



ISSUE BRIEF

State Health Agency Structure and Governance

State health agencies' characteristics vary, including their structure and the extent of their governmental authority over local health agencies. Additionally, states' approaches to the appointment, confirmation, and reporting relationships of the state health official may differ. *The ASTHO Profile of State Public Health, Volume Three*, provides the most current data on state health agency structure and governance.

Structure of State Health Agencies

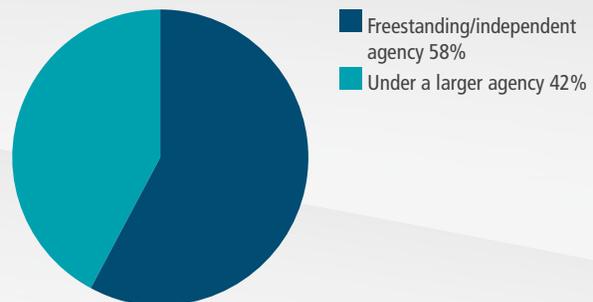
Agency Structure

The structure of a state public health agency refers to the placement of the agency within the state's larger departmental or organizational structure. State health agencies are either independent agencies or a unit of a larger agency, often referred to as an umbrella agency or super-agency. State public health agencies located within a larger agency often reside alongside other programs such as Medicaid and Medicare, public assistance, and mental health services.

In 2012, 28 state health agencies were independent agencies and 20 were units of a larger umbrella agency.

For those agencies that are units of a larger umbrella agency, the primary responsibility of the larger agency varies. The most common responsibilities are long-term care, mental health authority with substance abuse, Medicaid, and public assistance.

State Health Agency Structure, 2012 (n=48)



Relationship with Local Health Departments

In 2012, 48 state public health agencies reported a total of 2,744 local health departments and 298 regional or district offices in their jurisdictions. The relationship between these local and regional departments and the state health agencies differs across states, and identifying these differences is integral to understanding health agencies' roles, responsibilities, and authorities across levels of government for services provided within the community.

- Nearly 30 percent of states have a centralized or largely centralized governance structure, in which local health units are primarily led by employees of the state.
- Ten percent of states have a shared governance structure, in which local health units may be led by employees of the state or by employees of local government. If they are led by state employees, then local government has authority to make fiscal decisions and/or issue public health orders; if they are led by local employees, then the state retains that authority.
- More than half of states have a decentralized or largely decentralized structure, in which local health units are primarily led by employees of local governments.
- Ten percent of states have a mixed governance structure, in which some local health units are led by employees of the state and some are led by employees of local government. No single arrangement predominates.

State Health Officials

All state health agencies are led by a state health official, who plays a critical role in providing leadership and serving as an intermediary between state health agency staff, the public, and the legislature.

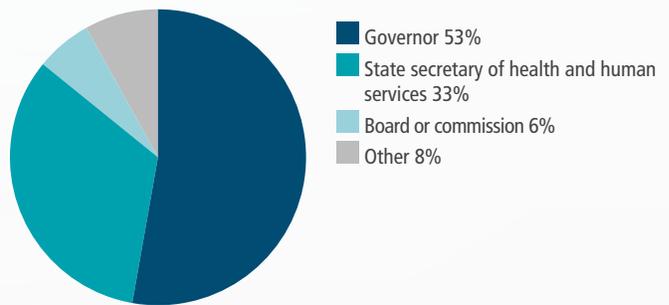
Appointment

In 2012, 37 of 49 state health agencies reported that the state health official is appointed by the governor of the state. State health officials are also appointed by the state secretary of health and human services, boards or commissions, or by the legislature. Only 20 percent of states appoint the official to a specific term. When a specific term is used, term length varies from two to six years, with an average of 3.9 years.

Confirmation

Once the state health official is appointed, 73 percent of state health agencies require confirmation of the appointment by the legislature, governor, board or commission, state secretary of health and human services, or another entity.

State Health Official Direct Report, 2012 (n=49)



Direct Report and Tenure

Once in office, state health officials may report to a variety of entities. More than half of state health officials report directly to the governor, while roughly one-third report to the state secretary of health and human services. State health official tenure also varies considerably. As of December 2012, the length of time state health officials had been in their position ranged from one month to 20 years.

Additional Information

For additional information on state health agency structure and governance, including state health agency priorities and resource sharing among state health agencies, as well as data on many more topics, please refer to the *ASTHO Profile of State Public Health, Volume Three*, available at www.astho.org/profile. The Profile is the only comprehensive source of information about state public health agency activities, structure, and resources. Launched in 2007 and fielded every two to three years, the Profile Survey aims to define the scope of state public health services, identify variations in practice among state health agencies, and contribute to the development of best practices in governmental public health.

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