) Smaller testing volumes also mean higher percentage cost of quality control (i.e., fewer patient samples per positive and negative controls on each test run;)

3.) Competitiveness on "national stage":

Much of a public health lab director's time is spent cobbling together a variety of funding streams to ensure program continuation (e.g., fee-for-service work, State general funds, Federal grant monies, other grant monies). Small states struggle with this as they have fewer grant and fee-for-service opportunities due to the systemic nature of Small State Syndrome:

a.) Small test volumes and increased "cost per unit" limit competitiveness when applying for Federal grants or seeking a niche in private sector testing of public health importance (e.g., STD testing)
b.) Small states generally have fewer federal facilities (e.g., FDA & EPA), major research universities, schools of public health, and large, private sector scientific/research entities---which limits collaborative opportunities

4.) Other S^3 issues:

a.) Number & depth of available vendors limited (e.g., lab supply firms)
b.) Competition amongst available vendors limited resulting in higher net costs
c.) Lack of an international border limits federal funding opportunities (e.g., EWIDS grant, FERN grants---that is "Food Emergency Response Network")
d.) Small states likely have only a single public health lab resulting in high shipping costs for samples/isolates (i.e., larger states may have several satellite public health labs).