

State/Territorial Health Officials' Priorities

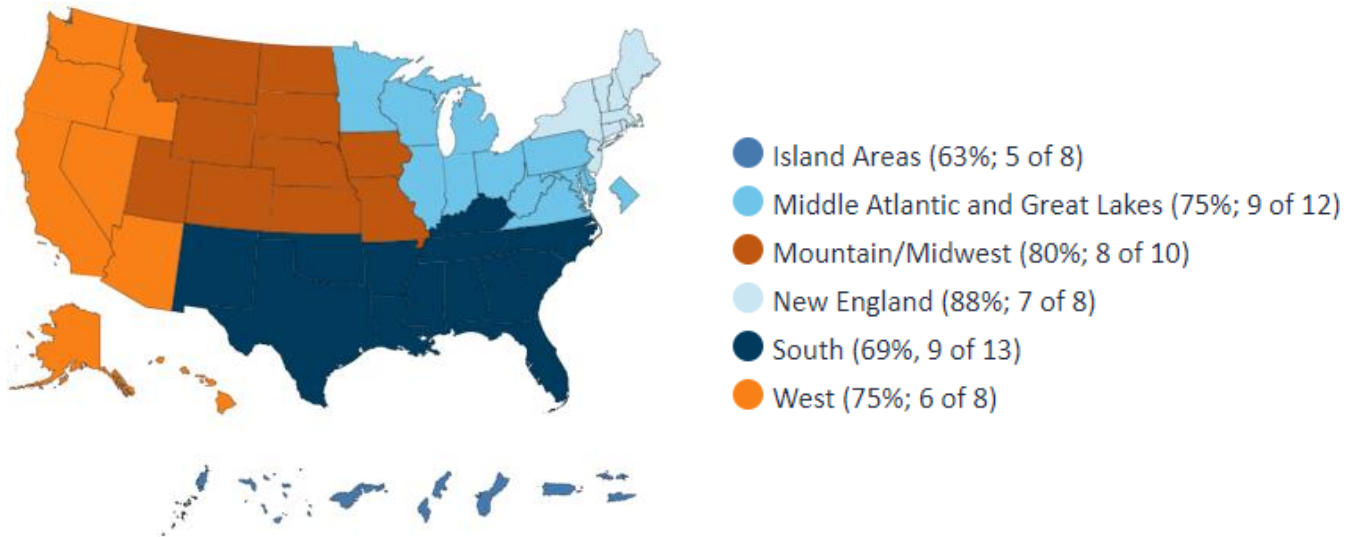
Background

ASTHO periodically surveys State and Territorial Health Officials (S/THOs) about their most important areas of focus. In turn, ASTHO uses insights gathered from this survey to shape strategic initiatives and effectively advocate for and support public health officials. Direct S/THO input is crucial for ensuring that ASTHO remains aligned with—and continues to provide relevant and impactful support for—members' priorities.

