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Leveraging Island-Centric Strategies to Address Workforce Challenges

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Executive Summary

This resource provides a comprehensive look into the unique public health workforce challenges facing U.S. territories and freely associated states (T/FAS). The Island Areas Workgroup (IAW) Workforce Subgroup conducted a series of Learning Labs from May 2023 to February 2024 to explore the specific challenges and opportunities in recruiting, retaining, and developing public health talent in these regions.

The challenges faced by T/FAS health agencies are compounded by geographic isolation, non-competitive salaries, underdeveloped academic pathways, and centralized HR systems that delay hiring and onboarding processes. Despite these barriers, the Learning Labs demonstrated that island jurisdictions have adopted innovative and collaborative strategies to address these workforce issues.

Key recommendations from the Learning Labs include:

1. Support Educational and Experiential Learning Opportunities

Investing in internships and other experiential learning opportunities helps cultivate local talent and build a public health workforce pipeline. Programs like Guam Governor's Summer Youth Employment Program and Commonwealth of the Northern Mariana Islands' (CNMI) Summer Youth Program have demonstrated success in engaging students and guiding them toward careers in public health.

2. Dedicate Travel Funding and Staff Time to Support In-Person, On- and Off-Island Recruitment

In-person recruitment at specialty conferences and local job fairs is critical to overcoming geographic barriers and attracting qualified health professionals. Both the U.S. Virgin Islands (USVI) and Guam have successfully leveraged in-person, off-island and on-island recruitment events to build trust and connections with potential recruits.

3. Improve the Visibility and Reputation of Health Agencies through Community Outreach

Raising community awareness of public health initiatives increases trust and engagement. The USVI Department of Health's COVID-19 vaccination and testing campaigns during Carnival and cultural events highlighted program success while providing on-site care and serving as educational forums. Similarly, the Republic of the Marshall Islands' (RMI) door-to-door vaccination campaigns during COVID-19 are examples of how island agencies can improve their visibility and strengthen ties with the community.

4. Create Career Ladders to Upskill Staff into Hard-to-Fill Roles

Clear, structured career pathways help retain local talent by providing opportunities for advancement in specialized public health roles. CNMI's efforts to create junior-level positions and its participation in the Pacific Health Officers Association's (PIHOA) Post-Graduate Certificate in Field Epidemiology Program (PGCFE)—part of PIHOA's Strengthening Health Interventions in the Pacific (SHIP) and available to all US Affiliated Pacific Islands (USAPI)—are great examples of capacity building.

5. Leverage Equity-Driven Funds to Support Workforce Development

Aligning workforce development initiatives with funder goals on equity can unlock additional resources. Programs like USVI's free tuition initiative for local students at the University of the Virgin Islands ensure home-grown talent is developed and retained in public health roles.

6. Identify Mechanisms to Fund and Sustain CHW Programs

Community health workers (CHWs) are critical to delivering healthcare to remote and underserved areas. The Federated States of Micronesia (FSM) has successfully integrated CHWs into its national budget, ensuring sustained support beyond grant periods.

7. Decentralize Recruitment and Processing Functions

Decentralizing HR functions allows for more efficient recruitment and faster filling of critical public health positions. CNMI's move to decentralize HR has significantly reduced hiring delays.

8. Support the Modernization of HR Management Systems

Modern HR systems are crucial for improving workforce management. CNMI's investment in the MUNIS Human Resource Data System will streamline recruitment, onboarding, and reporting, making the agency more efficient.

By implementing these recommendations, island jurisdictions can address workforce shortages, improve recruitment and retention strategies, and build a resilient public health workforce capable of meeting the unique needs of their populations.

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Introduction

A strong and adequately staffed public health workforce is the foundation of an effective health system. For decades, governmental public health agencies have faced chronic understaffing issues. Funding cuts during the Great Recession led to layoffs, and the COVID-19 pandemic resulted in nearly half of all employees in state and local public health agencies leaving their positions. [A 2021 report by the de Beaumont Foundation and PHAB Center for Innovation](#) highlighted that to meet even basic public health infrastructure needs, state and local health departments would require an 80% increase in staffing. The report did not specifically examine the workforce needs T/FAS health agencies. However, given the longstanding challenges such as geographic isolation, we can assume that the workforce needs in these jurisdictions are severe, if not worse, than those in the contiguous U.S. states.

Problem Statement

The unique realities of these jurisdictions create persistent obstacles that impact their ability to attract, retain, and adequately staff their health agencies.

