

California's Public Health Laboratories

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California's Public Health Laboratories

Core elements of
Public Health's
disease control
infrastructure



The Public Health Laboratory

- **Mission and Roles of the Public Health Laboratory**
- **Challenges and Threats to Public Health Laboratories**
- **Opportunities**



MISSION

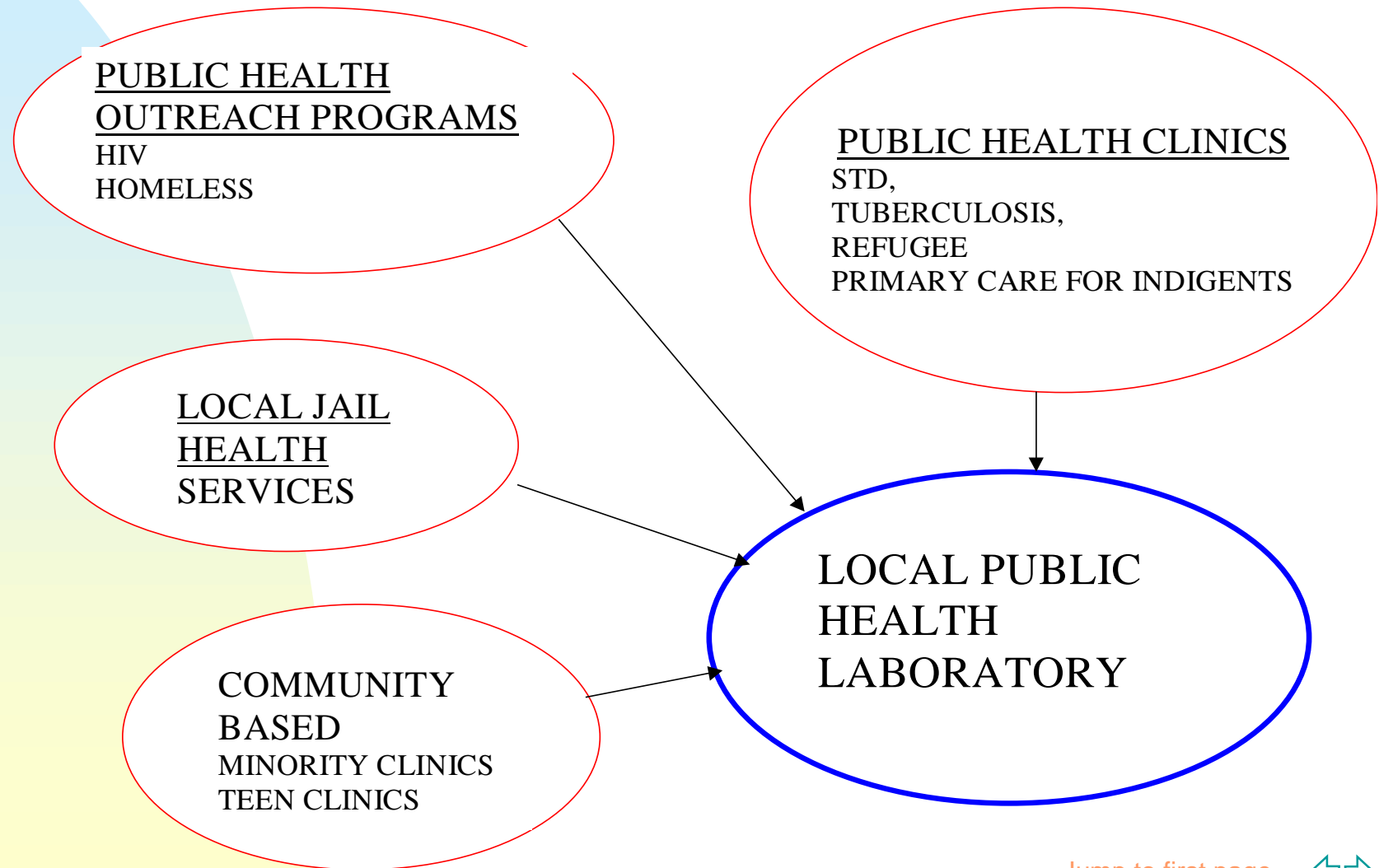
Provide the specialized types of laboratory information needed protect the public against communicable diseases, assure the safety of our food and water, and to respond to bioterrorism