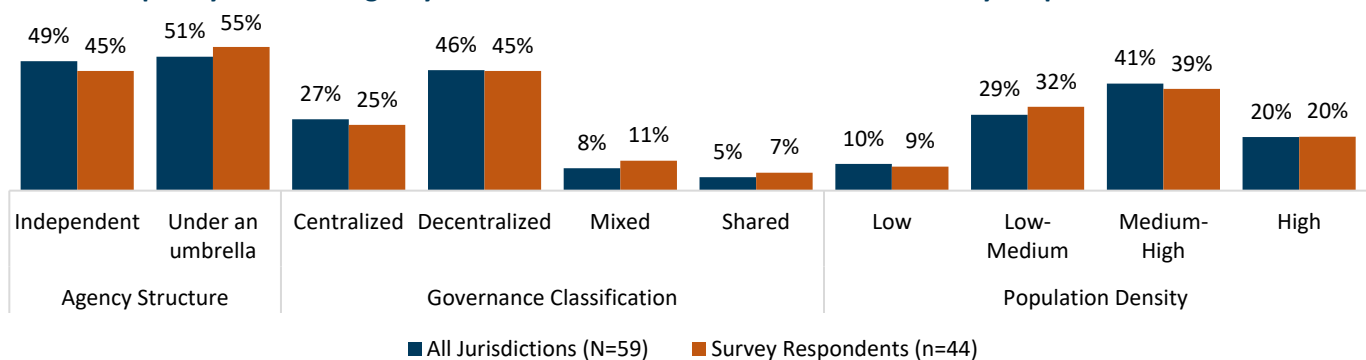
Survey Methods and Participation

ASTHO's membership includes all fifty states, Washington, D.C., five territories, and three freely associated states; the territories and freely associated states are collectively referred to as Island jurisdictions. ASTHO administered its Spring 2024 S/THO Public Health Priorities survey to all 59 health officials between March and April 2024. The survey had a 75% response rate (44 of 59), a 76% response rate for states (39 of 51) and a 63% response rate for island areas (five of eight). **Response rates varied across regions, with the southern and western regions having slightly lower response rates (69% and 71%, respectively) than the total. Survey data is generally representative of agency characteristics, including agency organizational structure, governance classification, and jurisdiction population density.**

S/THO Survey Response Rate by U.S. Region



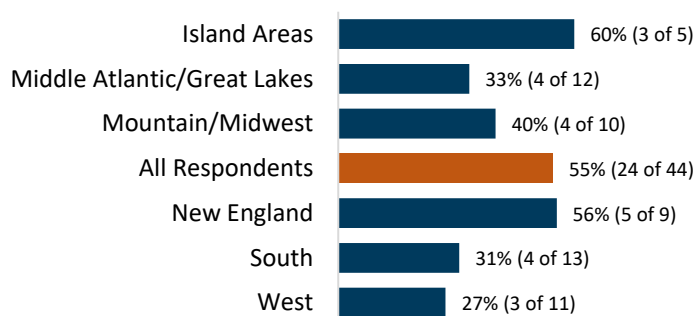
Frequency of Health Agency Characteristics for all Jurisdictions and Survey Respondent Jurisdictions



Health Officials' Recent Priorities¹

Programmatic Priorities

Health Equity and Community Health (highlighted in 24 out of 44 (55%) responses). Recent priorities include addressing systemic inequities and service gaps through community investments, advocacy for health equity initiatives, and trauma-informed leadership. Focus populations include rural, BIPOC, migrant, low-income, LGBTQ+, and homeless communities. **S/THOs in New England reported Health Equity and Community Health as a recent priority area more frequently than other regions:**



Behavioral Health and Substance Use (23 S/THOs, 52%). Integrating behavioral health into primary prevention, increasing mental health/crisis service access, managing opioid/polysubstance abuse, and addressing cannabis legalization impacts.

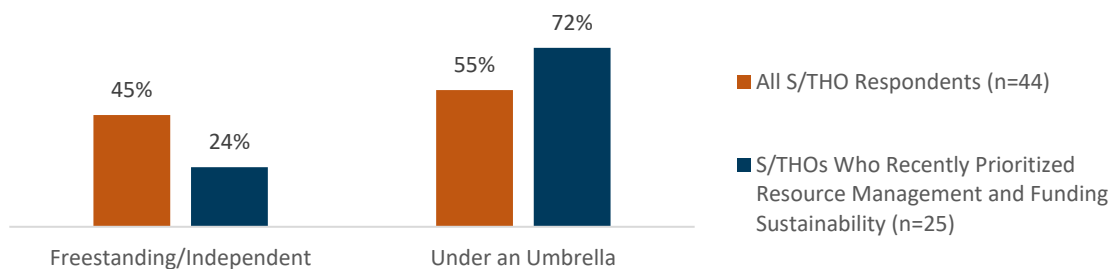
Access to Care (21 S/THOs, 48%). Enhancing rural healthcare access, managing hospital closures, and improving rural service quality.

Infectious Diseases (18 S/THOs, 41%). Increasing immunization rates, addressing vaccine hesitancy, preparing for outbreaks, controlling STDs/STIs (e.g., syphilis, HIV) and respiratory infections (e.g., measles, TB).

