

June 2025

Island Areas Workgroup: Methodology for Annual Reports

Island Areas Workgroup Overview

- The Island Areas Workgroup (IAW) seeks to improve health outcomes for U.S. territories and freely associated states (T/FAS) through local and federal departmental coordination and administrative change. It brings together leaders from island jurisdictions, federal agencies, and partners to find solutions that can optimize the procedures, organizational policies, and programmatic structures surrounding island health programming. It is hosted by the Island Support Team at the Association of State and Territorial Health Officials, a nonprofit membership organization whose members include the chief health officials of the U.S. states, Washington, D.C., territories, and freely associated states.
- IAW maintains three subgroups focused on health financing, data capacity, and workforce.
 These subgroups are responsible for creating deliverables each IAW year, which runs from November to October.
 - Subgroups typically contain island health agency staff, U.S. federal agency staff, nonprofit partners, and academic partners.





Process: Creating IAW Reports

- 1. **Priority Selection:** In the first few months of each IAW year, IAW subgroups discuss and vote on where to devote their energy over the coming nine months. Each subgroup is responsible for creating a deliverable such as a report by October of the following year.
- 2. Research, Drafting, and Review: When a subgroup chooses to produce a report...
 - a. ASTHO staff lead the research process, which has included surveys and informational interviews, as well as analyses of publicly available data. Subgroup members guide data collection and participate in surveys/interviews as appropriate.
 - b. ASTHO presents draft reports back to the subgroup approximately three months before the end of the IAW year. The goal of subgroup review is to ensure accuracy and representativeness, and to generate recommendations based on research findings.
 - Subgroup members review and share feedback on the reports during subgroup meetings.
 - Subgroup meetings typically include 15-25 people representing island health agency staff, federal agency staff, and nonprofit/academic organizations. Subgroup members self-select into their subgroup and are united by a shared vision of improving administrative and operational policies at the local and federal levels to improve island health outcomes.
 - ii. Reports also circulate via email to all subgroup members, allowing participants to provide private feedback to the ASTHO team or reply all with more public commentary.
 - iii. This subgroup repeats this process for subsequent report drafts, as relevant.
 - iv. Subgroup participants review and clear the final report, with final approval from subgroup leaders (who are not ASTHO staff).
 - v. After the subgroup approves the report, ASTHO's Content Development team copy edits and provides editorial feedback as appropriate.



Sample: Review Process for the October 2024 Report, "<u>Addressing</u> <u>Island Participation in Six Priority Federal Public Health Datasets:</u> <u>Report Addendum</u>"

- 1. As of December 2024, there were 56 participants in the IAW Data Capacity Subgroup. These participants self-selected into the group with a common interest in strengthening island-relevant data structures. The group consists of
 - 19 island representatives, with at least one representative from each of the eight T/FAS. These representatives work in the public health agency or partner agency (e.g., Ministry of Finance) in these jurisdictions and are involved in collecting and reporting data.
 - ii. 28 federal representatives, with participants from various departments and agencies involved in maintaining or reviewing federal public health datasets, including HHS, DOI, EPA, GAO, and Census.
 - iii. Nine academic or nonprofit representatives who collectively represent three academic institutions and four nonprofits. These partners use island data and/or offer technical assistance to support island data capacity.
- 2. From December 2023 through March 2024, the subgroup brainstormed, discussed, and ultimately voted on where to devote its energy during the third year of IAW (November 2023 through October 2024). The group elected to research barriers affecting island participation in six federal public health datasets: the National Vital Statistics System, the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, the National Notifiable Disease Surveillance System, the Pregnancy Mortality Surveillance System, and the National Youth Tobacco Survey.
- 3. From March August 2024, research proceeded through several avenues:
 - a. Subgroup participants provided feedback on island participation in each dataset in monthly subgroup meetings and email. Additional 1:1 informal interviews with CDC and partner staff addressed knowledge gaps identified among subgroup members.
 - b. Outside monthly meetings, ASTHO staff led the research into administrative requirements associated with each dataset, including an analysis of public information on the CDC website, publications featuring that dataset, and outreach to administrative staff associated with each dataset.



4. Drafting and review of the final report:

- a. The IAW data capacity subgroup received a first draft of the report in August. They provided feedback during the monthly meeting and via email, with prioritized T/FAS representative feedback to ensure report accuracy. Members could share feedback anonymously (to the group, not to ASTHO) via email, while discussions during meetings provided opportunities for public feedback.
- b. The IAW data capacity subgroup received the second draft of the report in September, and gathered feedback via email and over the course of two additional meetings.
- c. Subgroup leadership approved the final report (i.e., Dr. Janis Valmond, Deputy Commissioner of the USVI Department of Health, and Dr. Ted Trimble, Senior Advisor for Global HPV and Cervical Cancer Control, Center for Global Health, National Cancer Institute, NIH) in October 2024, and presented to the full IAW at the Year 3 Closeout Call on Oct. 7, 2024. ASTHO published the report on its website later that month.