ROLES OF THE PUBLIC HEALTH LABORATORY



LABORATORY'S ROLE IN PROVIDING ROUTINE DIAGNOSTIC TESTS TO HIGH RISK CLIENTS



THE LABORATORY'S ROLE AS A COMMUNICABLE DISEASE REFERENCE LABORATORY FOR THE JURISDICTION

COMMUNITY LABS & MD's

Mandated

Botulism

Plague

Diphtheria

Malaria

Amebiasis

(release)

Rabies

Typhoid

Salmonella

Shigella

TB

Multi Drug Resistant TB

HIV Indeterminate

Exotic/Unusual

Botulism

Plague

Diphtheria

Cholera

WEE & SLE

Hantavirus

West Nile Virus

Other exotic

diseases

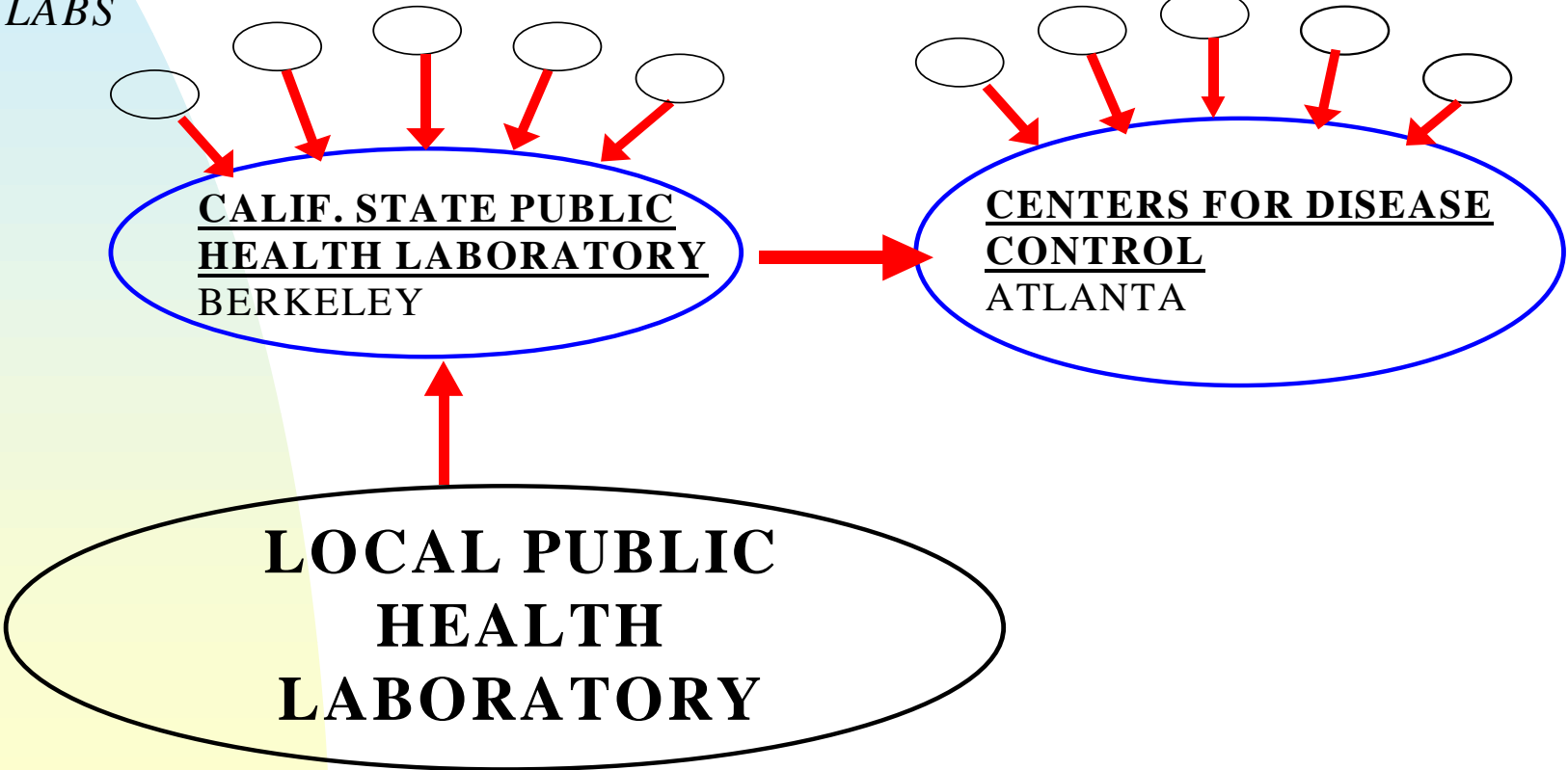
**LOCAL PUBLIC
HEALTH
LABORATORY**



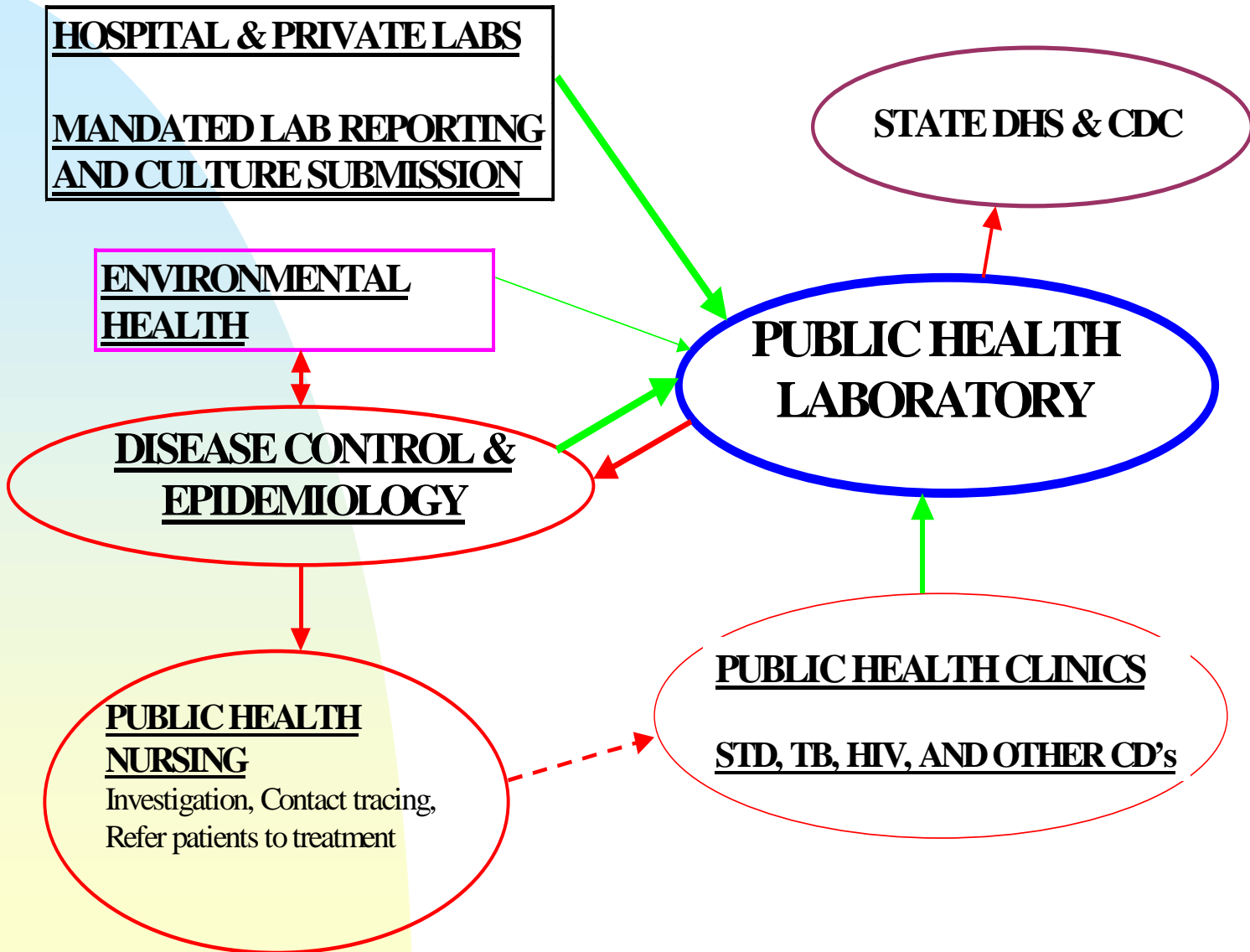
THE LABORATORY'S ROLES AS A GATEWAY INTO THE STATE AND NATIONAL DISEASE CONTROL NETWORK

