2022 Environmental Scan

The Association of State and Territorial Health Officials' (ASTHO's) annual Environmental Scan tracks current public health priorities and trends in the U.S. state and island jurisdictions. In past years, ASTHO has developed one Environmental Scan summarizing both state and island jurisdiction priorities. This year, recognizing that the states and island jurisdictions have different needs, capacities, and opportunities available to them, ASTHO conducted two separate scans. The first section of this report details our findings regarding state public health priorities, while the addendum on pages 9-10 summarizes our findings regarding island jurisdiction priorities.

STATE PUBLIC HEALTH PRIORITIES

A swiftly evolving public health landscape presents a range of public health trends and issues that require state health agency (SHA) action and engagement. To identify the most salient public health trends and issues across the United States this year, a qualitative analysis of 30 state health improvement plans (SHIPs) and 29 SHA strategic plans was conducted from March to June 2022. The included documents were either active within a defined time period (e.g., 2020-2025) or else were created in-or-after 2018 by the jurisdictional health agency. We also distributed a survey to state health officials (SHOs) representing all 10 HHS state regional groups from June to July 2022, requesting that each SHO list their top three programmatic, infrastructural, and emerging public health priorities. This report highlights what our Environmental Scan identified as the most prominent state public health issues in 2022.

KEY HEALTH EQUITY STRATEGIES

Health equity is a core focus in all spheres of public health policy and practice. The 2022 scan identified these actions as key strategies that states used to address health inequities, highlighted by the top current and emerging public health issues:

- Supporting Community-Based, Person-Centered Systems of Care
- Developing an Anti-Racist and Culturally Competent Health Workforce
- Addressing Systemic and Economic Drivers of Disparate Health Outcomes
- Promoting Personal and Organizational Health Literacy
- Emphasizing Equity in all Policies

Programmatic Priorities

1. **Behavioral Health and Substance Use** is a priority area in **73%** of SHA plans included in the scan and was listed as a top-three programmatic priority in the past year by **50%** of SHO survey respondents, ranking it the number-one overall programmatic priority area for SHAs in 2022. Current and emerging priorities within this area include:

    Mental Health and Suicide Prevention: Mental Health was identified as a focus area in **42%** of SHA plans included in the scan, and Suicide in **31%** of plans. To better address mental health and prevent suicide, SHAs are taking action to **adopt** an integrated approach to mental and physical healthcare, **offer** wraparound behavioral health services in schools, communities, and healthcare settings, **build** the capacity of the mental healthcare infrastructure (e.g., telehealth options) and workforce, **promote** mental health awareness and stigma reduction, and **grow** public discourse on the dangers of social isolation and loneliness.

    Opioid Misuse, Addiction, and Overdose: Opioid Use was identified as a focus area in **20%** of SHA plans included in the scan, and Drug Overdose in **24%** of plans. To address opioid misuse, addiction, and overdose, SHAs are taking action to **increase** infrastructural capacity to prevent, reduce, and treat opioid addiction and overdose deaths, **promote** non-pharmacologic management of chronic pain, **reduce** the number of opiates prescribed per-capita, and **invest** more resources in harm-reduction programs and initiatives.

    Reducing and Preventing Initiation of Substance Use in Youths: Youth Behavioral Health was identified as a focus area in **20%** of SHA plans included in the scan, overwhelmingly in the context of reducing or preventing the initiation of substance use in high-school-aged youths. To mitigate and prevent the initiation of substance use in youths, SHAs are taking action to **engage** youths in learning about the health risks of substance use, **make** nicotine products (e.g., vaping devices) more difficult for youths to obtain, and **increase** behavioral health screenings in schools to identify high-risk youths and link them to resources before adverse outcomes.

2. **Communicable Disease Control** is a priority area in **39%** of SHA plans included in the scan and was listed as a top-three programmatic priority in the past year by **80%** of SHO survey respondents, ranking it the number-one programmatic priority among SHOs in 2022. Current and emerging priorities within this area include:

    COVID-19 Response and Recovery: While not a top focus area in SHA plans, COVID-19 Response and Recovery was one of the most emphasized priorities among SHOs who responded to our survey. Top emerging concerns for SHOs regarding COVID-19 response and recovery included post-COVID-19 syndrome, availability of post-COVID-19 resiliency resources and social support networks, and the erosion of core public health activities (e.g., routine vaccination, quarantine/isolation for non-COVID-19 illness). To respond to and recover from the COVID-19 pandemic, SHAs are taking action to **increase** COVID-19 vaccination capacity and uptake, combat vaccine misinformation, **develop** post-pandemic resiliency resources and social supports, **restore** the health workforce, and **build back** public, partner, and legislator trust.