Island areas face compounded and entrenched workforce challenges, including:

- **Geographic Isolation:** Remote locations and dispersed populations limit access to healthcare professionals and increase operational costs.
- **Non-Competitive Salary Structures:** Health agencies in these regions struggle to offer competitive salaries, both to retain local and to attract off-island professionals.
- **Underdeveloped Academic Pathways:** Many T/FAS regions lack local academic institutions prepared to train future public health workers, leading to a reliance on external recruitment.
- **Centralized HR Systems:** Slow bureaucratic processes, often outside the control of public health agencies, create further delays in recruitment and onboarding.

For example, in American Samoa, critical positions have remained unfilled for months due to inefficient centralized HR systems and difficulties attracting off-island talent. Similarly, CNMI has faced significant delays in onboarding healthcare workers, with vacant positions often filled through temporary locum tenens contracts, including international hires on CW transitional worker visas (CW-1). These visas require workers to exit the country after a few years, adding further challenges to an already strained workforce and preventing long-term stability in key healthcare positions.

These factors, combined with an aging workforce, exacerbate workforce shortages. For example, Republic of Palau (Palau) has seen vacancies in key healthcare positions for over a year, while Puerto Rico continues to lose healthcare workers to the U.S. mainland due to multiple factors (e.g., more competitive salaries). Additionally, RMI has faced a particularly severe shortage of specialized healthcare workers. This underscores the urgent need to strengthen the public health workforce in these regions.

Addressing these workforce and human resources (HR) needs must be a priority. It will require a “whole of government” approach, as key business processes related to recruitment, onboarding, and retention are housed in multiple agencies across the government. ASTHO’s experience offering technical assistance in this space has shown that executive leadership is crucial for systems change, and that solutions often rely on strong communication as well as technological tools (e.g., electronic signatures and automated electronic forms transfer). By understanding these themes and leveraging island-specific best practices, T/FAS health agencies can build the capacity needed to provide essential services and respond to the unique challenges of their populations.

Aim of Report

This document distills the learnings from the IAW Workforce Subgroup Learning Lab series into themes and actionable recommendations. The Learning Lab series featured presentations from workforce leaders in American Samoa, CNMI, Guam, Palau, Puerto Rico, RMI, and the USVI. The purpose of this document is to share island-driven insights on workforce development through clear, action-focused recommendations aimed at strengthening the Pacific and Atlantic public health workforce.

Its goal is to:

1. Equip island health leadership with informed workforce development recommendations from HR/workforce experts across the T/FAS and federal family.
2. Provide island programmatic staff with insights to help shape grant applications and guide program structures, including conversations with project officers.
3. Orient funders and partners to the unique challenges, needs, and best practices shaping workforce development efforts in the island areas.

Methodology

From May 2023 to February 2024, HR and workforce staff from the T/FAS were invited to participate in a series of learning labs coordinated by the IAW Workforce Subgroup. These sessions were designed to allow representatives from each jurisdiction to present their community’s health workforce status, identify gaps and challenges, and share successes, as well as gather feedback from their peers on shared challenges or strategies.

The learning labs featured seven jurisdictions in these learning labs—American Samoa, CNMI, Guam, Palau, Puerto Rico, RMI, and USVI—and created a collaborative environment in which island health agencies and federal partners could exchange best practices and explore solutions tailored to the unique needs of island jurisdictions. Presenters discussed shared challenges like health workforce recruitment and retention issues, challenges filling critical positions, non-competitive salary structures, reliance on locum tenens contracts, and the impact of centralized HR systems. The insights and data gathered during these sessions have informed the recommendations and learnings outlined in this report.

Key Themes from the Learning Labs

The IAW Workforce Subgroup Learning Labs featured comprehensive presentations with robust Q&A sessions and discussion afterward. Through presentations and discussions, several recurring themes emerged, highlighting both the common and unique challenges faced by island jurisdictions. The value of those discussions was real-time and often continued offline. While it is not feasible to summarize those discussions in detail, it is valuable to reinforce the common themes from these discussions, which have been highlighted in prior reports (e.g., the Department of Health and Human Services' Insular Health and Human Services Workforce/Health Systems Subcommittee Report in November 2016).

