Healthy People 2010 Operational Definition

23-13. Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services.

23-13h. Emergency response.

National Data Source Comprehensive Laboratory Services Survey

(CLSS), Association of Public Health Laboratories

(APHL).

State Data Source Comprehensive Laboratory Services Survey,

Association of Public Health Laboratories (APHL).

Healthy People 2000

Objective

Not applicable.

Changes since the

2000 Publication

New subobjective (see Comments). Revised text (see Comments).

Revised baseline (see Comments).

Revised baseline year (see Comments).

Revised target (see Comments).

Measure Percent.

Baseline (Year) 72 (2006)

Target 100

Target-Setting Method Expert opinion.

For a discussion of target-setting methods, see Part

A, section 4.

Numerator Number of States and Territories participating in the

survey that meet the defined standards/criteria for

Emergency Response.

Denominator Number of States and Territories participating in the

survey.

Population Targeted State and Territorial public health laboratories.

Questions Used to

Obtain the National

Baseline Data

From the 2006 Bioterrorism and Chemical Terrorism

Surveys:

- From August 31, 2005 to August 31 2006, did your laboratory sponsor any sentinel (clinical laboratory) training in your state?
 - a) Yes (1)
 - b) No (0)
- Does your laboratory have ready access to current contact information as well as the capabilities of all sentinel clinical laboratories in your state?
 - a) Yes (1)
 - b) No (0)
- Do you have a performance measurement system in place to assess the competency of sentinel laboratories to rule out BT agents (using mock/surrogate agents)?
 - a) Yes (1)
 - b) No (0)
- Does your laboratory have a rapid method to send urgent messages to sentinel laboratories (i.e., state or local health alert network (HAN), blast e-mail or fax)?
 - a) Yes (1)
 - b) No (0)
- Do you conduct drills or exercises with your sentinel clinical laboratories, first responders and other state agencies to test your state lab's 24/7 emergency response system?
 - a) Yes (1)
 - b) No (0)
- Does your laboratory have a Bioterrorism Advisory Committee or equivalent group in place?
 - a) Yes (1)
 - b) No (0)
- Does your laboratory have a 24/7/365 contact system in place?
 - a) Yes (1)
 - b) No (0)
- Does your state public health laboratory currently have an intra-state courier system (non-mail) that operates 24 hours/day for specimen pick-up and delivery?
 - a) Yes (1)
 - b) No (If no, please explain what system is in place)(0)
- Does your laboratory have a continuity of operations plan (COOP)?
 - a) Yes (1)
 - b) No, but state has a COOP plan which includes laboratory operations and plans (1)
 - c) No and the state does not have a COOP plan which includes lab operations and plans (0)
- Does your SPHL have the capability of <u>screening</u> for radionuclides in samples?
 - a) Yes (1)
 - b) No (0)

- Does your SPHL have the capability of <u>testing</u> (analyzing, measuring, and/or quantifying) for radionuclides in samples?
 - a) Yes (1)
 - b) No (0)
- What sample types are accepted for analysis of chemical terrorism agents at your SPHL? Clinical specimens are blood, urine, and serum. Environmental samples are air, soil, water, surface, and others. Environmental samples do not include food, which is considered a separate category. (Check all that apply)
 - a) Receive clinical specimens and perform analysis on (0.33)
 - b) Receive environmental samples and perform analysis on (0.33)
 - c) Receive food samples and perform analysis on (0.33)
 - d) Receive clinical specimens but do not analyze (0.17)
 - e) Receive environmental samples, but do not analyze (0.17)
 - f) Receive food samples, but do not analyze (0.17)
- Does your SPHL require law enforcement/first responders to screen unknown clinical and/or environmental samples prior to accepting these samples into the laboratory?
 - a) Yes (1)
 - b) No (0)
- Does your SPHL have a designated screening (triaging) area for receiving unknown samples?
 - a) Yes (1)
 - b) No (0)

Expected Periodicity

Approximately every two years

Comments

Questions to determine whether a State or Territory is providing or assuring comprehensive laboratory services in support of essential public health services were selected by the Leadership Committee of the Association of Public Health Laboratories (APHL). The committee consists of practicing and retired public health laboratory directors, members of academia, and other laboratory practitioners.

A State/Territory is considered to have met the core function of Emergency Response if it scored at least 12 of the 16 total possible points for this subobjective.

Objective 24-13 moved from developmental to

measurable during the Healthy People 2010 Midcourse Review. The original objective included comprehensive laboratory services provided by State, Tribal, and local health agencies. Local health agencies were dropped from the objective scope due to the lack of a data source. Eleven subobjectives were created, each addressing specific components of comprehensive laboratory services.

For this objective, the term "State" includes the District of Columbia and Puerto Rico.

The baseline data for this subobjective was obtained from the Bioterrorism and Chemical Terrorism (BT/CT) Surveys, administered by the APHL. Similar questions to those shown for the baseline were incorporated into the 2008 CLSS. Starting in 2008, the CLSS is the data source for this objective.

The original baseline (2004) was also from the BT/CT Surveys. Between 2004 and 2006, significant changes were made to improve the survey instrument. These include modifications to clarify questions that may have been confusing; updates to reflect changes in current laboratory practice; and the addition of follow-up questions to enable more accurate measurement of given subobjectives. Consequently, the original 2004 baseline of 29 percent was replaced with the 2006 measure of 72 percent. The original target of 65 percent was proportionally adjusted to 100 percent to reflect the revised baseline using the original target-setting methodology.

At this time, data for Tribal agencies are not collected. However, if data should become available by 2010, the information will be included.

See Appendix A for focus area contact information.