The Association of State and Territorial Health Officials’ (ASTHO) annual environmental scan identifies current and emerging priority areas in state and territorial public health through a systematic and ongoing scan of ASTHO, state-and national-level data sources. These data sources include State Health Improvement Plans (SHIPs), state strategic plans, ASTHO’s bi-weekly calls with state and territorial health officials (S/THOs) of emerging topics and trends (All-S/THO calls), ASTHO’s regional S/THO calls, policy committee convenings, the annual senior deputies meeting, and other S/THO convenings.

In addition, the scan reviews national partner (APHA, NGA, NASBO, CDC, RWJF, and HRSA) strategic plans and frameworks to better understand the priorities of our partners and stakeholders. The analysis provides a national landscape of key policy and programmatic priorities, and infrastructure needs within state and territorial health agencies. Identifying emerging trends and issues within state and territorial public health, and aligning ASTHO’s leadership, capacity building, and technical assistance activities to proactively reflect those trends and issues, is key to ASTHO’s strategic plan.

HEALTH EQUITY:
The scan revealed a sense of urgency to address disparities across a number of priority areas. Many plans called out the social determinants of health and a focus on issues such as unstable housing, poverty, unsafe neighborhoods, lack of transportation, and substandard education.

Key strategies being implemented by state and territorial health agencies (S/THAs) to address health equity include:

1. **PROMOTING ACCESS TO HEALTH CARE**
2. **IMPROVING HEALTH LITERACY**
3. **IMPROVING HOUSING QUALITY**
4. **IMPROVING SOCIAL COHESION**
5. **PROMOTING ACCESS TO HEALTHY FOODS**
6. **IMPROVING ENVIRONMENTAL CONDITIONS**
7. **IMPROVING FOOD INSECURITY**

KEY PRIORITIES
The 2019 scan identified a number of foundational priorities for state and territorial public health. The top five priorities are:

1. **CHRONIC DISEASE PREVENTION**
   - Chronic disease prevention, such as obesity, diabetes, and cancer, and implementing effective policy, systems, and environmental strategies that reduce related risk factors.

2. **TOBACCO PREVENTION**
   - Tobacco prevention and control, to improve the public’s health by providing education and state-based expertise, especially among specific vulnerable populations, and address emerging issues related to e-cigarette use.

3. **SUBSTANCE ABUSE AND MENTAL HEALTH**
   - Substance abuse and mental health, and the need to prevent and address related issues such as opioid misuse, unintentional overdose, and suicide. Primary prevention strategies, such as ACES and NAS, continue to be a focus.

4. **PUBLIC HEALTH PREPAREDNESS**
   - Public health preparedness, and responding to emergencies such as natural disasters, pandemics, deliberate attacks, environmental catastrophes, and emerging health threats such as Ebola.

5. **INFECTIOUS DISEASE CONTROL**
   - Priorities include infectious disease control, such as antimicrobial resistance and healthcare-associated infections (HAIs), and promoting efficient use of resources to prevent and control viral hepatitis, HIV/AIDS, STDs, TB, and emerging infections.

While not in the “top five,” issues such as maternal and child health, injury and violence prevention, and immunizations remain a top priority for S/THAs.
CURRENT AND EMERGING ISSUES

The landscape of public health is constantly changing. To stay abreast of emerging trends and issues, ASTHO conducts a horizon scan for issues that are currently posing a major threat or have potential to become a larger threat. Some of these issues are as follows (note this is not a comprehensive list):

**Ending the HIV Epidemic:**
S/THAs have focused on the linkage between the opioid epidemic and increasing rates of infectious diseases, especially HIV/AIDS. More work is needed in developing the state health officer role in working with their HIV/AIDS director and local partners on the elimination campaign. More models and resources are needed to support elimination work.

**Rural Health Issues:**
States are grappling with rural hospital closures and looking for models that address rural health care access and sustainability. Additionally, more work is needed on a rural public health and health care leadership program.

**Vaccine Hesitancy:**
Most recently related to measles, vaccine hesitancy has been top-of-mind for state health officials as they are addressing state policy issues and looking for model, state-level vaccination exemption laws that can positively impact immunization rates.

**Maternal Mortality:**
S/THAs are assessing maternal and perinatal levels of care and the standardized capabilities of individual hospitals to ensure pregnant women deliver at facilities equipped for a range of medical care outcomes and postpartum care is provided following birth.

**Substance Misuse:**
S/THAs are looking at innovative ways to expand access to treatment for opioid use disorder, such as through hub and spoke models and policies such as 3-day rule waivers. Surveillance issues, specifically around integration of state PDMPs with electronic health records and engaging clinical providers in PDMP participation has been a major focus.

**Marijuana/Cannabis:**
S/THAs are looking at regulations around testing, collecting models that have been successful, and promoting youth prevention activities.

**Informatics and Population Health:**
Agencies are looking at their role in working with community health centers (CHCs) in their states on informatics and dashboarding performance and linking CHC data with health department data to provide health status in states.

**Telehealth/Telemedicine:**
States are looking for model laws to expand access to care using telehealth/telemedicine, as well as model policies to reimburse for telehealth/telemedicine. Best practices around IT systems and equipment and deployment practices are needed.

**Medicaid Expansion:**
S/THAs could play a strong role in ensuring improved health through Medicaid Expansion. Several officials have either led or contributed greatly to the plans for a Medicaid Expansion program. They often provide the necessary data and documentation that defines the true need in the expansion population groups.

**PFAS/PFOA and Drinking Water:**
Risk communications has been key for STHAs. Challenges include setting federal guidelines and health standards for PFOS and PFOA and identifying detection methods and technologies to treat PFOS and PFOA.

**Infrastructure/Capacity Issues**
ASTHO’s scan also looks at the foundational needs and capabilities of S/THAs. Some agencies are looking at blending and layering funding streams to support health improvement and break down funding silos. Additional work is needed to define core public health capacity and support accreditation/re-accreditation of agencies. Within the territories, work is needed to improve grants management and business process improvements. Territories are also looking at strategies to keep health professionals on the island and working with states on the health professional shortage area (HPSA) re-designation.