    Preparation for and Response to Emerging Communicable Disease Outbreaks: **53%** of SHO survey respondents listed preparation for and response to emerging communicable disease outbreaks (e.g., Monkeypox, pediatric hepatitis, COVID-19 resurgences, vaccine-derived poliovirus) among their top-three emerging priorities in the coming year. To prepare for and respond to emerging communicable disease outbreaks, SHAs are taking action to **recruit** and **retain** a competent health workforce, **modernize** health data systems that support data-driven decision-making and early detection of public health threats, and **restore** public trust by improving communication strategies with the goal of delivering salient, reliable, and easy-to-understand information to the public.

3. **Access to and Linkage with Care** is a priority area in **78%** of SHA plans included in the scan, the most of any other programmatic area, and was listed as a top-three programmatic priority in the past year by **30%** of SHO survey respondents. Current and emerging priorities within this area include:

Expanding and Integrating Primary and Behavioral Healthcare Services: Integrated Care was identified as a focus area in **36%** of SHA plans included in the scan, and Primary and Preventive Care in **37%** of plans. This is an especially strong focus area among SHAs when considering infant, child, and adolescent populations. To expand and integrate primary and behavioral healthcare services, SHAs are taking action to **expand** primary care services to include oral health, mental health, substance use disorder prevention, and wraparound services, **increase** childhood vaccination rates, routine well-child checkups, communicable disease testing, and behavioral/chronic disease screenings in primary care settings, and **strengthen** the coordination of follow-up services for those who show abnormal results or who are at high-risk for adverse health outcomes to facilitate early intervention.

Community-Based, Person-Centered Systems of Care: Community Capacity Building was identified as a focus area in **32%** of SHA plans included in the scan, and Person-Centered Care was mentioned in **22%** of plans. When asked to list their top emerging priorities, SHOs' responses included: "Continued build-out of our place-based, community driven work to address social determinants of health," "Comprehensive, accessible, culturally inclusive community-based resources and healthcare," and "Sustainable community-driven funding." To expand and integrate primary and behavioral healthcare services, SHAs are taking action to **build** healthcare workforces that are representative of and culturally sensitive to the populations they serve, **integrate** community-based health workers (CHWs) into clinical settings, **increase** collaboration with local health departments and community-based partners, **build** system-level partnerships across continuums of care, **address** the social determinants of health in medical care, and **expand** availability of culturally appropriate health services.

Access to Healthcare and Social Services in Rural Areas: Rural Health was identified as a focus area in **20%** of SHA plans included in the scan, almost always in the context of increasing rural access to essential healthcare and social services (e.g., food assistance, childcare, quality housing options) in the face of widespread financial hardship and rural health facility shut-downs. To expand access to healthcare and social services in rural areas, SHAs are taking action to **quantify** personnel shortages, **develop** robust rural health and social service workforces, **remove** financial barriers to education programs in health fields in underserved rural areas, **broaden** the range of services available via telehealth appointment, **integrate** culturally appropriate treatments that address local community needs into rural medical practices, **decrease** the average distance to the nearest medical facility, and **expand** reliable transportation services in rural areas.

Meeting the Needs of an Aging Population: According to the Population Reference Bureau, the number of U.S. adults aged 65+ years and 85+ years will increase by roughly 69% and 284%, respectively, between 2020 and 2060.[1] Though only mentioned in **12%** of SHA plans included in the scan, meeting the needs of the aging population is among SHO survey respondents' top emerging concerns. To meet the needs of the aging population, SHAs are taking action to **expand** Medicare services and funding, **increase** older-adult health literacy to target modifiable health behaviors (e.g., exercise, diet, alcohol, smoking habits) and prevent excess burden of chronic disease, and **build** senior healthcare infrastructure and workforce capacity.

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[1] Mather M, Jacobsen LA, Pollard KM "Aging in the United States." *Population Bulletin.* 2015. Volume 70, no. 2. Accessed 10-6-2022.