Key themes from the Learning Lab presentations and discussion include:

- **The Importance of Island-Centric Solutions:** Solutions must be tailored to the unique geographic, economic, and cultural contexts of each island area.
- **The Critical Role of Community Engagement:** Successful workforce initiatives often involve deep engagement with local communities, educational institutions, and health agencies.
- **Challenges with Centralized HR Systems:** Many islands struggle with centralized HR systems that delay recruitment and hinder workforce development.
- **Innovative Approaches to Recruitment:** Islands have employed creative strategies for recruiting and retaining talent, including in-person recruitment events and partnerships with local educational institutions.
- **Sustaining Community Health Worker Programs:** CHWs are vital to expanding health services, particularly in underserved areas. Sustaining these programs is crucial as initial funding sources, such as the COVID-19 Health Equity OT21-2103 program, phase out.

Additional information about Learning Lab presentations and discussions is available upon request. Please contact islandsupport@astho.org to be connected to the IAW Workforce Subgroup.



Recommendations

Based on the Learning Lab conversations, the IAW Workforce Subgroup presents the following recommendations to strengthen the T/FAS public health workforce over the short and long term:

1. Support Educational and Experiential Learning Opportunities

Early engagement with students can help cultivate interest in public health careers and build a local workforce pipeline. Internships and other experiential pathway programs expose students to real-world health challenges, fostering a long-term commitment to public health.

- Island examples:
 - » **Guam** Governor’s Summer Youth Employment Program is an example of an initiative that successfully introduces students to careers in public health and social services. Through hands-on work in community health centers, shadowing in school inspections, and administrative tasks, students gain a realistic understanding of the public health field. This engagement has led to an increase in returning interns, many of whom are now considering careers in public health.
 - » **CNMI** launched its Summer Youth Program (SYP) in 2021, and since then, 100 interns have completed the program. In summer 2024, the Commonwealth Health Care Corporation (CHCC) hosted 61 SYP interns across various departments, including 20 interns in the CHCC SYP-Public Health, 16 interns in partnership with the Workforce Investment Agency under the Department of Labor, and 25 interns from the Saipan Chamber of Commerce. These interns were stationed throughout the corporation, gaining valuable experience and actively contributing to the organization.
 - » **USAPIs** participate in PIHOA’s Pacific Public Health Fellowship Program, launched in 2020 to build a local public health workforce. To date, 42 fellows with at minimum an associate degree have completed two-year placements in various health programs, including public health laboratories and maternal and child health.
- Recommendations to support implementation:
 - » **Health agency leadership** should incentivize program managers to take on interns and other hands-on learning opportunities. It can be a challenge for program managers to support interns and other short-term programs amid overwhelming workloads, but these opportunities are crucial for developing the next generation of public health professionals.
 - » **Health agency leadership** should help to develop and foster partnerships with schools and other student-facing institutions to enhance and/or create public health career hands-on learning opportunities.
 - » **Academic, federal, and non-profit partners** should seek out opportunities to support the placement of interns within health agencies.
 - » **Grantors** should work to secure and allocate equitable and sufficient funding for internship programs, including stipends for students and administrative support for program managers.

2. Dedicate Travel Funding and Staff Time to Support In-Person On- and Off-Island Recruitment

Geographic barriers in island regions necessitate robust in-person recruitment efforts. Recruiting professionals from outside the region often requires building trust, and in-person interactions at specialty conferences and job fairs are key to overcoming these obstacles.

- Island examples:
 - » **USVI** healthcare institutions have participated in off-island specialty physician conferences. These in-person interactions help highlight both the unique challenges and the benefits of living and working in the islands, supporting efforts to recruit specialized healthcare staff and increasing visibility and awareness of the USVI healthcare system. Although the USVI Department of Health has considered similar initiatives, securing funding remains a challenge.
 - » **Guam** has found success by engaging with students at local university job fairs. During an on-island job fair at the University of Guam, the Guam Department of Public Health and Social Services (DPHSS) attracted potential recruits through one-on-one conversations and presentations, which helped highlight career opportunities in public health and social services.
- Recommendations to support implementation:
 - » **Health agency leadership** and **grants management staff** should encourage the use of project funds for in-person recruitment efforts, including leveraging health financing strategies such as braiding and layering or indirect cost rates.
 - » **Grantors** should allocate sufficient funding beyond the programmatic award to cover and support in-person off-island recruitment efforts at national specialized health-related conferences. Additionally, they should encourage recipients to monitor and evaluate the success of these recruitment efforts compared to other methods. For example, the cost for three staff to attend a four-day recruitment engagement from the Atlantic region to the Midwest, which includes travel, lodging, per diem costs, registration, and basic marketing materials, starts at approximately \$23,000.

3. Improve the Visibility and Reputation of Health Agencies through Community Outreach

Raising awareness of public health efforts increases community trust and engagement, which in turn helps health agencies address local health challenges more effectively, as well as more easily recruit staff.

