

Iowa

Public Health Laboratory System Assessment

February 2, 2007

UHL recently held a meeting of partners from throughout Iowa to determine the performance of the laboratory from their perspective. The program was intended to improve the quality of public health laboratory. The attendees reviewed laboratory services in 10 essential areas:

Essential Service	Comments
#1: Surveillance Information Systems:	<ul style="list-style-type: none"> UHL's surveillance system has demonstrated its value over the years and this was particularly well demonstrated during the mumps outbreak. A problem with the system is that clinical labs in Iowa do not always submit the "isolate" required by Iowa code, there is a need for further education in this area.
#2: Diagnose and investigate problems and health hazards in the community.	<ul style="list-style-type: none"> Participants were pleased with progress that UHL has made in last few years but believe that a great deal more can be accomplished in the area of diagnostic services. They noted that collaboration and networking has improved in last few years but communication still needs to improve. Communication is good between IDPH and UHL but it is not as good throughout the state and nationally. UHL is known to perform state of the art testing. However, it is not good at communicating what it does. While UHL diagnostic testing services are respected for rapid response to short term problems and small scale events, participants questioned how long could UHL sustain the response.
#3: Inform, educate, and empower people about health issues	<ul style="list-style-type: none"> UHL is well known for providing quality educational opportunities. For example, education and relationship building related to bioterrorism and UHL is viewed very positively. The geographic distance from UHL is a major deterring factor for participants, particularly in the western Iowa. In fact, UHL is much more widely known for educational outreach in eastern Iowa than in western Iowa. Another issue is that education

	<p>and relationship building opportunities are only delivered when they are requested. In general, the public's perception of what UHL does is uncertain. This presents a valuable educational opportunity that UHL should take advantage of particularly between times of outbreaks and epidemics.</p>
#4: Mobilize community partnerships to identify and solve health problems	<ul style="list-style-type: none"> • UHL has built strong partnerships. It is recognized by its partners to share common values and make use of feedback provided. Communication plans between partners need to be more integrated within other plans such as the BT/CT plan.
#5: Develop policies and plans that support individual and community health efforts	<ul style="list-style-type: none"> • In general, data is not readily available. UHL's Chlamydia and GC program is data driven and it is done well. The ambient air program demonstrates good partner inclusion and is proactive. Community Health planning does not have the linkage to data and there is no good way to get to data system-wide. UHL needs to do more to market their data or expertise. UHL's input is not used enough to develop policies for best practices, labor force, etc. The timeliness of information is an issue.
#6: Enforce laws and regulations that protect health and ensure safety	<ul style="list-style-type: none"> • UHL is a champion in the environmental arena. Environmental health has a strong program, local environmental health programs have received appropriate support and consultations through their training and education component. Environmental Health is clearly defined and works together. Integration between UHL, county health departments and IDPH is very good.
#7: Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable	<ul style="list-style-type: none"> • UHL does not have activity in this essential service area because of funding issues.
#8 Assure a competent public health and personal health care workforce	<ul style="list-style-type: none"> • Collaboration with academia throughout the state could improve. Generally, there is not enough done in this area. UHL wages need to be equivalent to those of other similar laboratories. UHL needs to provide partnerships for workforce to help educate and cooperate with educational institutions.

<p>#9: Evaluate effectiveness, accessibility, and quality of personal and population-based services</p>	<ul style="list-style-type: none"> • Collaboration is happening but it is not evaluated or shared.
<p>#10. Research for insights and innovative solutions to health problems</p>	<ul style="list-style-type: none"> • Because UHL is linked with the UI, there is a natural ability to perform research. Collaborations are good, perhaps they need to be formalized. The demand of providing a service can diminish creativity. Clinical labs don't look to UHL for best practices; they usually look at each other or those labs within their own network. UHL does not "blow their own horn" enough for outsiders to know what all they do.

Based on the input from the attendees, strategies can be developed to improve UHL's performance. In general it was determined that there is a great deal of strength in UHL programs, but, as expected, there are areas of opportunity.