4. **Chronic Disease Prevention** is a priority area in **63%** of SHA plans included in the scan and was listed as a top-three programmatic priority in the past year by **15%** of SHO survey respondents. Current and emerging priorities within this area include:

Personal Health Literacy, Education, and Engagement: Personal health literacy is defined by Healthy People 2030 as, "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others."[2] Health Education and Literacy, regarding a range of health topics, was identified as a focus area in **53%** of SHA plans included in the scan. To improve personal health literacy, education, and engagement, SHAs are taking action to **improve** access to and engagement with reliable, trusted, and actionable health information (e.g., steps people can take to prevent chronic disease), **communicate** the connections between social, economic, and environmental determinants and health, **facilitate** self-sufficiency in making informed health decisions, **increase** awareness of the early warning signs of disease, and **encourage** self-management of chronic conditions.

Modifiable Personal Health Behaviors - Diet, Exercise, Alcohol and Smoking Habits: Nutrition and Diet, as well as Tobacco Use, were identified as focus issues in **31%** of SHA plans included in the scan. Meanwhile, Physical Activity was included in **27%** of plans, Vaping in **12%**, and Alcohol Use in **10%**. To improve modifiable personal health behaviors, SHAs are taking action to **communicate** the importance of healthy lifestyle choices, especially among children who are in the most formative stages of development, women of childbearing age, and adults approaching old age, **improve** personal health literacy and people's ability to make informed health-related decisions, and **create** policies, practices, and environmental changes that facilitate healthy living (e.g., increasing access to healthy foods and exercise opportunities, especially in underserved areas).

5. **Maternal, Child, and Family Health** is a priority area in **64%** of SHA plans included in the scan and was listed as a top-three priority in the past year by **10%** of SHO survey respondents. Current and emerging priorities within this area include:

Youth Mental and Social Wellbeing: Early Childhood Development was identified as a focus area in **34%** of SHA plans included in the scan, Adverse Childhood Experiences (ACEs) in **29%**, Youth Behavioral Health in **20%**, and Social and Community Context in **17%**. To support youth mental and social wellbeing, SHAs are taking action to **expand** community-based opportunities such as school-readiness programs, as well as youth mentoring, peer support, and after-school programs, to reduce youths' social isolation, loneliness, interpersonal violence, depression, and other ACEs. SHAs are also working to **increase** community- and school-based screening services to identify adolescents who are at elevated risk for poor mental and behavioral health outcomes, and **create** community-based access and funding to wraparound behavioral health services for children, adolescents, and their families.

Maternal and Infant Mortality: Infant Mortality was identified as a focus area in **22%** of SHA plans included in the scan, while Maternal Mortality was identified in **14%** of plans. To address maternal and infant mortality, SHAs are taking action to **increase** prenatal screening for pregnancy risk factors such as hypertension, diabetes, heart disease, and substance use disorders, **build** hospital and birthing center capacities to provide high-quality and life-saving care to all mothers and their infants, and **improve** coordination and continuum of perinatal care and support services.

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[2] https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030. Accessed 10-6-22.

Racial and Socioeconomic Inequities in Perinatal Outcomes: Maternal and Prenatal Care was identified as a focus in **20%** of SHA plans included in the scan. Out of the 10 programmatic areas included in our NVivo analysis, Maternal, Child, and Family Health was the third-most associated with Health Equity concerns, behind only Access to and Linkage with Care and Social Determinants of Health. To address racial and socioeconomic inequities in perinatal outcomes, SHAs are taking action to **diversify** and **develop** an anti-racist, culturally competent infant and maternal health workforce, **offer** culturally appropriate perinatal care options, **disseminate** educational resources for pregnant people and their providers to increase awareness of pregnancy risk and protective factors, **improve** perinatal care quality and coordination, and **increase** resources to support maternal mental and behavioral health needs.

6. **Social Determinants of Health** is a priority area in **49%** of SHA plans included in the scan and was listed as a top-three programmatic priority in the past year by **30%** of SHO survey respondents. Current and emerging priorities within this area include:

Environmental Determinants of Health: The Built Environment was identified as a focus area in **31%** of SHA plans included in the scan, and Environmental Public Health (e.g., water and air quality, environmental exposures) in **24%** of plans. Climate change and extreme weather were also among top emerging priorities for SHOs and were mentioned as emerging priorities by **18%** of those who responded to our survey. To improve the quality of built and natural environments, SHAs are taking action to **ensure** safe water and air quality in rural and underserved urban areas, **perform** environmental remediation where harmful toxicants (e.g., PFAS, lead, pesticides) are a threat to human health, **increase** access to quality housing, safe neighborhoods, healthy groceries, green spaces, exercise opportunities, reliable transportation services, childcare, and other social services in underserved areas, and **prepare** for and **respond** to climate change and extreme weather events (e.g., weatherizing homes and buildings, building up emergency stockpiles, improving emergency response coordination and communication systems).