- Island examples:
 - » **USVI** has successfully conducted COVID-19 vaccination and testing campaigns during Carnival and other cultural and community events. Additionally, the agency provides annual health screenings and referral services at VI Agrifest (USVI's version of a state fair) and organizes the Carnival J'ouvert Hydration Station, a community engagement and trust-building event. These efforts aim to increase the visibility of public health services and strengthen trust within the community.
 - » **RMI** has conducted successful door-to-door vaccination campaigns, particularly during the COVID-19 pandemic, in which health workers visited homes directly to administer vaccines and provide information. This significantly increased vaccination rates in RMI's remote communities.

- Recommendations to support implementation:
 - » **Health agency leadership** should create opportunities for their programs to actively participate in community events, including by utilizing CHWs to bridge gaps between health services and the community.
 - » **Grant management staff** should explore funding mechanisms to support community engagement activities, ensuring that public health services are visible and accessible to the local population.
 - » **Grantors** should utilize local government listservs or announcement platforms to enhance their outreach. For instance, the Government of the Virgin Islands (GVI) announcement system sends email notifications directly to all GVI employees, expanding the reach effectively.

4. Create Career Ladders to Upskill Staff into Hard-to-Fill Roles

Creating clear, structured career pathways for staff encourages retention and allows local talent to grow into specialized roles, reducing reliance on external hires.

- Island examples:
 - » **CNMI** has successfully developed junior-level positions for hard-to-fill roles, such as epidemiologists. These roles provide clear pathways for career advancement and retention in specialized public health fields. CHCC has filled one of these junior-level positions, and although the individual has not yet transitioned to full capacity, they have been accepted into a doctoral program and will be on sabbatical, returning to CHCC upon completion of the program. To further support capacity building and professional development, CHCC also encourages their staff to participate in PIHOA's Strengthening Health Interventions in the Pacific (SHIP) programs, such as PGCFE. PIHOA's SHIP programs are accredited through Fiji National University and available to all six USAPIs.
- Recommendations to support implementation:
 - » **Grant management staff** should identify training and development funding that can support the professional growth of public health employees, ensuring that they have access to the education and certification necessary for advancement.
 - » **Island HR and workforce development leaders** should support the development of clear pathways for career advancement to encourage retention and professional growth. These pathways can help guide staff from entry-level roles, such as program assistants, toward higher positions within the organization.
 - » **Grantor and nonprofit partners** should support Island HR and workforce development leaders in identifying and offering relevant trainings and professional development opportunities. Additionally, they should incorporate funding to enable participation in activities that are only available in the contiguous U.S., thereby strengthening workforce capacities in these jurisdictions.
 - » **Grantors** should fund jurisdictional capacity-building efforts to support career pathway facilitation. This funding should address the need for a dedicated full-time equivalent staff and resources, which many jurisdictions currently lack.

5. Leverage Equity-Driven Funds to Support Workforce Development

Aligning workforce development efforts with funder goals around equity can unlock additional resources for island areas, where the majority of residents are from minority populations or belong to underserved communities.

- Island examples:
 - » **USVI's** free tuition program for local students attending the University of the Virgin Islands is an equity-driven initiative aimed at encouraging more local residents to pursue higher education. Upon graduation, participants are required to work in the USVI public health department, ensuring that the local workforce is strengthened with home-grown talent.
- Recommendations to support implementation:
 - » **Island leadership** should seek out and capitalize on funding opportunities that support minority and underserved populations.
 - » **Grant management staff and partners** should help island leaders to identify and apply for a wide variety of funding and in-kind workforce development opportunities.
 - » **Grantors** should provide more equity-focused grants and encourage T/FAS to capitalize on these opportunities

6. Identify Mechanisms to Fund and Sustain CHW Programs

CHWs are critical to extending health services to underserved and remote areas, particularly in the island regions. Sustaining these programs is essential to maintaining access to care. In recent years, many islands have funded their CHW programs through the COVID-19 Health Equity OT21-2103 program. However, as this funding sunsets, it will be important for health agency leaders to identify new and sustainable sources of funds to ensure CHW activities continue.