Environmental Health (16 S/THOs, 36%): Addressing contaminants (PFAS, lead), water systems/safety, air quality, climate change and natural disaster response, environmental justice, and ensuring safe living/sleeping environments.

Infrastructure Priorities

Resource Management and Funding Sustainability (25 S/THOs, 57%). Financial planning in the post-COVID funding era, sustainable funding models, optimizing allocations, efficient resource distribution, and spending accountability. **S/THOs from health agencies operating under an umbrella agency recently prioritized these issues nearly three times more frequently than those from freestanding/independent health agencies:**



Workforce (23 S/THOs, 52%): Recruiting, retaining, training, and sustaining skilled staff post-pandemic.

Operations, Strategy, and Performance (18 S/THOs, 41%). Improving process efficiency, transforming culture/leadership (equity focus), strategic planning, organizational restructuring, quality improvement, and accreditation activities.

Data Modernization (13 S/THOs, 30%). Modernizing/integrating data/IT systems, enhancing data collection, reducing technical debt, and building data strategy/governance.

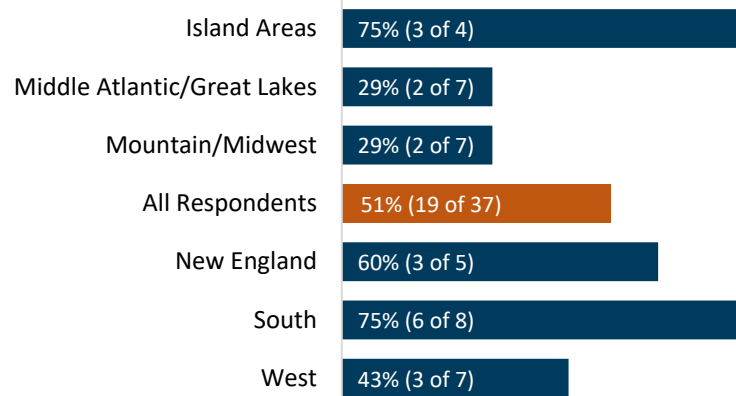
Emergency Preparedness (12 S/THOs, 27%). Building resilience against disasters/pandemics, improving readiness, and implementing climate strategies.

¹ Survey question: "Over the past 6 months, what 5 issues or topics have been top priority in your work?" (n=44)

Health Officials' Emerging Priorities²

Programmatic Priorities

Health Equity and Community Health (highlighted in 19 out of 37 (51%) S/THOs survey responses). Community capacity-building, place-based approaches to health improvement, addressing healthcare shortages in underserved/rural areas, improving health literacy, and defending equity work against legislative threats. **S/THOs in the South and New England reported this emerging priority area more frequently than other U.S. regions:**



Infectious Diseases (19 S/THOs, 49%). Addressing low/declining immunization rates (esp. children), strengthening public trust/addressing vaccine hesitancy, preparing for outbreaks, controlling STDs/STIs (e.g., syphilis, HIV) and respiratory infections (e.g., measles, TB), Avian flu, and vector-borne illnesses.

Behavioral Health and Substance Use (17 S/THOs, 46%). Addressing mental health crisis (esp. adolescents) and gaps in behavioral health care, increasing early intervention access, preventing overdoses/bolstering harm reduction, regulating medicinal/recreational cannabis, and reducing/preventing tobacco/vape use.

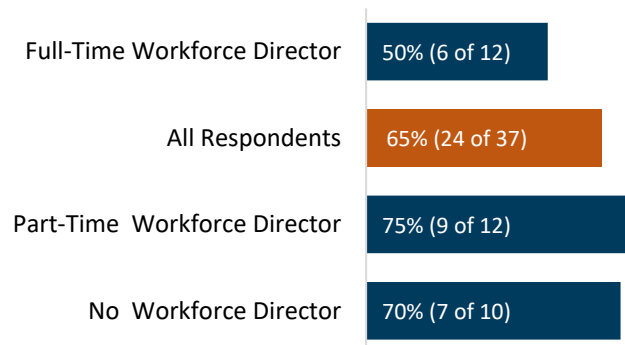
Access to Care (17 S/THOs, 46%): Increasing access to maternal/behavioral/rural healthcare services, improving quality of care, building capacity of rural and emergency medical facilities/services.