Housing, Food, and Economic Security: Economic and Work Environment (e.g., poverty, unemployment) was identified as a focus area in **25%** of SHA plans included in the scan, and Housing and Homelessness in **20%** of plans. To support housing, food, and economic security, SHAs are taking action to **increase** access to and linkage with employment opportunities, especially among vulnerable populations including formerly incarcerated people, people experiencing homelessness, and people living with mental or physical disabilities, **coordinate** housing and housing supportive service training across systems to help individuals identify and transition into the best living option to support their needs, and **develop** community-based, family-centered services to increase access to and linkage with childcare, economic supports, weekly groceries, affordable housing options, and other support systems.

Community Cohesion and Capacity-Building: Community Capacity Building was identified as a focus area in **32%** of SHA plans included in the scan, while Social and Community Context (e.g., community cohesion, social connectedness, discrimination, stigma reduction) was mentioned in **17%** and Service Environment (e.g., education, social services, early childhood services) was mentioned in **15%.** To support community cohesion and capacity-building, SHAs are taking action to **support** community-developed pilot programs that address community-specific needs in ways that are culturally and linguistically appropriate, **establish** sustainable community-based funding sources that support community access to quality education, social services, and early childhood services in underserved areas especially, and **develop** coordinated systems of community-based resources and healthcare, as well as diverse health and social workforces.

Infrastructural Priorities

1. **Workforce Development** is a priority area in **64%** of SHA plans included in the scan and was listed as a top-three infrastructural priority in the past year by **47%** of SHO survey respondents. Current and emerging priorities within this area include:

Workforce Resiliency and Capacity-Building: Workforce Development was the second highest infrastructural priority among SHOs who responded to the survey, behind Emergency Preparedness and Response by only one vote. Human Resources was identified as a focus area in **17%** of SHA plans included in the scan. What's more, in every regional SHO call that ASTHO attended in June 2022, workforce capacity-building was identified as a top priority. To build health workforce resiliency and capacity, SHAs are working to **improve** employee recruitment, training, retention, and human resource policies to meet evolving workforce demands and support all aspects of workers' wellbeing, **offer** training and professional development opportunities on an ongoing basis, **provide** strong top-down leadership to foster cultures of continual personal growth and organizational improvement, and **focus** on workforce capacity-building in areas currently experiencing personnel shortages (e.g., mental health, rural healthcare) to meet new population needs.

Developing an Anti-Racist and Culturally Competent Workforce: Cultural Competence was identified as a focus area in **19%** of SHA plans included in the scan, and racism as a public health crisis was one of SHOs' top emerging priority issues. To promote anti-racism and cultural competence in the health workforce, SHAs are taking action to **develop** healthcare workforces that are representative of and culturally sensitive to the populations under their care, **require** diversity, equity, and inclusion training for all public health and healthcare personnel, **offer** anti-racism and cultural competency training opportunities, and **identify** and **dismantle** the upstream systemic drivers of racism and cultural ignorance.

2. **Communications** is a priority area in **54%** of SHA plans included in the scan and was listed as a top-three infrastructural priority in the past year by **53%** of SHO survey respondents. Current and emerging priorities within this area include:

Organizational Health Literacy and Communication: Health Education and Literacy was identified as a focus in **53%** of SHA plans included in the scan and was described specifically in the context of communications-related priorities in **29%** of plans. To improve organizational health literacy and communication, SHAs are taking action to **improve** data dissemination and communication strategies to deliver digestible, actionable, and trusted health information to the public, **modernize** data systems to ensure consistent and timely reporting of accurate information to improve population health outcomes, **promote** cultures of accountability, continual learning, and a growth mindset among the public health workforce, and **ensure** healthcare providers are equipped with up-to-date knowledge of new treatments and best practices.