- Island examples:
 - » **FSM** plans to integrate CHWs into its national budget, providing a sustainable source of funding to support these positions beyond grant periods. This will allow FSM to continue delivering essential services in rural areas, especially where medical professionals are scarce.
 - » The OT21-2103 program remains active in **Puerto Rico** and has transitioned many staff to the Public Health Infrastructure Grant. These staff members now focus on foundational capabilities related to the accreditation process and similar project areas, providing stability and continuity for the CHW program.
 - » **Guam's** CHW program, initially funded through OT21-2103, is working with Guam DPHSS Community Health Centers to secure new grant funding to absorb eight CHW staff. A behavioral health grant, set to begin in Sept. 2025, will align with the Diabetes Collaboration program, which includes the CHW team conducting nine-week Diabetes Self-Management Education Sessions at the village level. Guam's Bureau of Non-Communicable Disease plans to absorb CHWs into existing programs like the Tobacco Prevention and Control Program, Hypertension Prevention and Control Program, and Diabetes Prevention and Control Program, ensuring continuity after OT21-2103 funding ends.

- Recommendations to support implementation:
 - » **Island leadership** must establish flexible, sustainable funding sources to support CHWs beyond any individual grant’s period of performance.
 - » **Grant management staff** should seek diversified funding sources to support CHW programs, ensuring continuity after grant funding ends.
 - » **Federal and nonprofit partners** should offer technical assistance to support health leadership as they evaluate mechanisms through which to sustain CHW programs.

7. Decentralize Recruitment and Processing Functions

Decentralizing HR functions can reduce delays in recruitment and improve the efficiency of hiring processes by allowing health agencies to have greater control over recruitment timelines and decisions.

- Island examples:
 - » CHCC transitioned to a decentralized HR structure on Oct. 1, 2011 in **CNMI**. Full implementation took three years, and CHCC has observed a significant decrease in recruitment time. By decentralizing HR functions, CHCC gained more control over the hiring process, which enabled them to address staffing needs more quickly and efficiently, particularly in critical public health positions.
- Recommendations to support implementation:
 - » **Island health leadership** considering decentralization should seek out guidance from peers who have successfully navigated this transition, as well as from federal and nonprofit partners.
 - » **Federal and nonprofit partners** should offer technical assistance to support decentralization of HR functions.

8. Support the Modernization of HR Management Systems

Modern HR management systems are necessary to streamline recruitment, onboarding, and retention processes, ultimately improving workforce efficiency and enhancing the capacity for data-driven decision-making.

- Island examples:
 - » CHCC in **CNMI** recognized the critical need to modernize its HR data systems and requested a budget revision within the Public Health Infrastructure Grant (PHIG) Component A1 and A2 to implement and upgrade its HR system. The new system, MUNIS Human Resource Data System, will facilitate more accurate, real-time reporting of evaluation measures required as part of the PHIG award. The MUNIS system is expected to go live in Feb. 2025, bringing increased efficiency to workforce management and strengthening public health infrastructure.

- Recommendations to support implementation:
 - » **Island health leadership** must invest in modern HR technologies and necessary business process improvement efforts to streamline HR processes and enhance operational efficiency.
 - » **Grant management staff** should advocate for funding and budget revisions to support HR modernization efforts, ensuring that new systems align with the health agency’s goals and mission.
 - » **Grantors** should allocate sufficient funding for jurisdictions with outdated systems, ensuring that modernization of HR infrastructure is financially supported and prioritized in grant-making decisions.
 - » **Nonprofit partners** should provide consultation and technical assistance on HR system modernization, offering grants and resources to help island jurisdictions upgrade their HR management capabilities.

Conclusion

The IAW Workforce Subgroup Learning Labs offered a unique opportunity to explore the complex challenges faced by island health agencies in recruiting, retaining, and developing public health talent. Through these labs, the team was able to discuss and refine several innovative, island-centric solutions, summarized in this report’s recommendations.

Despite the persistent barriers—geographic isolation, non-competitive salaries, centralized HR systems, and an aging workforce—there is potential for significant progress. The Learning Labs revealed that while many of these challenges are long-standing, T/FAS regions are actively working to address them through creative recruitment strategies, robust community engagement, career advancement opportunities, and the modernization of HR systems.

The recommendations outlined in this report are practical steps that can help health officials, grant managers, and federal partners improve the capacity of T/FAS health agencies to provide essential services to their populations. By implementing these strategies, island jurisdictions can reduce workforce shortages, develop local talent, and enhance their overall resilience in the face of public health challenges.

While there is no single solution to solving the deep-rooted challenges in island health workforce development, the strategies and lessons learned through the Learning Labs can provide a pathway forward. The IAW Workforce Subgroup remains committed to supporting T/FAS regions as they strengthen their public health workforce and address critical gaps, ensuring their communities receive the care and services they need.



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