Maternal, Child, and Infant Health (14 S/THOs, 38%): Rural maternal care access/quality, maternal morbidity/mortality, infant mortality, youth mental health, childhood immunizations.

Infrastructure Priorities

Workforce (24 S/THOs, 65%). Addressing shortages/burnout, recruiting/retaining skilled staff, expanding competencies/professional development, leadership development, and building community health workforce.

Jurisdictions with no or a part-time workforce director reported this priority more often than those with full time directors³:



Resource Management and Funding Sustainability (19 S/THOs, 51%): Balancing priorities with shrinking post-COVID budgets, sustaining COVID-era investments, preparing for new budget cycle, healthcare financing.

Operations, Strategy, and Performance (13 S/THOs, 35%): Department/health system restructuring, strategic planning, operationalizing goals, succession planning, process efficiency/improvement, stakeholder engagement.

Emergency Preparedness (12 S/THOs, 32%). Climate action/preparedness, natural disaster response, building public health crisis response (mental health, opioids), infectious disease outbreak preparedness.

Data Modernization (11 S/THOs, 30%): Integrating data systems, improving data collection/processing capacity, cybersecurity, data management.

² Survey question: "In the next 6 months, what 5 issues or topics do you think will be top priorities in your work?" (n=37)

³ Source: Association of State and Territorial Health Officials. ASTHO Profile of State and Territorial Public Health, Volume Six. Arlington, VA: Association of State and Territorial Health Officials. 2023. <https://astho.shinyapps.io/profile/>. Note: Data is missing from 3 respondents representing jurisdictions that did not report workforce director FTE data in the 2022 Profile.

Factors Influencing Health Officials' Emerging Priorities⁴

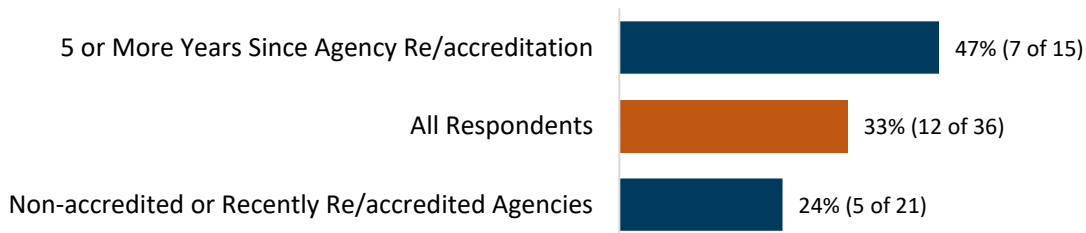
Financial Factors

Funding Changes and Sustainability (11 out of 36 S/THOs, 31%). Health officials say their priorities will be shaped by pressure to limit or cut work due to receding COVID-era funding levels, and the need to secure sustainable funding streams for core public health work.

Funding and Resource Management (9 S/THOs, 25%). Efforts to maximize and stabilize resources as public health funding decreases post-COVID, including financial planning and identifying resource requirements.

Non-Financial Factors

Operations, Strategy, and Performance (12 S/THOs, 33%). Forthcoming strategic planning, goal setting, accreditation activities, agency restructuring, and leadership succession planning are anticipated to inform priorities (8 S/THOs, 22%), as will existing health agency plans and goals (6 S/THOs, 17%). **Responding S/THOs from health agencies with 5 or more years since being re/accredited reported these factors as influencing their priorities two times more frequently than S/THOs from non-accredited or recently re/accredited agencies⁵:**



Workforce Challenges (10 S/THOs, 28%). Public health and healthcare workforce shortages, post-pandemic workforce stabilization, recruitment, and retention.

Political and Legislative Factors (10 S/THOs, 28%). Political polarization, recent legislation threatening public health programs and funding, and forthcoming administration changes.