SHO Call-Out: Combatting Misinformation and Restoring Trust was a top emerging priority for the coming year for **35%** of SHOs who responded to the survey. According to SHOs, trust in public health guidance and authority has been severely eroded after the events of recent years, especially as misinformation has spread across the Internet and social media at an alarming rate. Since this survey did not include questions about strategies used to address the emerging issues they identified, and restoring public trust was not mentioned in any major detail in SHA plans, we do not yet know specific strategies SHAs are enacting to address this issue.

3. **Organizational Administrative Competencies** is a priority area in **68%** of SHA plans included in the scan and was listed as a top-three infrastructural priority in the past year by **16%** of SHO survey respondents. Current and emerging priorities within this area include:

Data Modernization and Interoperability: Information Technology (IT), defined for the purposes of this scan as a sub-component of Organizational Administrative Competencies, was identified as a focus in **49%** of SHA plans included in the scan, and informatics was identified in **34%** of plans. Similar to Workforce Development, Data Modernization was identified as a priority area during discussion in every regional SHO call ASTHO attended in June 2022. To modernize health data systems, SHAs are working to **increase** surveillance, security, analytical capacity of data systems to detect early warning signs of public health concern, protect against cyber-attacks, and allow for timely, data-driven decision-making. SHAs are also aiming to **expand** data sharing and interoperability between health departments and agencies to increase effectiveness and efficiency of all internal and external processes, and **develop** interactive, user-friendly databases and other digital public health information platforms to improve organizational and personal health literacy.

Improving Organizational Efficiency, Sustainability, and Accountability: Accountability and Performance Management was identified as a focus area in **51%** of SHA plans included in the scan, Financial Management in **29%** of plans, and both Leadership/Governance and Human Resources in **17%**. To improve organizational processes and performance, SHAs are taking action to **create** workplace cultures of self-accountability and integrity in all job duties, starting with strong leadership practices, **streamline** documentation and reporting procedures, **automate** critical agency-wide processes where possible, and **ensure** all funding and accreditation applications are submitted before their deadlines.

4. **Emergency Preparedness and Response** is a priority area in **32%** of SHA plans included in the scan. It was listed as a top-three infrastructural priority in the past year by **58%** of SHO survey respondents and an anticipated top-three priority in the coming year by **53%** of respondents, ranking it the number-one current and emerging infrastructural priority among SHOs in 2022. Current and emerging priorities within this area include:

COVID-19 Response and Recovery: See **COVID-19 Response and Recovery** under **Communicable Disease Control** *(Programmatic Priority 2).*

Preparation and Response to Emerging Communicable Disease Outbreaks: See **Preparation and Response to Emerging Communicable Disease Outbreaks** under **Communicable Disease Control** *(Programmatic Priority 2).*

Climate Change and Extreme Weather Events: See **Environmental Determinants of Health** under **Social Determinants of Health** *(Programmatic Priority 6).*

5. **Collaboration and Partnership Development** is a priority in **56%** of SHA plans included in the scan and was listed as a top-three infrastructural priority in the past year by **32%** of SHO survey respondents. Current and emerging priorities within this area include:

Collaborating with Communities and Building Local-Level Partnerships: Community Capacity Building was identified as a focus area in **32%** of SHA plans included in the scan, and Cultural Competence in **19%** of plans. To this end, when asked to list their top emerging priorities, SHOs noted the following: "[Developing] comprehensive, accessible, culturally inclusive, community-based resources and healthcare," "Building and shifting power," "Working with local public health districts to plan for the future of public health in the state," and "[Establishing] sustainable community-driven funding." To collaborate with communities and build local-level partnerships, SHAs are taking action to **develop** partnerships and collaboration with local health departments and community-based organizations, **integrate** CHWs and key community stakeholders into public health, healthcare, and social welfare programs, **support** community-developed pilot programs that serve the specific needs of communities in ways that are culturally and linguistically appropriate, and **strengthen** partnerships with mental health stakeholders to develop a "safety net" for mental health services and meet increasing population need.

SHO Call-Out: Restoring Partner and Legislator Trust was a top emerging priority among **24%** of SHOs who responded to our survey. Since the survey did not ask SHOs what strategies they were using to address emerging issues, and the issue of restoring partner and legislator trust was not mentioned in any major detail in SHA plans, we do not yet know what strategies SHAs are enacting to address this issue.