CALIFORNIA'S 39 OTHER COUNTY PUBLIC HEALTH LABS

49 OTHER STATE HEALTH DEPTS. & INTERNATIONAL



THE LABORATORY'S ROLE PROVIDING DISEASE SURVEILLANCE AND SUPPORT FOR OUTBREAK INVESTIGATIONS



**PUBLIC HEALTH LABORATORIES
SERVE AS AN EARLY WARNING
SYSTEM FOR OUTBREAKS OF
NATURALLY OCCURRING DISEASES**

AND

**THE COVERT RELEASE RELEASE
OF A BIO WEAPONS**



CHALLENGES AND THREATS TO CALIFORNIA'S PUBLIC HEALTH LABORATORY SYSTEM



- **Lack of Stable and Adequate Funding**
- **Erosion of the State / Local Public Health Laboratory Partnership**
- **Shortage of Public Health Laboratory Directors that meet Federal CLIA requirements**



WHY DOES PUBLIC HEALTH LACK STABLE AND ADEQUATE FUNDING?

- Public Health has failed to effectively educate the general public and policy makers of the critical role public health departments play in the protection of the community from communicable and chronic diseases.



- The role of Public Health is commonly misperceived as health care for the medically indigent.
- Funding is reactive and not proactive. Increased funding for Public Health prevention only occurs during times of outbreaks and crisis. Once the crisis is contained, funding wanes and ongoing, cost effective, prevention programs suffer.
- Public Health is not equated with Public Protection and Safety in the same way as police and fire.



Use the news media as an educational tool

- Advance the concept that Public Health prevention services are analogous to the public safety services provided by police and fire.
- On a consistent basis, make the public aware of Public Health's lead role in ongoing disease outbreak investigations.



The State / Local Public Health Partnership

- California is unlike most states because it has a unique two tiered Public Health system that relies on local health departments to carry out prevention policies and programs developed at the State.
- Historically, the State DHS mentored and supported local health departments by providing leadership, coordination, technical support, and surge capacity to local public health departments.



- This partnership provided cohesive Statewide disease prevention policies that could be implemented to meet California's diverse local priorities and needs.

“Medical care and public health are delivered at the local level.”



The partnership has cooled

- **State / Local competition over limited funding**
- **Loss of institutional memory**
- **Failure to recognize the State and Local Health Departments as two key interconnected components of California's Public Health System**
- **Politicization of Public Health priorities**
- **Larger more burdensome bureaucracies at both the State and Local levels**



PUBLIC HEALTH LABS ARE THREATENED BY FEDERAL CLIA REGULATIONS

- **PROBLEM:**
Federal Clinical Laboratory Improvement Act (CLIA) regulations mandate that all future laboratory directors must possess a doctoral degree and postdoctoral board certification.



- California's 50 year system of local public health laboratories that serve over 30 million residents with flexible local public health services is in imminent jeopardy because of this requirement.
- Since 1992, a CLIA "grandfather" clause has allowed incumbent non-doctoral directors to continue directing local public health laboratories.
- Over half of these "grandfather" clause incumbents will retire within 4 years and all will retire within 10 years.



- There are not enough qualified and experienced doctoral-level board certified persons to direct California's 40 local public health laboratories.
- Many of California's local public health laboratories will have to shut down because of the CLIA requirement.
- The State DHS has provided no support to gain a Federal exemption for California's local public health laboratories.



OPPORTUNITIES



OPPORTUNITIES

- **USE THE MEDIA ATTENTION GIVEN TO BIOTERRORISM AS:**

A PLATFORM TO EDUCATE THE PUBLIC AND POLICY MAKERS ABOUT THE ONGOING PUBLIC PROTECTION PROVIDED BY EVERYDAY PUBLIC HEALTH PREVENTION ACTIVITIES.



OPPORTUNITIES

- Support Dr. Lester Breslow's proposal to reestablish the State Board of Health

A properly constituted and empowered State Board of Health would provide continuity in policy, consistency of leadership, and reduce the politicization of public health.



OPPORTUNITIES

- **Reestablish a strong State / Local public health partnership.**
- **Restore California's once robust and effective public health system.**