Communications and Messaging (10 S/THOs, 28%). Combatting misinformation, strengthening public trust (six S/THOs, 17%), increasing visibility and support for priorities through advocacy and messaging strategies.

Health Equity and Community Health Concerns (Seven S/THOs, 19%). Addressing disparate service delivery and health outcomes, building community capacity for equitable access to services among underserved populations.

Access to Care Concerns (Seven S/THOs, 19%). Healthcare workforce shortages, declining care quality, need for affordable healthcare and insurance coverage, and recent legislative threats to medical autonomy.

Emergency Preparedness and Response (Six S/THOs, 17%). Emerging infectious disease trends, low/declining immunization rates, pandemic preparedness, climate change adaptation, and natural disaster response.

Partner and Stakeholder Interests (Six S/THOs, 17%). Partner/stakeholder interests and need for cross-sector approaches to address emerging public health priorities.

⁴ Survey question: "Why do you think these issues will be priorities in your work?" (n=36)

⁵ Source: Public Health Accreditation Board. Accreditation Activity. Retrieved from <https://phaboard.org/accreditation-recognition/accreditation-activity> on May 13th, 2024.

Health Officials' Anticipated Challenges in Addressing Emerging Priorities⁶

Internal

Funding and Resource Management (10 out of 37 S/THOs, 27%). Financial planning as public health funding recedes, addressing priorities amid budget cuts and workforce instability.

Workforce Challenges (12 S/THOs, 32%). Sustainability, change management (Five S/THOs, 14%), competitive talent market, low public sector salaries, restrictive HR processes, healthcare worker shortages and burnout.

Operations, Strategy and Performance (Eight S/THOs, 22%). Stringent agency protocols impeding progress in certain areas (HR, financial processes), need for organizational culture/structure/process transformation, managing change resistance, post-COVID leadership development.

Communications and Messaging (Seven S/THOs, 19%). Raising awareness around public health issues, combatting misinformation, strengthening trust in public health, advocating for underserved populations.

External

Funding Changes and Sustainability (18 S/THOs, 49%). Ending COVID-era federal grants/appropriations, inflexible funding streams, funding sustainability concerns.

Political and Legislative Environment (12 S/THOs, 41%). Worsening political climate, administration changes impacting priorities/funding, lack of political will to invest in public health, legislative threats to program work.

Competing or Conflicting Priorities (Five S/THOs, 14%). Priorities set by other entities (federal/state/local) conflicting with or undermining state/territorial health agency priorities and funding opportunities.

How ASTHO Can Support Members in Addressing Emerging Priorities⁷

Increased Advocacy, Awareness, and Support for Public Health Issues (18 S/THOs, 51%). Health officials want ASTHO to raise awareness and advocate for public health issues, especially with federal funders. Some S/THOs specifically called on ASTHO to advocate for more flexible federal funding (Four S/THOs, 11%).

Federal Funding Support and Sustainability (14 S/THOs, 40%). Garner federal support for increased/flexible public health funding, develop sustainable funding models, cross-cutting approaches to improve outcomes.

Knowledge-Sharing on Strategies and Best Practices (11 S/THOs, 31%). Share lessons learned and best practices from jurisdictions that have addressed priority issues, provide technical assistance and educational resources on priority topics, facilitate cross-jurisdiction problem-solving and collaboration.

Partner Coordination and Stakeholder Engagement (Seven S/THOs, 20%). Promote better coordination between federal agencies, serve as a liaison between members and feds, encourage cross-agency communication, forecast funding shifts with federal partners.

Workforce Support (Seven S/THOs, 20%). Leadership development, fellowships/internships, change management guidance, develop competencies for certain occupations.

Not Sure (Five S/THOs, 14%). Some S/THOs said they were unsure how ASTHO could offer support.

⁶ Survey question: "What challenges will affect your agency's ability to address these issues?" (n=37)

⁷ Survey question: "How can ASTHO support you and your agency in your efforts to address these issues?" (n=35)