6. **Policy Development and Support** is a priority area in **49%** of SHA plans included in the scan and is a key component of most SHA strategies to address current and emerging public health issues. Current and emerging priorities within this area include:
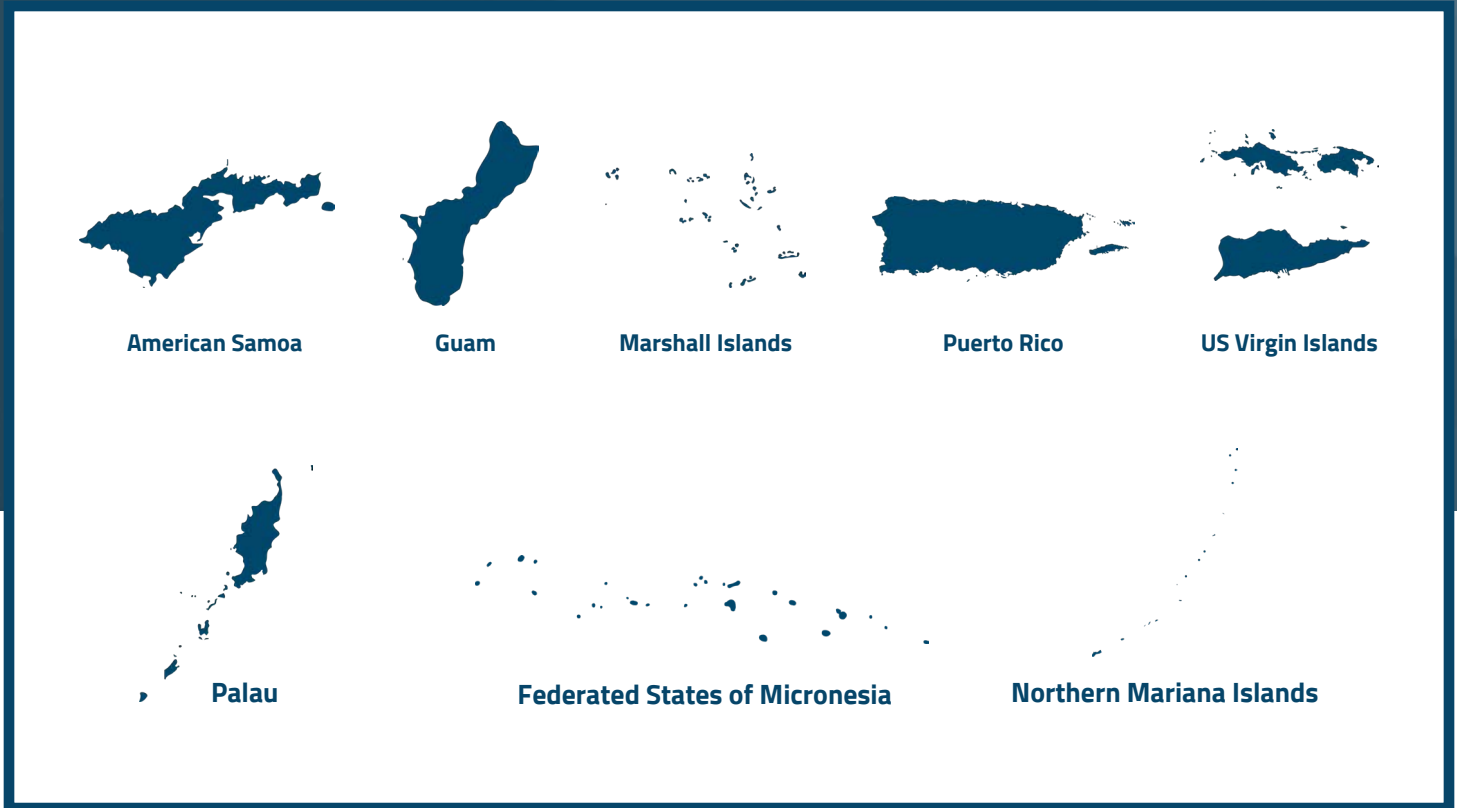
Shifting Toward New Models of Healthcare Delivery: Integrated Care was identified as a focus area in **36%** of SHA plans included in the scan, and Affordability of Care and Quality of Care in **19%** of plans. Some examples of SHOs' survey responses when asked to list their top emerging priorities included: "Coordinated care," "Upstream policy and systems change," and "Integrating public health and clinical services and resources." To shift toward new healthcare delivery models, SHAs are taking action to **transition** to value-based payment systems, **create** continuums of care across systems, **coordinate** services to support person-centered (or "whole-person") care and improve health outcomes, **increase** access to and health plan coverage of "non-traditional" (i.e., non-Western) health services, further advancing healthcare diversity and cultural inclusivity, and **remove** financial, administrative, and linguistic barriers so health systems are accessible and navigable to all.

Closing Gaps in Healthcare Coverage: Insurance Coverage was identified as a focus area in **20%** of SHA plans included in the scan. In addition to the strategies listed above, SHAs are taking action to **increase** Medicare and healthcare capacity to support the aging population, **expand** Medicaid and healthcare's capacity to provide comprehensive healthcare in rural and underserved urban areas through expanded benefits and sustainable funding, **develop** continuums of care across systems at the state and local levels, and equitably **invest** in healthcare infrastructure across geographic locations, ensuring the healthcare needs of rural and underserved urban populations are not left unmet.

2022 Island Area Environmental Scan

American Samoa   **Guam**   **Marshall Islands**   **Puerto Rico**   **US Virgin Islands**

Palau   **Federated States of Micronesia**   **Northern Mariana Islands**

ASTHO's membership includes five territories and three freely associated states located in the Pacific and the Atlantic. Recognizing that the states and island jurisdictions have many key differences, ASTHO conducted two separate scans in 2022. ASTHO created this addendum to reflect the current and emerging public health priorities of U.S. island jurisdiction health agencies and their officials, distinct from those of the states.

ASTHO utilized a modified methodology in the development of this addendum. Because up-to-date strategic documents are not publicly available for many territories and freely associated states, this addendum incorporates information expressed by territorial and freely associated state health officials during ASTHO surveys (e.g., ASTHO Profile survey, ASTHO Environmental Scan survey), forums (e.g., Insular Affairs Committee to the ASTHO Board), and individual conversations with ASTHO staff. This scan also incorporates data from strategic health agency documents that met our inclusion criteria from the Atlantic island areas. The included documents were either active within a defined time period (e.g., 2020-2025), or else were created in-or-after 2018 by the jurisdictional health agency. The goal of this modified methodology was to ensure a product that is representative of island jurisdiction health leaders' concerns, priorities, and goals.

These were identified as the top current and emerging strategic public health priorities across island areas in 2022:

Programmatic Priorities	Infrastructural Priorities

Lessening the prevalence and spread of infectious disease by:

- Decreasing vaccine preventable diseases, including COVID-19.

- Preventing and controlling Zika, Dengue, and other tropical diseases.

- Addressing tuberculosis (TB), including multi-drug resistant TB.

- Treating and preventing sexually transmitted diseases, including HIV.

Preventing and treating chronic disease by:

- Addressing cancer, respiratory diseases, heart disease, stroke, and diabetes.

- Decreasing major risk factors for disease.

- Improving nutrition and physical activity.

Preparation for responding to severe weather events, including:

- Strengthening emergency preparedness response and recovery networks.

- Planning for and lessening the impact of climate change.

Meeting the needs of specialized populations, including efforts focused on:

- Building mental and behavioral health service options.

- Substance abuse prevention and treatment.

- Improving access to veterans' health services.

- Improving health across the lifespan, with an emphasis on maternal, infant, child, and older adult health.

- Increasing access to and linkage with healthcare.

- Developing supports for migrants and people who do not speak the hosting jurisdictions' official language.

Strengthening data systems and capacity by:

- Bolstering local data collection and clinical and applied research.

- Expanding data for decision-making.

- Improving data interoperability.

- Promoting data modernization.

Strengthening the health workforce by:

- Bolstering recruitment and retention within these geographically isolated health agencies.

- Improving local academic pipelines.

- Increasing salaries and addressing salary gaps.

Strengthening health agency administrative capacity, including:

- Policy development and support.

- Financial infrastructure and sustainability.

- Business process improvement for improved procurement, recruitment, and grants management.

Building island health equity infrastructure by:

- Increasing data, personnel, and administrative capacity to empower jurisdictions' health equity efforts.

- Incorporating equity, diversity, and inclusion throughout health agency culture, programs, and research.

- Strengthening community-based partnerships and community-based public health.